



Hospital Fiscal Report
State Form 49520 (R3/7-23)
Indiana Department of Health
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

City of Hospital: Carmel

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$530821251
Outpatient Patient Service Revenue	\$1203292225
Total Gross Patient Service Revenue	\$1734113476

2. Deductions From Revenue

Contractual Allowance	\$1224661032
Other Deductions	\$26504019
Total Deductions	\$1251165051

3. Total Operating Revenue

Net Patient Service Revenue	\$473651813
Other Operating Revenue	\$5235283
Total Operating Revenue	\$478887096

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39511875	3167
Medicaid	\$23876402	1556
Commercial Insurance	\$99338880	4568
Self-pay	\$55280	127
Any Other Category of Payer	\$1148272	157
Total	\$163930709	9575

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$56773746	61707
Medicaid	\$23825788	22598
Commercial Insurance	\$226056488	99796
Self-pay	\$932673	3965
Any Other Category of Payer	\$2132408	1918
Total	\$309721103	189984

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$96285621	64874
Medicaid	\$47702190	24154
Commercial Insurance	\$325395368	104364
Self-pay	\$987953	4092
Any Other Category of Payer	\$3280680	2075
Total	\$473651812	199559

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39511793	3166
Medicaid	\$23876402	1556
Commercial Insurance	\$99338880	4568
Self-pay	\$55280	127
Any Other Category of Payer	\$1148273	157
Total	\$163930628	9574

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$56464061	60086
Medicaid	\$23803972	22479
Commercial Insurance	\$225716735	98416
Self-pay	\$930936	3962
Any Other Category of Payer	\$2131842	1915
Total	\$309047546	186858

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$95975854	63252
Medicaid	\$47680374	24035
Commercial Insurance	\$325055615	102984
Self-pay	\$986216	4089
Any Other Category of Payer	\$3280115	2072
Total	\$472978174	196432

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$215	1
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$215	1

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$349207	1621
Medicaid	\$25636	119
Commercial Insurance	\$297289	1380
Self-pay	\$646	3
Any Other Category of Payer	\$646	3
Total	\$673424	3126

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$349422	1622
Medicaid	\$25636	119
Commercial Insurance	\$297289	1380
Self-pay	\$646	3
Any Other Category of Payer	\$646	3
Total	\$673639	3127

13. Operating Expenses

Salaries and Wages	\$103315975	Employee Benefits	\$20616672
Depreciation and Amortization	\$15077694	Interest Expense	\$0
Bad Debt	\$9296612	Other Expenses	\$211572483
Total Operating Expenses	\$359879436		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$119007660	Total Assets	\$1039421884
Net Non-operating Gains over Loss	\$35779565	Total Liabilities	\$22150871
Total Net Gains	\$154787225		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$671146552	\$574849991	\$96296561
Medicaid	\$229741558	\$182014286	\$47727272
Other Government	\$7809721	\$6907701	\$902020
Other State	\$0	\$0	\$0
Other Payers	\$825415645	\$496689685	\$328725960
Total	\$1734113476	\$1260461663	\$473651813

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$114247	\$-114247

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	\$647828	\$-647828
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	5471

Statement Six: Charity Statement

Hospital Charity Charges	\$26504018
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2367979	
HCI Payments	\$0		
Subtotal	\$0	\$2367979	\$-2367979
Medicaid Shortfalls	\$41896229	\$59035967	
Subtotal	\$41896229	\$61403946	\$-19507717
DSH Payments	\$0		
Subtotal	\$41896229	\$61403946	\$-19507717
Medicare Shortfalls	\$50640964	\$65060128	
Other Government Programs	\$0	\$0	
Total	\$92537193	\$126464074	\$-33926881

Statement Seven: Subsidized Health Services for the Community

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

Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.

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