



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 ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Leeann Clark

Email Address: cdilger@orthoindy.com

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|--------------------|
| Inpatient Patient Service Revenue | \$99244438 |
| Outpatient Patient Service Revenue | \$181796314 |
| Total Gross Patient Service Revenue | \$281040752 |

2. Deductions From Revenue

| | |
|-------------------------|--------------------|
| Contractual Allowance | \$135490071 |
| Other Deductions | \$1823163 |
| Total Deductions | \$137313234 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$143728562 |
| Other Operating Revenue | \$1533480 |
| Total Operating Revenue | \$145262042 |

4. Operating Expenses

| | | | |
|---------------------------------|-------------------|-------------------|------------|
| Salaries and Wages | \$23002153 | Employee Benefits | \$5086695 |
| Depreciation and Amortization | \$2197874 | Interest Expense | \$67196 |
| Bad Debt | \$2714418 | Other Expenses | \$61054905 |
| Total Operating Expenses | \$94123241 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|------------|
| Excess Revenue over Expenses | \$51138801 | Total Assets | \$45446330 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$8240835 |
| Total Net Gains | \$51138801 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$79907517 | \$55985938 | \$23921579 |
| Medicaid | \$5541725 | \$3795459 | \$1746266 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$195591510 | \$77530793 | \$118060717 |
| Total | \$281040752 | \$137312190 | \$143728562 |

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 | \$25872 | \$81214 | \$-55342 |

Statement Five: Education Statement

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$37765 | \$-37765 |
| Community Education | \$0 | \$0 | \$0 |

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| | |
|---|------|
| Number of Medical Professionals Trained | |
| Number of Hospital Patients Educated | 1170 |
| Number of Citizens Exposed to Health Education Messages | |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$8982409 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$3319288 | \$3081968 | |
| HCI Payments | \$0 | | |
| Subtotal | \$3319288 | \$3081968 | \$237320 |
| Medicaid Shortfalls | \$1136021 | \$1649545 | |
| Subtotal | \$4455309 | \$4731513 | \$-276204 |
| DSH Payments | \$0 | | |
| Subtotal | \$4455309 | \$4731513 | \$-276204 |
| Medicare Shortfalls | \$22556961 | \$24957215 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$27012270 | \$29688728 | \$-2676458 |

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 | \$0 | \$0 |
| Other Allocations | \$0 | \$0 | \$0 |

Comments