



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 ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/0016 (mm/dd/yyyy format)

Person Completing the Report: Connie Dilger

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$119198584
Outpatient Patient Service Revenue	\$216019283
Total Gross Patient Service Revenue	\$335217867

2. Deductions From Revenue

Contractual Allowance	\$174444175
Other Deductions	\$1456936
Total Deductions	\$175901111

3. Total Operating Revenue

Net Patient Service Revenue	\$159316756
Other Operating Revenue	\$1234694
Total Operating Revenue	\$160551450

4. Operating Expenses

Salaries and Wages	\$19545522	Employee Benefits	\$5139627
Depreciation and Amortization	\$2520041	Interest Expense	\$79635
Bad Debt	\$2123470	Other Expenses	\$72684041
Total Operating Expenses	\$102092336		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$58459114	Total Assets	\$42385246
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12288043

Total Net Gains	\$58459114
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$107732425	\$76879306	\$30853119
Medicaid	\$4139252	\$3472959	\$666293
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$223346190	\$96043093	\$127303097
Total	\$335217867	\$176395358	\$158822509

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$775	\$-775

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$15237	\$32499	\$-17262

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$12303	\$-12303
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	1327
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$6893322
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$2523962	\$2162242	
HCI Payments	\$0		
Subtotal	\$2523962	\$2162242	\$361720
Medicaid Shortfalls	\$891683	\$1208533	
Subtotal	\$3415645	\$3370775	\$44870
DSH Payments	\$0		
Subtotal	\$3415645	\$3370775	\$44870
Medicare Shortfalls	\$29547889	\$33977406	
Other Government Programs	\$0	\$0	
Total	\$32963534	\$37348181	\$-4384647

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

Comments