



## 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:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (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	\$349641000
Outpatient Patient Service Revenue	\$575599000
<b>Total Gross Patient Service Revenue</b>	<b>\$925240000</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$586689000
Other Deductions	\$27824000
<b>Total Deductions</b>	<b>\$614513000</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$310726000
Other Operating Revenue	\$6351000
<b>Total Operating Revenue</b>	<b>\$317077000</b>

#### 4. Operating Expenses

Salaries and Wages	\$137251000	Employee Benefits	\$31929000
Depreciation and Amortization	\$14524000	Interest Expense	\$15066000
Bad Debt	\$20032000	Other Expenses	\$120396000
<b>Total Operating Expenses</b>	<b>\$339198000</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-22121000	Total Assets	\$259087000
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$318658000
<b>Total Net Gains</b>	<b>\$-22121000</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$425657000	\$350634000	\$75023000
Medicaid	\$69679000	\$62514000	\$7165000
Other Government	\$5213000	\$3701000	\$1512000
Other State	\$0	\$0	\$0
Other Payers	\$424691000	\$197664000	\$227027000
Total	\$925240000	\$614513000	\$310727000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$13000	\$236000	\$-223000

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$298000	\$-298000

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$785000	\$-785000
Hospital Patients	\$0	\$59000	\$-59000
Community Education	\$0	\$4174	\$-4174

Number of Medical Professionals Trained	641
Number of Hospital Patients Educated	2748
Number of Citizens Exposed to Health Education Messages	137

### Statement Six: Charity Statement

Hospital Charity Charges	\$30705000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$10532000	
HCI Payments	\$0		
Subtotal	\$0	\$10532000	\$-10532000
Medicaid Shortfalls	\$8994000	\$24626000	
Subtotal	\$8994000	\$35158000	\$-26164000
DSH Payments	\$0		
Subtotal	\$8994000	\$35158000	\$-26164000
Medicare Shortfalls	\$61241000	\$80721000	
Other Government Programs	\$0	\$0	
Total	\$70235000	\$115879000	\$-45644000

**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	\$1041000	\$-1041000
Other Allocations	\$0	\$0	\$0