



HOSPITAL FISCAL REPORT

State Form 49520 (R2/7-02)

Indiana State Department of Health

(Form Approved by State Board of Accounts, 2002)

I. Identification of Organization

Name of Hospital			
City of Hospital			
Year Begin (xx/xx/xxxx)		Year End (xx/xx/xxxx)	
Person Completing the Report			
E-Mail Address			
Medicare Provider Number			

Statement One:	Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$	Contractual Allowance	\$
Outpatient Patient Service Revenue	\$	Other Deductions	\$
Total Gross Patient Service Revenue	\$	Total Deductions	\$

3. Total Operating Revenue

Net Patient Service Revenue	\$
Other Operating Revenue	\$
Total Operating Revenue	\$

4. Operating Expenses

Salaries and Wages	\$	Employee Benefits	\$
Depreciation and Amortization	\$	Interest Expense	\$
Bad Debt	\$	Other Expenses	\$
Total Operating Expenses	\$		

5. Net Revenue and Expenses		6. Assets and Liabilities	
Excess Revenue over Expenses	\$	Total Assets	\$
Net Non-operating Gains over Losses	\$	Total Liabilities	\$
Total Net Gain	\$		

Statement Two	Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Revenue
Medicare	\$	\$	\$
Medicaid	\$	\$	\$
Other Government	\$	\$	\$
Other State	\$	\$	\$
Other Payers	\$	\$	\$
Total	\$	\$	\$

Statement Three	Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$	\$	\$

Statement Four	Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$	\$	\$

Statement Five:	Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$	\$	\$
Hospital Patients	\$	\$	\$
Community Education	\$	\$	\$

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

Statement Six:	Charity Statement
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Hospital Charity Charges	\$
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	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$	
HCI Payments	\$		
Subtotal	\$	\$	\$
Medicaid Shortfalls	\$	\$	
Subtotal	\$	\$	\$
DSH Payments	\$		
Subtotal	\$	\$	\$
Medicare Shortfalls	\$	\$	
Other Government Programs	\$	\$	
Total	\$	\$	\$

Statement Seven:	Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$	\$	\$
Community Assessment	\$	\$	\$
Provision of Taxes	\$	\$	\$
Other Allocations	\$	\$	\$