



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 BLOOMINGTON HOSPITAL

City of Hospital: Bloomington

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

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

Person Completing the Report: Michael Craig

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Medicare Provider Number: 15-0051

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

Inpatient Patient Service Revenue	\$381584408
Outpatient Patient Service Revenue	\$456770468
Total Gross Patient Service Revenue	\$838354876

2. Deductions From Revenue

Contractual Allowance	\$425316138
Other Deductions	\$39225456
Total Deductions	\$464541594

3. Total Operating Revenue

Net Patient Service Revenue	\$373813282
Other Operating Revenue	\$11428687
Total Operating Revenue	\$385241969

4. Operating Expenses

Salaries and Wages	\$127448623	Employee Benefits	\$40707647
Depreciation and Amortization	\$16747206	Interest Expense	\$1805544
Bad Debt	\$22392590	Other Expenses	\$121262366
Total Operating Expenses	\$330363976		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$54877993	Total Assets	\$412268350
Net Non-operating Gains over Loss	\$18478943	Total Liabilities	\$74069398
Total Net Gains	\$73356936		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$393761634	\$283510314	\$110251320
Medicaid	\$81034943	\$68856857	\$12178086
Other Government	\$0	\$0	\$0
Other State	\$10876416	\$8476718	\$2399698
Other Payers	\$352681884	\$64472249	\$288209635
Total	\$838354877	\$425316138	\$413038739

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$356360	\$346244	\$10116

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	\$7422	\$349752	\$-342330
Hospital Patients	\$0	\$197059	\$-197059
Community Education	\$245991	\$1045775	\$-799784

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Number of Medical Professionals Trained	3097
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	53283

Statement Six: Charity Statement

Hospital Charity Charges	\$39225456
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12184093	
HCI Payments	\$0		
Subtotal	\$0	\$12184093	\$-12184093
Medicaid Shortfalls	\$32757062	\$49596859	
Subtotal	\$32757062	\$61780952	\$-29023890
DSH Payments	\$0		
Subtotal	\$32757062	\$61780952	\$-29023890
Medicare Shortfalls	\$76266307	\$102199535	
Other Government Programs	\$2395906	\$2729356	
Total	\$111419275	\$166709843	\$-55290568

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6477172	\$9306236	\$-2829064
Community Assessment	\$0	\$337241	\$-337241
Provision of Taxes	\$0	\$287726	\$-287726
Other Allocations	\$10268	\$26385	\$-16117

Comments



