



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* WISHARD HEALTH SERVICES

*City of Hospital:* Indianapolis

*Year Begin:* 01/01/2012 (mm/dd/yyyy format)

*Year End:* 12/31/2012 (mm/dd/yyyy format)

*Medicare Provider Number:* 150024

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$424204953	Contractual Allowance	\$247232267
Outpatient Patient Service Revenue	\$480448636	Other Deductions	\$347518576
Total Gross Patient Service Revenue	\$904653589	Total Deductions	\$594750843

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$309902746
Other Operating Revenue	\$21303958
Total Operating Revenue	\$331206704

#### 4. Operating Expenses

Salaries and Wages	\$156453495	Employee Benefits	\$48392761
Depreciation and Amortization	\$37670401	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$204559415
Total Operating Expenses	\$447076072		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-115869368	Total Assets	\$237286000
Net Non-operating Gains over Loss	\$146292175	Total Liabilities	\$90019000
Total Net Gains	\$30422807		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$189630707	\$103445591	\$86185116
Medicaid	\$230994604	\$95867061	\$135127543
Other Government	\$351544695	\$347518575	\$4026120
Other State	\$0	\$0	\$0
Other Payers	\$132483583	\$47919616	\$84563967
Total	\$904653589	\$594750843	\$309902746

### Statement Three: Donations Statement

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

### 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	\$21471465	\$20433026	\$1038439
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	205.17
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$60,611,394		
Subtotal	\$60611394	\$0	\$60611394
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$60611394	\$0	\$60611394

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	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