



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 NORTH HOSPITAL

City of Hospital: Carmel

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

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

Medicare Provider Number: 15-0161

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$263618000
Outpatient Patient Service Revenue	\$206393000
Total Gross Patient Service Revenue	\$470011000

2. Deductions From Revenue

Contractual Allowance	\$245921000
Other Deductions	\$6607000
Total Deductions	\$252528000

3. Total Operating Revenue

Net Patient Service Revenue	\$217483000
Other Operating Revenue	\$3932000
Total Operating Revenue	\$221415000

4. Operating Expenses

Salaries and Wages	\$63133000	Employee Benefits	\$15919000
Depreciation and Amortization	\$17500000	Interest Expense	\$15768000
Bad Debt	\$6611000	Other Expenses	\$86051000
Total Operating Expenses	\$204982000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16433000	Total Assets	\$232121000
Net Non-operating Gains over Loss	\$-161000	Total Liabilities	\$264083000
Total Net Gains	\$16272000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$131075000	\$93658000	\$37417000
Medicaid	\$37380000	\$30190000	\$7190000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$301558000	\$122072000	\$179486000
Total	\$470013000	\$245920000	\$224093000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$22000	\$62000	\$-40000

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	\$64000	\$169000	\$-105000
Hospital Patients	\$188000	\$372000	\$-184000
Community Education	\$0	\$31000	\$-31000

Number of Medical Professionals Trained	262
Number of Hospital Patients Educated	3817
Number of Citizens Exposed to Health Education Messages	251

Statement Six: Charity Statement

Hospital Charity Charges	\$4216000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1775000	
HCI Payments	\$0		
Subtotal	\$0	\$1775000	\$-1775000
Medicaid Shortfalls	\$7254000	\$17066000	
Subtotal	\$7254000	\$18841000	\$-11587000
DSH Payments	\$0		
Subtotal	\$7254000	\$18841000	\$-11587000
Medicare Shortfalls	\$34901000	\$55183000	
Other Government Programs	\$0	\$0	
Total	\$42155000	\$74024000	\$-31869000

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	\$2701000	\$-2701000
Other Allocations	\$0	\$0	\$0