



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 BLACKFORD HOSPITAL

City of Hospital: Hartford City

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

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

Medicare Provider Number: 15-1302

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8165000	Contractual Allowance	\$18589000
Outpatient Patient Service Revenue	\$33472000	Other Deductions	\$2676000
Total Gross Patient Service Revenue	\$41637000	Total Deductions	\$21265000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$20372000
Other Operating Revenue	\$408000
Total Operating Revenue	\$20780000

4. Operating Expenses

Salaries and Wages	\$7180000	Employee Benefits	\$1238000
Depreciation and Amortization	\$1272000	Interest Expense	\$66000
Bad Debt	\$2842000	Other Expenses	\$5711000
Total Operating Expenses	\$18309000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2471000	Total Assets	\$13496000
Net Non-operating Gains over Loss	\$-19000	Total Liabilities	\$2439000
Total Net Gains	\$2452000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$19953000	\$8811000	\$11142000
Medicaid	\$5776000	\$5002000	\$774000
Other Government	\$1057000	\$781000	\$276000
Other State	\$0	\$0	\$0
Other Payers	\$14851000	\$6671000	\$8180000
Total	\$41637000	\$21265000	\$20372000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$8000	\$-8000

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	\$30000	\$-30000
Hospital Patients	\$1000	\$35000	\$-34000
Community Education	\$0	\$1000	\$-1000

Number of Medical Professionals Trained	28
Number of Hospital Patients Educated	1327
Number of Citizens Exposed to Health Education Messages	212

Statement Six: Charity Statement

Hospital Charity Charges	\$2676000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$988000	
HCI Payments	\$0		
Subtotal	\$0	\$988000	\$-988000
Medicaid Shortfalls	\$915000	\$2285000	
Subtotal	\$915000	\$3273000	\$-2358000
DSH Payments	\$0		
Subtotal	\$915000	\$3273000	\$-2358000
Medicare Shortfalls	\$7267000	\$6543000	
Other Government Programs	\$0	\$0	
Total	\$8182000	\$9816000	\$-1634000

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	\$8000	\$-8000
Other Allocations	\$0	\$0	\$0