



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: LAPORTE HOSPITAL AND HEALTH SERVICES

City of Hospital: La Porte

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: 150006

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

Inpatient Patient Service Revenue	\$229856097
Outpatient Patient Service Revenue	\$253801918
Total Gross Patient Service Revenue	\$483658015

2. Deductions From Revenue

Contractual Allowance	\$227880204
Other Deductions	\$73420245
Total Deductions	\$301300449

3. Total Operating Revenue

Net Patient Service Revenue	\$182357565
Other Operating Revenue	\$7538314
Total Operating Revenue	\$189895879

4. Operating Expenses

Salaries and Wages	\$63278009	Employee Benefits	\$20951781
Depreciation and Amortization	\$12740823	Interest Expense	\$1480120
Bad Debt	\$19623786	Other Expenses	\$61577685
Total Operating Expenses	\$179652204		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10243675	Total Assets	\$237503551
Net Non-operating Gains over Loss	\$7337351	Total Liabilities	\$56427250
Total Net Gains	\$17581026		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$230414759	\$181389424	\$49025335
Medicaid	\$65477874	\$46490780	\$18987094
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$187765382	\$93044032	\$94721350
Total	\$483658015	\$320924236	\$162733779

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1535475	\$-1535475

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$515366	\$-515366

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1271704	\$-1271704
Hospital Patients	\$0	\$0	\$0
Community Education	\$64896	\$927723	\$-862827

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Number of Medical Professionals Trained	214
Number of Hospital Patients Educated	24737
Number of Citizens Exposed to Health Education Messages	445196

Statement Six: Charity Statement

Hospital Charity Charges	\$12632575
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3846619	
HCI Payments	\$0		
Subtotal	\$0	\$3846619	\$-3846619
Medicaid Shortfalls	\$24498201	\$27399731	
Subtotal	\$24498201	\$31246350	\$-6748149
DSH Payments	\$0		
Subtotal	\$24498201	\$31246350	\$-6748149
Medicare Shortfalls	\$40471831	\$55977462	
Other Government Programs	\$0	\$0	
Total	\$64970032	\$87223812	\$-22253780

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$482164	\$813176	\$-331012
Community Assessment	\$0	\$81887	\$-81887
Provision of Taxes	\$0	\$441874	\$-441874
Other Allocations	\$0	\$0	\$0

Comments



