



## 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 WEST HOSPITAL

*City of Hospital:* Avon

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

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

*Medicare Provider Number:* 15-0158

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$186346000	Contractual Allowance	\$254700000
Outpatient Patient Service Revenue	\$247079000	Other Deductions	\$24731000
Total Gross Patient Service Revenue	\$433425000	Total Deductions	\$279431000

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$153994000
Other Operating Revenue	\$7529000
Total Operating Revenue	\$161523000

#### 4. Operating Expenses

Salaries and Wages	\$45666000	Employee Benefits	\$11376000
Depreciation and Amortization	\$8338000	Interest Expense	\$9603000
Bad Debt	\$15448000	Other Expenses	\$53578000
Total Operating Expenses	\$144009000		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17514000	Total Assets	\$163346000
Net Non-operating Gains over Loss	\$94000	Total Liabilities	\$135051000
Total Net Gains	\$17608000		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$164210000	\$132811000	\$31399000
Medicaid	\$43847000	\$42239000	\$1608000
Other Government	\$7922000	\$6200000	\$1722000
Other State	\$0	\$0	\$0
Other Payers	\$217446000	\$98181000	\$119265000
Total	\$433425000	\$279431000	\$153994000

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$200000	\$-200000

### 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	\$6000	\$-6000
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	1073
Number of Citizens Exposed to Health Education Messages	199

### Statement Six: Charity Statement

Hospital Charity Charges	\$24731000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$7345000	
HCI Payments	\$0		
Subtotal	\$0	\$7345000	\$-7345000
Medicaid Shortfalls	\$8706000	\$14293000	
Subtotal	\$8706000	\$21638000	\$-12932000
DSH Payments	\$0		
Subtotal	\$8706000	\$21638000	\$-12932000
Medicare Shortfalls	\$26067000	\$35264000	
Other Government Programs	\$0	\$0	
Total	\$34773000	\$56902000	\$-22129000

**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	\$571000	\$-571000
Other Allocations	\$0	\$0	\$0