



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 GOSHEN HOSPITAL

City of Hospital: Goshen

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

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

Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$154267381
Outpatient Patient Service Revenue	\$275074160
Total Gross Patient Service Revenue	\$429341541

2. Deductions From Revenue

Contractual Allowance	\$218665028
Other Deductions	\$10269557
Total Deductions	\$228934585

3. Total Operating Revenue

Net Patient Service Revenue	\$200406955
Other Operating Revenue	\$2591688
Total Operating Revenue	\$202998643

4. Operating Expenses

Salaries and Wages	\$58317331	Employee Benefits	\$18652752
Depreciation and Amortization	\$10076011	Interest Expense	\$2104004
Bad Debt	\$19379205	Other Expenses	\$86566885
Total Operating Expenses	\$195096188		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7534370	Total Assets	\$207700119
Net Non-operating Gains over Loss	\$-368083	Total Liabilities	\$69536171
Total Net Gains	\$7166287		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$176635278	\$132701652	\$43933626
Medicaid	\$36232356	\$32649271	\$3583085
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$216473906	\$53314105	\$163159801
Total	\$429341540	\$218665028	\$210676512

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$137065	\$0	\$137065

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$23904	\$-23904

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	\$12290	\$349933	\$-337643

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	\$8445432
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8445432	
HCI Payments	\$0		
Subtotal	\$0	\$8445432	\$-8445432
Medicaid Shortfalls	\$0	\$32649271	
Subtotal	\$0	\$41094703	\$-41094703
DSH Payments	\$0		
Subtotal	\$0	\$41094703	\$-41094703
Medicare Shortfalls	\$0	\$132701652	
Other Government Programs	\$0	\$0	
Total	\$0	\$173796355	\$-173796355

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	\$0	\$0
Other Allocations	\$0	\$0	\$0