



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 WEST HOSPITAL

City of Hospital: city

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: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$242328000
Outpatient Patient Service Revenue	\$343774000
Total Gross Patient Service Revenue	\$586102000

2. Deductions From Revenue

Contractual Allowance	\$364693000
Other Deductions	\$37236523
Total Deductions	\$401929523

3. Total Operating Revenue

Net Patient Service Revenue	\$184173000
Other Operating Revenue	\$4410000
Total Operating Revenue	\$188583000

4. Operating Expenses

Salaries and Wages	\$46091000	Employee Benefits	\$12102000
Depreciation and Amortization	\$7830000	Interest Expense	\$6420000
Bad Debt	\$13851000	Other Expenses	\$59947000
Total Operating Expenses	\$146241000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$42343000	Total Assets	\$232703000
Net Non-operating Gains over Loss	\$73000	Total Liabilities	\$130006000
Total Net Gains	\$42416000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$235723000	\$191704000	\$44019000
Medicaid	\$68044000	\$62820000	\$5224000
Other Government	\$9952000	\$6615000	\$3337000
Other State	\$0	\$-4088000	\$4088000
Other Payers	\$272384000	\$144879000	\$127505000
Total	\$586103000	\$401930000	\$184173000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$162000	\$-162000

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$37237000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8132000	
HCI Payments	\$0		
Subtotal	\$0	\$8132000	\$-8132000
Medicaid Shortfalls	\$17115000	\$24836000	
Subtotal	\$17115000	\$32968000	\$-15853000
DSH Payments	\$0		
Subtotal	\$17115000	\$32968000	\$-15853000
Medicare Shortfalls	\$33045000	\$41633000	
Other Government Programs	\$0	\$0	
Total	\$50160000	\$74601000	\$-24441000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$96000	\$-96000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

