



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 BLACKFORD HOSPITAL

City of Hospital: Hartford City

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10738343
Outpatient Patient Service Revenue	\$50557676
Total Gross Patient Service Revenue	\$61296019

2. Deductions From Revenue

Contractual Allowance	\$-35163246
Other Deductions	\$-1574121
Total Deductions	\$-36737367

3. Total Operating Revenue

Net Patient Service Revenue	\$23118605
Other Operating Revenue	\$4462883
Total Operating Revenue	\$27581488

4. Operating Expenses

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Salaries and Wages	\$7865373	Employee Benefits	\$2092463
Depreciation and Amortization	\$800602	Interest Expense	\$0
Bad Debt	\$1440047	Other Expenses	\$11935448
Total Operating Expenses	\$24133933		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3447556	Total Assets	\$16872469
Net Non-operating Gains over Loss	\$-3832	Total Liabilities	\$16872469
Total Net Gains	\$3443724		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$32691321	\$19129560	\$13561761
Medicaid	\$12356255	\$9554242	\$2802013
Other Government	\$504131	\$369464	\$134667
Other State	\$0	\$0	\$0
Other Payers	\$15744312	\$9124148	\$6620164
Total	\$61296019	\$38177414	\$23118605

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$730	\$-730

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	\$5989	\$-5989
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	189

Statement Six: Charity Statement

Hospital Charity Charges	\$1574121
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$597064	
HCI Payments	\$0		
Subtotal	\$0	\$597064	\$-597064
Medicaid Shortfalls	\$2925984	\$5486701	
Subtotal	\$2925984	\$6083765	\$-3157781
DSH Payments	\$0		

Subtotal	\$2925984	\$6083765	\$-3157781
Medicare Shortfalls	\$9057764	\$8573360	
Other Government Programs	\$0	\$0	
Total	\$11983748	\$14657125	\$-2673377

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