



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: **ESKENAZI HEALTH CENTERS**

City of Hospital: Indianapolis

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Dorian Herceg

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Medicare Provider Number: 150024

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$466438607
Outpatient Patient Service Revenue	\$480899320.60
Total Gross Patient Service Revenue	\$947337927.6

2. Deductions From Revenue

Contractual Allowance	\$363888107.4
Other Deductions	\$348495518.8
Total Deductions	\$712383626.2

3. Total Operating Revenue

Net Patient Service Revenue	\$234954301.40
Other Operating Revenue	\$24284921.24
Total Operating Revenue	\$259239222.64

4. Operating Expenses

Salaries and Wages	\$149639814.7	Employee Benefits	\$41954056.42
Depreciation and Amortization	\$39957371.96	Interest Expense	\$25553.66
Bad Debt	\$0	Other Expenses	\$194171588.60
Total Operating Expenses	\$425748385.34		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-166509162.71	Total Assets	\$0
Net Non-operating Gains over Loss	\$870964652.30	Total Liabilities	\$0
Total Net Gains	\$704455489.6		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$195752333.46	\$118940674.34	\$76811659.12
Medicaid	\$261744473.29	\$192026432.74	\$69718040.55
Other Government	\$362541494.51	\$348495518.82	\$14045975.69
Other State	\$0	\$0	\$0
Other Payers	\$127299626.34	\$52921000.31	\$74378626.03
Total	\$947337927.6	\$712383626.21	\$234954301.39

Statement Three: Donations Statement

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

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	\$17832535	\$23966442	\$-6133907
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	205.92
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$96,506,246		
Subtotal	\$96506246	\$0	\$96506246
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$96506246	\$0	\$96506246

Statement Seven: Subsidized Health Services for the Community

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

Comments