



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 STARKE HOSPITAL

City of Hospital: Knox

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 123456789

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16611835	Contractual Allowance	\$42523893
Outpatient Patient Service Revenue	\$50331563	Other Deductions	\$0
Total Gross Patient Service Revenue	\$66943398	Total Deductions	\$42523893

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$24419505
Other Operating Revenue	\$2060009
Total Operating Revenue	\$26479514

4. Operating Expenses

Salaries and Wages	\$7768235	Employee Benefits	\$1314515
Depreciation and Amortization	\$1509305	Interest Expense	\$15879
Bad Debt	\$5064666	Other Expenses	\$8546602
Total Operating Expenses	\$24219202		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2259856	Total Assets	\$18305837
Net Non-operating Gains over Loss	\$455	Total Liabilities	\$16045526
Total Net Gains	\$2260311		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30720431	\$22487556	\$8232875
Medicaid	\$10668585	\$8696239	\$1972346
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25554383	\$7783168	\$17771215
Total	\$66943399	\$38966963	\$27976436

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$1275477
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$910515	
HCI Payments	\$0		
Subtotal	\$0	\$910515	\$-910515
Medicaid Shortfalls	\$1972346	\$3052678	
Subtotal	\$1972346	\$3963193	\$-1990847
DSH Payments	\$1,882,400		
Subtotal	\$3854746	\$3963193	\$-108447
Medicare Shortfalls	\$8232875	\$8790256	
Other Government Programs	\$0	\$0	
Total	\$12087621	\$12753449	\$-665828

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	\$104131	\$-104131
Other Allocations	\$0	\$0	\$0