



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 WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

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

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7258825
Outpatient Patient Service Revenue	\$64277266
Total Gross Patient Service Revenue	\$71536091

2. Deductions From Revenue

Contractual Allowance	\$42906690
Other Deductions	\$-268285
Total Deductions	\$42638405

3. Total Operating Revenue

Net Patient Service Revenue	\$28897686
Other Operating Revenue	\$768677
Total Operating Revenue	\$29666363

4. Operating Expenses

Salaries and Wages	\$7563531	Employee Benefits	\$1889092
Depreciation and Amortization	\$1796452	Interest Expense	\$1116074
Bad Debt	\$2245432	Other Expenses	\$11290491
Total Operating Expenses	\$25901072		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3765291	Total Assets	\$54053475
Net Non-operating Gains over Loss	\$44264	Total Liabilities	\$54053475

Total Net Gains	\$3809555
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36010909	\$21142811	\$14868098
Medicaid	\$12119936	\$11217182	\$902754
Other Government	\$809487	\$164316	\$645171
Other State	\$0	\$0	\$0
Other Payers	\$22595760	\$10114096	\$12481664
Total	\$71536092	\$42638405	\$28897687

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$109644.00	\$-109644

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	\$220747.00	\$-220747
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	296.00

Statement Six: Charity Statement

Hospital Charity Charges	\$2301002.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$727576	
HCI Payments	\$0		
Subtotal	\$0	\$727576	\$-727576
Medicaid Shortfalls	\$2788689	\$4414972	
Subtotal	\$2788689	\$5142548	\$-2353859
DSH Payments	\$0		
Subtotal	\$2788689	\$5142548	\$-2353859
Medicare Shortfalls	\$10855005	\$10274532	
Other Government Programs	\$0	\$0	
Total	\$13643694	\$15417080	\$-1773386

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1145.00	\$-1145
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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