



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 PAOLI HOSPITAL

City of Hospital: Paoli

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

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

Person Completing the Report: Derek Tatter

Email Address: consolidationteam@iuhealth.org

Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11580057
Outpatient Patient Service Revenue	\$74810545
Total Gross Patient Service Revenue	\$86390602

2. Deductions From Revenue

Contractual Allowance	\$-51700398
Other Deductions	\$1773458
Total Deductions	\$-49926940

3. Total Operating Revenue

Net Patient Service Revenue	\$33582213
Other Operating Revenue	\$5754762
Total Operating Revenue	\$39336975

4. Operating Expenses

Salaries and Wages	\$11351318	Employee Benefits	\$2651788
Depreciation and Amortization	\$1322746	Interest Expense	\$0
Bad Debt	\$2881449	Other Expenses	\$11487787
Total Operating Expenses	\$29695088		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9641886	Total Assets	\$48535433
Net Non-operating Gains over Loss	\$1247448	Total Liabilities	\$48535433
Total Net Gains	\$10889334		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40056880	\$26850640	\$13206240
Medicaid	\$22545871	\$13422436	\$9123435
Other Government	\$1033246	\$809773	\$223473
Other State	\$0	\$0	\$0
Other Payers	\$22754605	\$11725540	\$11029065
Total	\$86390602	\$52808389	\$33582213

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$91	\$-91

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	\$29728	\$-29728
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	132

Statement Six: Charity Statement

Hospital Charity Charges	\$1898006
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$777803	
HCI Payments	\$0		
Subtotal	\$0	\$777803	\$-777803
Medicaid Shortfalls	\$9197462	\$9998187	
Subtotal	\$9197462	\$10775990	\$-1578528
DSH Payments	\$0		

Subtotal	\$9197462	\$10775990	\$-1578528
Medicare Shortfalls	\$8563070	\$8622081	
Other Government Programs	\$0	\$0	
Total	\$17760532	\$19398071	\$-1637539

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1430861	\$1730082	\$-299221
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments