



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 TIPTON HOSPITAL

City of Hospital: Tipton

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Mary Stafford

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Medicare Provider Number: 15-1311

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

Inpatient Patient Service Revenue	\$21976417
Outpatient Patient Service Revenue	\$64115249
Total Gross Patient Service Revenue	\$86091666

2. Deductions From Revenue

Contractual Allowance	\$42689193
Other Deductions	\$0
Total Deductions	\$42689193

3. Total Operating Revenue

Net Patient Service Revenue	\$38539290
Other Operating Revenue	\$2497085
Total Operating Revenue	\$41036375

4. Operating Expenses

Salaries and Wages	\$18721218	Employee Benefits	\$4130977
Depreciation and Amortization	\$1819709	Interest Expense	\$397845
Bad Debt	\$3487683	Other Expenses	\$15558582
Total Operating Expenses	\$44116014		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$408044	Total Assets	\$40391519
Net Non-operating Gains over Loss	\$196691	Total Liabilities	\$27082896
Total Net Gains	\$604735		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40874109	\$22001240	\$18872869
Medicaid	\$6088197	\$5076020	\$1012177
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$39129360	\$15611933	\$23517427
Total	\$86091666	\$42689193	\$43402473

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	483
Number of Hospital Patients Educated	31199
Number of Citizens Exposed to Health Education Messages	60000

Statement Six: Charity Statement

Hospital Charity Charges	\$1375500
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1375500	
HCI Payments	\$0		
Subtotal	\$0	\$1375500	\$-1375500
Medicaid Shortfalls	\$541850	\$6088197	
Subtotal	\$541850	\$7463697	\$-6921847
DSH Payments	\$0		
Subtotal	\$541850	\$7463697	\$-6921847
Medicare Shortfalls	\$12477727	\$12924973	
Other Government Programs	\$0	\$0	
Total	\$13019577	\$20388670	\$-7369093

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	\$123101	\$-123101
Other Allocations	\$0	\$0	\$0

Comments



