



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: LUTHERAN HOSPITAL OF INDIANA

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Karen Till

Email Address: ktill@lhn.net

Medicare Provider Number: 15-0017

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

Inpatient Patient Service Revenue	\$1142252459
Outpatient Patient Service Revenue	\$733900385
Total Gross Patient Service Revenue	\$1876152844

2. Deductions From Revenue

Contractual Allowance	\$1361881061
Other Deductions	\$-333581
Total Deductions	\$1361547480

3. Total Operating Revenue

Net Patient Service Revenue	\$514605364
Other Operating Revenue	\$6096961
Total Operating Revenue	\$520702325

4. Operating Expenses

Salaries and Wages	\$104429036	Employee Benefits	\$22483779
Depreciation and Amortization	\$21233140	Interest Expense	\$1736114
Bad Debt	\$29447456	Other Expenses	\$122813405
Total Operating Expenses	\$302142930		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$218559395	Total Assets	\$372529630
Net Non-operating Gains over Loss	\$-403583	Total Liabilities	\$372529630
Total Net Gains	\$218155812		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$553857256	\$472383646	\$81473610
Medicaid	\$216473461	\$171830692	\$44642769
Other Government	\$52080458	\$39221634	\$12858824
Other State	\$0	\$0	\$0
Other Payers	\$1053741669	\$678111508	\$375630161
Total	\$1876152844	\$1361547480	\$514605364

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2425	\$0	\$2425

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$32625	\$178451	\$-145826

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2315624	\$-2315624
Hospital Patients	\$0	\$451194	\$-451194
Community Education	\$589944	\$816300	\$-226356

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Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	676
Number of Citizens Exposed to Health Education Messages	6928

Statement Six: Charity Statement

Hospital Charity Charges	\$-333581
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1762405	
HCI Payments	\$0		
Subtotal	\$0	\$1762405	\$-1762405
Medicaid Shortfalls	\$44642769	\$60298453	
Subtotal	\$44642769	\$62060858	\$-17418089
DSH Payments	\$0		
Subtotal	\$44642769	\$62060858	\$-17418089
Medicare Shortfalls	\$134068409	\$155696695	
Other Government Programs	\$8884705	\$9073774	
Total	\$187595883	\$226831327	\$-39235444

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	\$8162690	\$-8162690
Other Allocations	\$0	\$0	\$0

Comments



