



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 METHODIST 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: April Huey

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$3478971000
Outpatient Patient Service Revenue	\$2692523000
Total Gross Patient Service Revenue	\$6171494000

2. Deductions From Revenue

Contractual Allowance	\$3687246000
Other Deductions	\$326453000
Total Deductions	\$4013699000

3. Total Operating Revenue

Net Patient Service Revenue	\$2157795000
Other Operating Revenue	\$346793000
Total Operating Revenue	\$2504588000

4. Operating Expenses

Salaries and Wages	\$802389000	Employee Benefits	\$200597000
Depreciation and Amortization	\$132009000	Interest Expense	\$53405000
Bad Debt	\$103807000	Other Expenses	\$1014840000
Total Operating Expenses	\$2307047000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$138119000	Total Assets	\$5307000000
Net Non-operating Gains over Loss	\$138575000	Total Liabilities	\$2785000000
Total Net Gains	\$276694000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2066230000	\$1565620000	\$500610000
Medicaid	\$1433846000	\$1104875000	\$328971000
Other Government	\$120530000	\$82213000	\$38317000
Other State	\$0	\$48897000	\$-48897000
Other Payers	\$2550886000	\$1206079000	\$1344807000
Total	\$6171492000	\$4007684000	\$2163808000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3754000	\$-3754000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$2100000	\$72342000	\$-70242000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$16201000	\$74755000	\$-58554000
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	2676
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$222646000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$80086000	
HCI Payments	\$0		
Subtotal	\$0	\$80086000	\$-80086000
Medicaid Shortfalls	\$509753000	\$598048000	
Subtotal	\$509753000	\$678134000	\$-168381000
DSH Payments	\$0		
Subtotal	\$509753000	\$678134000	\$-168381000
Medicare Shortfalls	\$417181000	\$429179000	
Other Government Programs	\$0	\$0	
Total	\$926934000	\$1107313000	\$-180379000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2028000	\$13826000	\$-11798000
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

