



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 TIPTON HOSPITAL

City of Hospital: City of Tipton

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: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24014446
Outpatient Patient Service Revenue	\$63806140
Total Gross Patient Service Revenue	\$87820586

2. Deductions From Revenue

Contractual Allowance	\$45962001
Other Deductions	\$2794842
Total Deductions	\$48756843

3. Total Operating Revenue

Net Patient Service Revenue	\$39063743
Other Operating Revenue	\$973693
Total Operating Revenue	\$40037436

4. Operating Expenses

Salaries and Wages	\$10832839	Employee Benefits	\$3004474
Depreciation and Amortization	\$1528054	Interest Expense	\$891834
Bad Debt	\$4991584	Other Expenses	\$20031497
Total Operating Expenses	\$41280282		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-1242846	Total Assets	\$38931932
Net Non-operating Gains over Loss	\$88079	Total Liabilities	\$38931932
Total Net Gains	\$-1154767		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44424253	\$26139703	\$18284550
Medicaid	\$7285062	\$6457368	\$827694
Other Government	\$1780348	\$1712978	\$67370
Other State	\$0	\$0	\$0
Other Payers	\$34330922	\$14446795	\$19884127
Total	\$87820585	\$48756844	\$39063741

Statement Three: Donations Statement

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

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	\$213163.00	\$-213163
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	24981

Statement Six: Charity Statement

Hospital Charity Charges	\$2794842.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$881161	
HCI Payments	\$0		
Subtotal	\$0	\$881161	\$-881161
Medicaid Shortfalls	\$2217427	\$4462870	
Subtotal	\$2217427	\$5344031	\$-3126604
DSH Payments	\$0		
Subtotal	\$2217427	\$5344031	\$-3126604
Medicare Shortfalls	\$17508253	\$17045595	
Other Government Programs	\$0	\$0	
Total	\$19725680	\$22389626	\$-2663946

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