



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 WEST HOSPITAL

City of Hospital: City of 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: 15-0158

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$247332248
Outpatient Patient Service Revenue	\$388207353
Total Gross Patient Service Revenue	\$635539601

2. Deductions From Revenue

Contractual Allowance	\$389426710
Other Deductions	\$34834332
Total Deductions	\$424261042

3. Total Operating Revenue

Net Patient Service Revenue	\$211278559
Other Operating Revenue	\$5165720
Total Operating Revenue	\$216444279

4. Operating Expenses

Salaries and Wages	\$42967868	Employee Benefits	\$10840822
Depreciation and Amortization	\$7787735	Interest Expense	\$6269496
Bad Debt	\$19392520	Other Expenses	\$68475028
Total Operating Expenses	\$155733469		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$60710810	Total Assets	\$288359614
Net Non-operating Gains over Loss	\$86599	Total Liabilities	\$288359613
Total Net Gains	\$60797409		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252600928	\$204361440	\$48239488
Medicaid	\$78149345	\$68718052	\$9431293
Other Government	\$13009373	\$10479200	\$2530173
Other State	\$0	\$0	\$0
Other Payers	\$291779955	\$140702350	\$151077605
Total	\$635539601	\$424261042	\$211278559

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2087.00	\$164656.00	\$-162569

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

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	103578

Statement Six: Charity Statement

Hospital Charity Charges	\$34834332.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6771794.00	
HCI Payments	\$0		
Subtotal	\$0	\$6771794.00	\$-6771794
Medicaid Shortfalls	\$19528965.00	\$24760334.00	
Subtotal	\$19528965	\$31532128	\$-12003163
DSH Payments	\$0		
Subtotal	\$19528965	\$31532128	\$-12003163
Medicare Shortfalls	\$33420451.00	\$32750803.00	
Other Government Programs	\$0	\$0	
Total	\$52949416	\$64282931	\$-11333515

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