



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 HEART HOSPITAL, LLC

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: Paul Klassen

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Medicare Provider Number: 15-0154

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200592436
Outpatient Patient Service Revenue	\$156152590
Total Gross Patient Service Revenue	\$356745026

2. Deductions From Revenue

Contractual Allowance	\$229578773
Other Deductions	\$10577504
Total Deductions	\$240156277

3. Total Operating Revenue

Net Patient Service Revenue	\$116588749
Other Operating Revenue	\$2257320
Total Operating Revenue	\$118846069

4. Operating Expenses

Salaries and Wages	\$22220915	Employee Benefits	\$8043344
Depreciation and Amortization	\$4116507	Interest Expense	\$2632063
Bad Debt	\$1641903	Other Expenses	\$57323113
Total Operating Expenses	\$95977845		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22868224	Total Assets	\$92692424
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11111586
Total Net Gains	\$22868224		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$217048282	\$171385222	\$45663060
Medicaid	\$19660948	\$13873702	\$5787246
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$120035796	\$54897353	\$65138443
Total	\$356745026	\$240156277	\$116588749

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	\$22493	\$53839	\$-31346
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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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	\$10577504
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2582903	
HCI Payments	\$0		
Subtotal	\$0	\$2582903	\$-2582903
Medicaid Shortfalls	\$5787246	\$8154855	
Subtotal	\$5787246	\$10737758	\$-4950512
DSH Payments	\$0		
Subtotal	\$5787246	\$10737758	\$-4950512
Medicare Shortfalls	\$45663060	\$52959781	
Other Government Programs	\$0	\$0	
Total	\$51450306	\$63697539	\$-12247233

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



