



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 BALL MEMORIAL HOSPITAL

City of Hospital: Muncie

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

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

Medicare Provider Number: 15-0089

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$484897000	Contractual Allowance	\$531434000
Outpatient Patient Service Revenue	\$381669000	Other Deductions	\$45496000
Total Gross Patient Service Revenue	\$866566000	Total Deductions	\$576930000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$294472000
Other Operating Revenue	\$26975000
Total Operating Revenue	\$321447000

4. Operating Expenses

Salaries and Wages	\$99439000	Employee Benefits	\$26970000
Depreciation and Amortization	\$20155000	Interest Expense	\$6198000
Bad Debt	\$27414000	Other Expenses	\$130076000
Total Operating Expenses	\$310252000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11196000	Total Assets	\$295244000
Net Non-operating Gains over Loss	\$614000	Total Liabilities	\$202793000
Total Net Gains	\$11810000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$424344000	\$280500000	\$143844000
Medicaid	\$133848000	\$93739000	\$40109000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$308374000	\$152449000	\$155925000
Total	\$866566000	\$526688000	\$339878000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$30000	\$104000	\$-74000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$41000	\$226000	\$-185000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2201000	\$9669000	\$-7468000
Hospital Patients	\$4000	\$161000	\$-157000
Community Education	\$3000	\$40000	\$-37000

Number of Medical Professionals Trained	1831
Number of Hospital Patients Educated	9571
Number of Citizens Exposed to Health Education Messages	1952

Statement Six: Charity Statement

Hospital Charity Charges	\$45406000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$14212000	
HCI Payments	\$0		
Subtotal	\$0	\$14212000	\$-14212000
Medicaid Shortfalls	\$29766000	\$44911000	
Subtotal	\$29766000	\$59123000	\$-29357000
DSH Payments	\$0		
Subtotal	\$29766000	\$59123000	\$-29357000
Medicare Shortfalls	\$119878000	\$132820000	
Other Government Programs	\$0	\$0	
Total	\$149644000	\$191943000	\$-42299000

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	\$-722000	\$722000
Other Allocations	\$0	\$0	\$0