



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: LUTHERAN HOSPITAL OF INDIANA

City of Hospital: Fort Wayne

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

Year End: 12/31/0011 (mm/dd/yyyy format)

Person Completing the Report: Karen Till

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Medicare Provider Number: 15-0017

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$970151996
Outpatient Patient Service Revenue	\$559298743
Total Gross Patient Service Revenue	\$1529450739

2. Deductions From Revenue

Contractual Allowance	\$1060759171
Other Deductions	\$9261987
Total Deductions	\$1070021158

3. Total Operating Revenue

Net Patient Service Revenue	\$459429580
Other Operating Revenue	\$7678518
Total Operating Revenue	\$467108098

4. Operating Expenses

Salaries and Wages	\$103206437	Employee Benefits	\$23450434
Depreciation and Amortization	\$20327414	Interest Expense	\$1875362
Bad Debt	\$21499176	Other Expenses	\$149483916
Total Operating Expenses	\$319842739		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$147265359	Total Assets	\$370770075
Net Non-operating Gains over Loss	\$-506673	Total Liabilities	\$370770075
Total Net Gains	\$146758686		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$461973930	\$379645256	\$82328674
Medicaid	\$183147542	\$163403861	\$19743681
Other Government	\$29435693	\$22618333	\$6817360
Other State	\$0	\$0	\$0
Other Payers	\$854893574	\$504353707	\$350539867
Total	\$1529450739	\$1070021157	\$459429582

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3508	\$0	\$3508

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$23075	\$171120	\$-148045

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2231593	\$-2231593
Hospital Patients	\$0	\$457614	\$-457614
Community Education	\$384438	\$942100	\$-557662

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Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	2412
Number of Citizens Exposed to Health Education Messages	6509

Statement Six: Charity Statement

Hospital Charity Charges	\$9261987
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1760198	
HCI Payments	\$0		
Subtotal	\$0	\$1760198	\$-1760198
Medicaid Shortfalls	\$19743681	\$34806344	
Subtotal	\$19743681	\$36566542	\$-16822861
DSH Payments	\$0		
Subtotal	\$19743681	\$36566542	\$-16822861
Medicare Shortfalls	\$82328674	\$87796011	
Other Government Programs	\$357357227	\$168062690	
Total	\$459429582	\$292425243	\$167004339

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	\$7146868	\$-7146868
Other Allocations	\$0	\$0	\$0

Comments



