



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 STARKE HOSPITAL

City of Hospital: Knox

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

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

Person Completing the Report: Steven Rudolph

Email Address: SRudolph@iuhealth.org

Medicare Provider Number: 150102

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

Inpatient Patient Service Revenue	\$13522873
Outpatient Patient Service Revenue	\$55423398
Total Gross Patient Service Revenue	\$68946271

2. Deductions From Revenue

Contractual Allowance	\$29115818
Other Deductions	\$16682207
Total Deductions	\$45798025

3. Total Operating Revenue

Net Patient Service Revenue	\$23148246
Other Operating Revenue	\$1524550
Total Operating Revenue	\$24672796

4. Operating Expenses

Salaries and Wages	\$6940133	Employee Benefits	\$1124844
Depreciation and Amortization	\$1721145	Interest Expense	\$5867
Bad Debt	\$0	Other Expenses	\$9084908
Total Operating Expenses	\$18876897		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5795899	Total Assets	\$14391445
Net Non-operating Gains over Loss	\$2359	Total Liabilities	\$2119113
Total Net Gains	\$5798258		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31479869	\$24034011	\$7445858
Medicaid	\$12001339	\$5081807	\$6919532
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$25465063	\$16682207	\$8782856
Total	\$68946271	\$45798025	\$23148246

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	\$0	\$47204	\$-47204
Hospital Patients	\$0	\$1498	\$-1498
Community Education	\$950	\$38294	\$-37344

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	560
Number of Citizens Exposed to Health Education Messages	1115

Statement Six: Charity Statement

Hospital Charity Charges	\$2846250
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$745718	
HCI Payments	\$0		
Subtotal	\$0	\$745718	\$-745718
Medicaid Shortfalls	\$6919532	\$3862113	
Subtotal	\$6919532	\$4607831	\$2311701
DSH Payments	\$2,077,735		
Subtotal	\$8997267	\$4607831	\$4389436
Medicare Shortfalls	\$5198004	\$8029142	
Other Government Programs	\$0	\$0	
Total	\$14195271	\$12636973	\$1558298

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4991	\$-4991
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$157598	\$-157598
Other Allocations	\$0	\$0	\$0

Comments



