



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

*City of Hospital:* Tipton

*Year Begin:* 01/01/2010 (mm/dd/yyyy format)

*Year End:* 12/31/2010 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-1311

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23409325	Contractual Allowance	\$38637658
Outpatient Patient Service Revenue	\$56912716	Other Deductions	\$0
Total Gross Patient Service Revenue	\$80322041	Total Deductions	\$38637658

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$39512947
Other Operating Revenue	\$1230818
Total Operating Revenue	\$40743765

#### 4. Operating Expenses

Salaries and Wages	\$17570856	Employee Benefits	\$5290661
Depreciation and Amortization	\$1360237	Interest Expense	\$1456902
Bad Debt	\$2584934	Other Expenses	\$14555708
Total Operating Expenses	\$42819298		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$787823	Total Assets	\$13983018
Net Non-operating Gains over Loss	\$1287710	Total Liabilities	\$22147263
Total Net Gains	\$2075533		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$39835991	\$23077172	\$16758819
Medicaid	\$5811317	\$5542601	\$268716
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$31856543	\$10017885	\$21838658
Total	\$77503851	\$38637658	\$38866193

### 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	\$34552	\$-34552
Hospital Patients	\$0	\$613277	\$-613277
Community Education	\$0	\$4297	\$-4297

Number of Medical Professionals Trained	423
Number of Hospital Patients Educated	32252
Number of Citizens Exposed to Health Education Messages	76130

### Statement Six: Charity Statement

Hospital Charity Charges	\$2171436
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2171436	
HCI Payments	\$0		
Subtotal	\$0	\$2171436	\$-2171436
Medicaid Shortfalls	\$742113	\$5811317	
Subtotal	\$742113	\$7982753	\$-7240640
DSH Payments	\$0		
Subtotal	\$742113	\$7982753	\$-7240640
Medicare Shortfalls	\$14649704	\$15143198	
Other Government Programs	\$0	\$0	
Total	\$15391817	\$23125951	\$-7734134

**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	\$130569	\$-130569
Other Allocations	\$0	\$0	\$0