



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 UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: April Huey

Email Address: ahuey@iuhelth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$370066000
Outpatient Patient Service Revenue	\$765274000
Total Gross Patient Service Revenue	\$1135340000

2. Deductions From Revenue

Contractual Allowance	\$695398000
Other Deductions	\$40441000
Total Deductions	\$735839000

3. Total Operating Revenue

Net Patient Service Revenue	\$399501000
Other Operating Revenue	\$9808000
Total Operating Revenue	\$409309000

4. Operating Expenses

Salaries and Wages	\$151565000	Employee Benefits	\$35516000
Depreciation and Amortization	\$15425000	Interest Expense	\$14827000
Bad Debt	\$30675000	Other Expenses	\$130577000
Total Operating Expenses	\$378585000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$31264000	Total Assets	\$286271000
Net Non-operating Gains over Loss	\$31000	Total Liabilities	\$297630000
Total Net Gains	\$31295000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$514570000	\$401648000	\$112922000
Medicaid	\$91325000	\$77452000	\$13873000
Other Government	\$8959000	\$6124000	\$2835000
Other State	\$0	\$-5142000	\$5142000
Other Payers	\$520486000	\$255757000	\$264729000
Total	\$1135340000	\$735839000	\$399501000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$302000	\$-302000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$25000	\$131000	\$-106000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1126000	\$-1126000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	590
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$40441000
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12153000	
HCI Payments	\$0		
Subtotal	\$0	\$12153000	\$-12153000
Medicaid Shortfalls	\$23362000	\$38391000	
Subtotal	\$23362000	\$50544000	\$-27182000
DSH Payments	\$0		
Subtotal	\$23362000	\$50544000	\$-27182000
Medicare Shortfalls	\$67621000	\$89200000	
Other Government Programs	\$0	\$0	
Total	\$90983000	\$139744000	\$-48761000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7000	\$381000	\$-374000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

