



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 METHODIST HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Haley Wright

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3457822000
Outpatient Patient Service Revenue	\$2527352000
<b>Total Gross Patient Service Revenue</b>	<b>\$5985174000</b>

2. Deductions From Revenue

Contractual Allowance	\$3186258000
Other Deductions	\$285257000
<b>Total Deductions</b>	<b>\$3471515000</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$2513659000
Other Operating Revenue	\$362277000
<b>Total Operating Revenue</b>	<b>\$2875936000</b>

4. Operating Expenses

Salaries and Wages	\$824369000	Employee Benefits	\$223442000
Depreciation and Amortization	\$147916000	Interest Expense	\$53675000
Bad Debt	\$63486000	Other Expenses	\$1209789000
<b>Total Operating Expenses</b>	<b>\$2522677000</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$353259000	Total Assets	\$5015447000
Net Non-operating Gains over Loss	\$97849000	Total Liabilities	\$2694033000
Total Net Gains	\$451108000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2057102000	\$1593866000	\$463236000
Medicaid	\$1344280000	\$843433000	\$500847000
Other Government	\$134703000	\$90710000	\$43993000
Other State	\$0	\$-87077000	\$87077000
Other Payers	\$2449088000	\$1030582000	\$1418506000
Total	\$5985173000	\$3471514000	\$2513659000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3755000	\$-3755000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$35257000	\$-35257000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$55604000	\$-55604000

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

Number of Medical Professionals Trained	56407
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$3186258000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$109168000	
HCI Payments	\$0		
Subtotal	\$0	\$109168000	\$-109168000
Medicaid Shortfalls	\$567983000	\$651360000	
Subtotal	\$567983000	\$760528000	\$-192545000
DSH Payments	\$105,877,000		
Subtotal	\$673860000	\$760528000	\$-86668000
Medicare Shortfalls	\$409691000	\$445805000	
Other Government Programs	\$0	\$0	
Total	\$1083551000	\$1206333000	\$-122782000

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	\$0	\$25467000	\$-25467000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

