



## 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 METHODIST HOSPITAL

*City of Hospital:* Indianapolis

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

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

*Medicare Provider Number:* 15-0056

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2910060000
Outpatient Patient Service Revenue	\$1841982000
Total Gross Patient Service Revenue	\$4752042000

#### 2. Deductions From Revenue

Contractual Allowance	\$2572841000
Other Deductions	\$175802000
Total Deductions	\$2748643000

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$2003399000
Other Operating Revenue	\$271691000
Total Operating Revenue	\$2275090000

#### 4. Operating Expenses

Salaries and Wages	\$719950000	Employee Benefits	\$190978000
Depreciation and Amortization	\$130386000	Interest Expense	\$39710000
Bad Debt	\$110690000	Other Expenses	\$955001000
Total Operating Expenses	\$2146715000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$128009000	Total Assets	\$4042449000
Net Non-operating Gains over Loss	\$69895000	Total Liabilities	\$2327350000
Total Net Gains	\$197904000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$1474303000	\$967128000	\$507175000
Medicaid	\$1097283000	\$642037000	\$455246000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$2180470000	\$963676000	\$1216794000
Total	\$4752056000	\$2572841000	\$2179215000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$7479000	\$-7479000

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$15888000	\$-15888000

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$10216000	\$66737000	\$-56521000
Hospital Patients	\$1960	\$9989000	\$-9987040
Community Education	\$0	\$3475	\$-3475

Number of Medical Professionals Trained	9879
Number of Hospital Patients Educated	31456
Number of Citizens Exposed to Health Education Messages	4918

### Statement Six: Charity Statement

Hospital Charity Charges	\$175802000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$71024000	
HCI Payments	\$0		
Subtotal	\$0	\$71024000	\$-71024000
Medicaid Shortfalls	\$426276000	\$540748000	
Subtotal	\$426276000	\$611772000	\$-185496000
DSH Payments	\$161,000,000		
Subtotal	\$587276000	\$611772000	\$-24496000
Medicare Shortfalls	\$44984000	\$595618000	
Other Government Programs	\$0	\$0	
Total	\$632260000	\$1207390000	\$-575130000

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1690000	\$5593000	\$-3903000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2456000	\$-2456000
Other Allocations	\$0	\$0	\$0