



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 UNIVERSITY HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4559315713
Outpatient Patient Service Revenue	\$3871023081
Total Gross Patient Service Revenue	\$8430338794

2. Deductions From Revenue

Contractual Allowance	\$5756597710
Other Deductions	\$-59037500
Total Deductions	\$5697560210

3. Total Operating Revenue

Net Patient Service Revenue	\$2360189438
Other Operating Revenue	\$1211066379
Total Operating Revenue	\$3571255817

4. Operating Expenses

Salaries and Wages	\$996821404	Employee Benefits	\$149189539
Depreciation and Amortization	\$145328096	Interest Expense	\$34035838
Bad Debt	\$99286868	Other Expenses	\$1563289265
Total Operating Expenses	\$2987951010		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$583322307	Total Assets	\$8354043490
Net Non-operating Gains over Loss	\$505800074	Total Liabilities	\$8354043490

Total Net Gains	\$1089122381
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2841264388	\$2256377376	\$584887012
Medicaid	\$2289404044	\$2036583347	\$252820697
Other Government	\$119839081	\$98228902	\$21610179
Other State	\$0	\$0	\$0
Other Payers	\$3179831281	\$1306370585	\$1873460696
Total	\$8430338794	\$5697560210	\$2732778584

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$12595313	\$-12595313

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$10255330	\$-10255330

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$68650941	\$-68650941
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	594
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	14350

Statement Six: Charity Statement

Hospital Charity Charges	\$128892565
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$44197373	
HCI Payments	\$0		
Subtotal	\$0	\$44197373	\$-44197373
Medicaid Shortfalls	\$567197052	\$847196712	
Subtotal	\$567197052	\$891394085	\$-324197033
DSH Payments	\$0		
Subtotal	\$567197052	\$891394085	\$-324197033
Medicare Shortfalls	\$432288920	\$456350613	
Other Government Programs	\$0	\$0	
Total	\$999485972	\$1347744698	\$-348258726

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$12567398	\$-12567398
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments