



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 STARKE HOSPITAL

City of Hospital: Knox

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

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

Person Completing the Report: Steven Rudolph

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Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12985450
Outpatient Patient Service Revenue	\$62106956
Total Gross Patient Service Revenue	\$75092406

2. Deductions From Revenue

Contractual Allowance	\$32991448
Other Deductions	\$16779941
Total Deductions	\$49771389

3. Total Operating Revenue

Net Patient Service Revenue	\$25321016
Other Operating Revenue	\$1000002
Total Operating Revenue	\$26321018

4. Operating Expenses

Salaries and Wages	\$6296458	Employee Benefits	\$1778482
Depreciation and Amortization	\$1673013	Interest Expense	\$5498
Bad Debt	\$2385635	Other Expenses	\$10164733
Total Operating Expenses	\$22303819		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4017198	Total Assets	\$12819972
Net Non-operating Gains over	\$2304	Total Liabilities	\$690976

Loss	
Total Net Gains	\$4019502

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34115946	\$26418712	\$7697234
Medicaid	\$11905360	\$6572736	\$5332624
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$29071099	\$16779941	\$12291158
Total	\$75092405	\$49771389	\$25321016

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$40268	\$-40268

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	\$38314	\$-38314
Hospital Patients	\$0	\$295	\$-295
Community Education	\$1350	\$37741	\$-36391

Number of Medical Professionals Trained	2
Number of Hospital Patients Educated	5195
Number of Citizens Exposed to Health Education Messages	11753

Statement Six: Charity Statement

Hospital Charity Charges	\$3312358
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1245057	
HCI Payments	\$0		
Subtotal	\$0	\$1245057	\$-1245057
Medicaid Shortfalls	\$2924999	\$3605915	
Subtotal	\$2924999	\$4850972	\$-1925973
DSH Payments	\$1,765,352		
Subtotal	\$4690351	\$4850972	\$-160621
Medicare Shortfalls	\$5508361	\$8034734	
Other Government Programs	\$0	\$0	
Total	\$10198712	\$12885706	\$-2686994

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	\$9542	\$-9542
Provision of Taxes	\$0	\$135032	\$-135032
Other Allocations	\$0	\$0	\$0

Comments

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