



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 BEDFORD HOSPITAL

City of Hospital: Bedford

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

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

Person Completing the Report: Anita Hamilton

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Medicare Provider Number: 15-328.15Z328

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

Inpatient Patient Service Revenue	\$25853774
Outpatient Patient Service Revenue	\$111955317
Total Gross Patient Service Revenue	\$137809091

2. Deductions From Revenue

Contractual Allowance	\$85146445
Other Deductions	\$7351718
Total Deductions	\$92498163

3. Total Operating Revenue

Net Patient Service Revenue	\$45310928
Other Operating Revenue	\$2081918
Total Operating Revenue	\$47392846

4. Operating Expenses

Salaries and Wages	\$19418442	Employee Benefits	\$5175464
Depreciation and Amortization	\$1823457	Interest Expense	\$173988
Bad Debt	\$3112709	Other Expenses	\$15265205
Total Operating Expenses	\$44969265		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5536290	Total Assets	\$37291723
Net Non-operating Gains over Loss	\$329621	Total Liabilities	\$7796485
Total Net Gains	\$5865911		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$69949426	\$50054303	\$19895123
Medicaid	\$15263493	\$14139850	\$1123643
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$52596174	\$28304012	\$24292162
Total	\$137809093	\$92498165	\$45310928

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$2235	\$-2235

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	\$26776	\$-26776
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	240
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	5511

Statement Six: Charity Statement

Hospital Charity Charges	\$4239009
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1043966	
HCI Payments	\$0		
Subtotal	\$0	\$1043966	\$-1043966
Medicaid Shortfalls	\$1123643	\$4693979	
Subtotal	\$1123643	\$5737945	\$-4614302
DSH Payments	\$0		
Subtotal	\$1123643	\$5737945	\$-4614302
Medicare Shortfalls	\$17358552	\$16273187	
Other Government Programs	\$0	\$0	
Total	\$18482195	\$22011132	\$-3528937

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1512769	\$-1512769
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



