



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: METHODIST HOSPITALS INC. (GARY)

City of Hospital: Gary and Merrillville Indiana

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

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

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$507839880
Outpatient Patient Service Revenue	\$381584634
Total Gross Patient Service Revenue	\$889424514

2. Deductions From Revenue

Contractual Allowance	\$574521343
Other Deductions	\$0
Total Deductions	\$574521343

3. Total Operating Revenue

Net Patient Service Revenue	\$574521343
Other Operating Revenue	\$0
Total Operating Revenue	\$574521343

4. Operating Expenses

Salaries and Wages	\$133509655	Employee Benefits	\$29696149
Depreciation and Amortization	\$18212336	Interest Expense	\$5525240
Bad Debt	\$21252851	Other Expenses	\$124322216
Total Operating Expenses	\$332518447		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3774300	Total Assets	\$391073317
Net Non-operating Gains over Loss	\$18975553	Total Liabilities	\$391073317
Total Net Gains	\$22749853		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$436549477	\$269172864	\$167376613
Medicaid	\$203884746	\$166459550	\$37425196
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$248990291	\$160141780	\$88848511
Total	\$889424514	\$595774194	\$293650320

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$242925	\$-242925

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	\$405658	\$521541	\$-115883
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$54611600
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$12490462	
HCI Payments	\$0		
Subtotal	\$0	\$12490462	\$-12490462
Medicaid Shortfalls	\$37425195	\$56771424	
Subtotal	\$37425195	\$69261886	\$-31836691
DSH Payments	\$15,595,000		
Subtotal	\$53020195	\$69261886	\$-16241691
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$53020195	\$69261886	\$-16241691

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$670470	\$-670470
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



