



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: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Vadana (Dana) Patel

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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	\$3660504999
Outpatient Patient Service Revenue	\$2710213874
<b>Total Gross Patient Service Revenue</b>	<b>\$6370718873</b>

2. Deductions From Revenue

Contractual Allowance	\$3707847222
Other Deductions	\$247529062
<b>Total Deductions</b>	<b>\$3955376284</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$1657502696
Other Operating Revenue	\$754135732
<b>Total Operating Revenue</b>	<b>\$2411638428</b>

4. Operating Expenses

Salaries and Wages	\$752431041	Employee Benefits	\$152867310
Depreciation and Amortization	\$136099223	Interest Expense	\$-348449032
Bad Debt	\$72050490	Other Expenses	\$1172009599
<b>Total Operating Expenses</b>	<b>\$1937008631</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$474629797	Total Assets	\$6196227609
Net Non-operating Gains over Loss	\$37570132	Total Liabilities	\$6196226609
Total Net Gains	\$512199929		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2165891757	\$1677334600	\$488557157
Medicaid	\$1437474776	\$1244605750	\$192869026
Other Government	\$145677380	\$110600731	\$35076649
Other State	\$0	\$0	\$0
Other Payers	\$2621674960	\$922835203	\$1698839757
Total	\$6370718873	\$3955376284	\$2415342589

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10285440	\$-10285440

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$30695206	\$-30695206

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$67378992	\$-67378992
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	634
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	293842

Statement Six: Charity Statement
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Hospital Charity Charges	\$254706062
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$87575038.69	
HCI Payments	\$0		
Subtotal	\$0	\$87575038.69	\$-87575038.69
Medicaid Shortfalls	\$453512883.14	\$577751883.25	
Subtotal	\$453512883.14	\$665326921.94	\$-211814038.8
DSH Payments	\$0		
Subtotal	\$453512883.14	\$665326921.94	\$-211814038.8
Medicare Shortfalls	\$409852790.00	\$400735720.00	
Other Government Programs	\$0	\$0	
Total	\$863365673.14	\$1066062641.94	\$-202696968.8

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	\$7553984	\$-7553984
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments