



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL

City of Hospital: Avon

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Haley Wright

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Medicare Provider Number: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$212281000
Outpatient Patient Service Revenue	\$294209000
Total Gross Patient Service Revenue	\$506490000

2. Deductions From Revenue

Contractual Allowance	\$290532000
Other Deductions	\$34043000
Total Deductions	\$324575000

3. Total Operating Revenue

Net Patient Service Revenue	\$181915000
Other Operating Revenue	\$3282000
Total Operating Revenue	\$185197000

4. Operating Expenses

Salaries and Wages	\$47528000	Employee Benefits	\$11856000
Depreciation and Amortization	\$7546000	Interest Expense	\$6854000
Bad Debt	\$13701000	Other Expenses	\$65615000
Total Operating Expenses	\$153100000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$32097000	Total Assets	\$195221000
Net Non-operating Gains over Loss	\$83000	Total Liabilities	\$134940000
Total Net Gains	\$32180000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$198775000	\$161970000	\$36805000
Medicaid	\$50869000	\$48076000	\$2793000
Other Government	\$9047000	\$6180000	\$2867000
Other State	\$0	\$-9661000	\$9661000
Other Payers	\$247799000	\$118010000	\$129789000
Total	\$506490000	\$324575000	\$181915000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$230000	\$-230000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$34043000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8674000	
HCI Payments	\$0		
Subtotal	\$0	\$8674000	\$-8674000
Medicaid Shortfalls	\$19200000	\$24380000	
Subtotal	\$19200000	\$33054000	\$-13854000
DSH Payments	\$0		
Subtotal	\$19200000	\$33054000	\$-13854000
Medicare Shortfalls	\$28656000	\$41560000	
Other Government Programs	\$0	\$0	
Total	\$47856000	\$74614000	\$-26758000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$42000	\$-42000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

