



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: WISHARD HEALTH SERVICES

City of Hospital: Indianapolis

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

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

Medicare Provider Number: 150024

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$403984837	Contractual Allowance	\$298066665
Outpatient Patient Service Revenue	\$380244279	Other Deductions	\$274346809
Total Gross Patient Service Revenue	\$784229116	Total Deductions	\$572413474

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$211815642
Other Operating Revenue	\$15062463
Total Operating Revenue	\$226878105

#### 4. Operating Expenses

Salaries and Wages	\$157792427	Employee Benefits	\$47976767
Depreciation and Amortization	\$34452798	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$186717875
Total Operating Expenses	\$426939867		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-200061762	Total Assets	\$303740000
Net Non-operating Gains over Loss	\$171114323	Total Liabilities	\$101856000
Total Net Gains	\$-28947439		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$164306130	\$69222621	\$95083509
Medicaid	\$160866949	\$156106099	\$4760850
Other Government	\$303860786	\$274346809	\$29513977
Other State	\$0	\$0	\$0
Other Payers	\$155195251	\$72737945	\$82457306
Total	\$784229116	\$572413474	\$211815642

### 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	\$24778037	\$20898303	\$3879734
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	205.51
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$115,589,198		
Subtotal	\$115,589,198	\$0	\$115,589,198
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$115,589,198	\$0	\$115,589,198

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	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