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: INDIANA ORTHOPAEDIC HOSPITAL
City of Hospital: Indianapolis
Year Begin: 01/01/2013 (mm/dd/yyyy format)
Year End: 12/31/2013 (mm/dd/yyyy format)
Person Completing the Report: Leeann Clark
Email Address: cdilger@orthoindy.com
Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$94673608
Outpatient Patient Service Revenue	$166587824
Total Gross Patient Service Revenue	$261261432

2. Deductions From Revenue

Contractual Allowance	$120830835
Other Deductions	$1751124
Total Deductions	$122581959

3. Total Operating Revenue

Net Patient Service Revenue	$138679473
Other Operating Revenue	$667191
Total Operating Revenue	$139346664

4. Operating Expenses

Salaries and Wages	$22645000	Employee Benefits	$4750189
Depreciation and Amortization	$2003869	Interest Expense	$101448
Bad Debt	$2671873	Other Expenses	$57836306
Total Operating Expenses	$90008685		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$49337980	Total Assets	$45607642
Net Non-operating Gains over Loss	$0	Total Liabilities	$11334617
Total Net Gains	$49337980		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$73750319	$40171246	$33579073
Medicaid	$5355350	$4343183	$1012167
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$182155763	$78067529	$104088234
Total	$261261432	$122581958	$138679474

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	$18832	$60824	$-41992

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	$50904	$-50904
Community Education	$0	$0	$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	1042
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	$8012382

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$148062	$2783968	
HCI Payments	$0		
Subtotal	$148062	$2783968	$-2635906
Medicaid Shortfalls	$999403	$1523266	
Subtotal	$1147465	$4307234	$-3159769
DSH Payments	$0		
Subtotal	$1147465	$4307234	$-3159769
Medicare Shortfalls	$20710808	$23894248	
Other Government Programs	$0	$0	
Total	$21858273	$28201482	$-6343209

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

Comments