



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

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

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

Person Completing the Report: April Huey

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Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$786296000
Outpatient Patient Service Revenue	\$567340000
Total Gross Patient Service Revenue	\$1353636000

2. Deductions From Revenue

Contractual Allowance	\$928047000
Other Deductions	\$76020000
Total Deductions	\$1004067000

3. Total Operating Revenue

Net Patient Service Revenue	\$349618000
Other Operating Revenue	\$17531000
Total Operating Revenue	\$367149000

4. Operating Expenses

Salaries and Wages	\$103481000	Employee Benefits	\$36434000
Depreciation and Amortization	\$17048000	Interest Expense	\$5291000
Bad Debt	\$16254000	Other Expenses	\$151260000
Total Operating Expenses	\$329768000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38080000	Total Assets	\$312036000
Net Non-operating Gains over Loss	\$1280000	Total Liabilities	\$149248000
Total Net Gains	\$39360000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$701837000	\$570972000	\$130865000
Medicaid	\$197261000	\$178950000	\$18311000
Other Government	\$25734000	\$19143000	\$6591000
Other State	\$0	\$-15951000	\$15951000
Other Payers	\$428854000	\$250954000	\$177900000
Total	\$1353686000	\$1004068000	\$349618000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1000	\$114000	\$-113000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$150000	\$726000	\$-576000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2706000	\$11204000	\$-8498000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2638
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$76020000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$16413000	
HCI Payments	\$0		
Subtotal	\$0	\$16413000	\$-16413000
Medicaid Shortfalls	\$55752000	\$65628000	
Subtotal	\$55752000	\$82041000	\$-26289000
DSH Payments	\$0		
Subtotal	\$55752000	\$82041000	\$-26289000
Medicare Shortfalls	\$113445000	\$117572000	
Other Government Programs	\$0	\$0	
Total	\$169197000	\$199613000	\$-30416000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$14000	\$752000	\$-738000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

