



HOSPITAL FISCAL REPORT

State Form 49520 (R3 / 6-23)

Indiana Department of Health

Form Approved by State Board of Accounts, 2000

I. Identification of Organization

Name of Hospital			
City of Hospital			
Year Begin		Year End	
Person Completing the Report			
E-Mail Address			
Medicare Provider Number			

Statement One:	Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions from Revenue	
Inpatient Patient Service Revenue	\$	Contractual Allowance	\$
Outpatient Patient Service Revenue	\$	Other Deductions	\$
Total Gross Patient Service Revenue	\$	Total Deductions	\$

3. Total Operating Revenue

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

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

6. **Total** Net Patient Revenue and Total Number of Paid Claims

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees

	TOTAL Net Patient Revenue	Total Number Of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$	
Medicaid	\$	
Commercial Insurance	\$	
Self-pay	\$	
Any Other Category of Payer	\$	
Total	\$	

13. Operating Expenses

Salaries and Wages	\$	Employee Benefits	\$
Depreciation and Amortization	\$	Interest Expense	\$
Bad Debt	\$	Other Expenses	\$
Total Operating Expenses	\$		

14. Net Revenue and Expenses		15. Assets and Liabilities	
Excess Revenue over Expenses	\$	Total Assets	\$
Net Non-operating Gains over Losses	\$	Total Liabilities	\$
Total Net Gain	\$		

Statement Two	Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$	\$	\$
Medicaid	\$	\$	\$
Other Government	\$	\$	\$
Other State	\$	\$	\$
Other Payers	\$	\$	\$
Total	\$	\$	\$

Statement Three	Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$	\$	\$

Statement Four	Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$	\$	\$

Statement Five:	Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$	\$	\$
Hospital Patients	\$	\$	\$
Community Education	\$	\$	\$

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

Statement Six:	Charity Statement
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Hospital Charity Charges	\$
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	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$	\$	\$
HCI Payments	\$	\$	\$
Subtotal	\$	\$	\$
Medicaid Shortfalls	\$	\$	\$
Subtotal	\$	\$	\$
DSH Payments	\$	\$	\$
Subtotal	\$	\$	\$
Medicare Shortfalls	\$	\$	\$
Other Government Programs	\$	\$	\$
Total	\$	\$	\$

Statement Seven:	Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$	\$	\$
Community Assessment	\$	\$	\$
Provision of Taxes	\$	\$	\$
Other Allocations	\$	\$	\$