



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$326771000	Contractual Allowance	\$439736000
Outpatient Patient Service Revenue	\$468147000	Other Deductions	\$22039000
Total Gross Patient Service Revenue	\$794918000	Total Deductions	\$461775000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$333143000
Other Operating Revenue	\$2771000
Total Operating Revenue	\$335914000

4. Operating Expenses

Salaries and Wages	\$129844000	Employee Benefits	\$29509000
Depreciation and Amortization	\$15405000	Interest Expense	\$15471000
Bad Debt	\$19287000	Other Expenses	\$106528000
Total Operating Expenses	\$316044000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19870000	Total Assets	\$249420000
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$286870000
Total Net Gains	\$19870000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$269151000	\$171503000	\$97648000
Medicaid	\$43698000	\$34818000	\$8880000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$482065000	\$233415000	\$248650000
Total	\$794914000	\$439736000	\$355178000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$45000	\$-45000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$4000	\$-4000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$47000	\$-47000
Hospital Patients	\$0	\$29000	\$-29000
Community Education	\$0	\$9000	\$-9000

Number of Medical Professionals Trained	1068
Number of Hospital Patients Educated	504
Number of Citizens Exposed to Health Education Messages	257

Statement Six: Charity Statement

Hospital Charity Charges	\$22039000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8220000	
HCI Payments	\$0		
Subtotal	\$0	\$8220000	\$-8220000
Medicaid Shortfalls	\$9764000	\$21635000	
Subtotal	\$9764000	\$29855000	\$-20091000
DSH Payments	\$0		
Subtotal	\$9764000	\$29855000	\$-20091000
Medicare Shortfalls	\$89052000	\$100393000	
Other Government Programs	\$0	\$0	
Total	\$98816000	\$130248000	\$-31432000

Statement Seven: Subsidized Health Services for the Community

	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	\$869000	\$-869000
Other Allocations	\$0	\$0	\$0