



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: A ROSIE PLACE

City of Hospital: South Bend

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Michaeleen Conlee

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Medicare Provider Number: NA

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|--|--------------------|
| Inpatient Patient Service Revenue | \$703068.23 |
| Outpatient Patient Service Revenue | \$0 |
| Total Gross Patient Service Revenue | \$703068.23 |

2. Deductions From Revenue

| | |
|-------------------------|------------|
| Contractual Allowance | \$0 |
| Other Deductions | \$0 |
| Total Deductions | \$0 |

3. Total Operating Revenue

| | |
|--------------------------------|--------------------|
| Net Patient Service Revenue | \$703068.23 |
| Other Operating Revenue | \$0 |
| Total Operating Revenue | \$703068.23 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

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

| | Net Patient Revenue | Total Number of Paid Claims |
|--|---------------------|-----------------------------|
| | | |

| | | |
|-----------------------------|-----|-----|
| Medicare | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

| | Total Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------------|-----------------------------|
| Medicare | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

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 | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

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 | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

| | Total Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------------|-----------------------------|
| Medicare | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

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 | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

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 | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

| | Net Patient Revenue | Total Number of Paid Claims |
|-----------------------------|---------------------|-----------------------------|
| Medicare | \$0 | \$0 |
| Medicaid | \$0 | \$0 |
| Commercial Insurance | \$0 | \$0 |
| Self-pay | \$0 | \$0 |
| Any Other Category of Payer | \$0 | \$0 |
| Total | \$0 | \$0 |

13. Operating Expenses

| | | | |
|-------------------------------|--------------|-------------------|-------------|
| Salaries and Wages | \$803038.66 | Employee Benefits | \$16976.03 |
| Depreciation and Amortization | \$843093.82 | Interest Expense | \$0 |
| Bad Debt | \$0 | Other Expenses | \$268772.01 |
| Total Operating Expenses | \$1931880.52 | | |

14. Net Revenue and Expenses

| | | | |
|-----------------------------------|-----|-------------------|--------------|
| Excess Revenue over Expenses | \$0 | Total Assets | \$3709477.64 |
| Net Non-operating Gains over Loss | \$0 | Total Liabilities | \$25598.90 |
| Total Net Gains | \$0 | | |

Statement Two: Contractual Allowance

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$0 | \$0 | \$0 |
| Medicaid | \$0 | \$0 | \$0 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$0 | \$0 | \$0 |
| Total | \$0 | \$0 | \$0 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$1704734.67 | \$33103.05 | \$1671631.62 |

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 | \$5989.54 | \$-5989.54 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-----|
| Number of Medical Professionals Trained | 47 |
| Number of Hospital Patients Educated | \$0 |
| Number of Citizens Exposed to Health Education Messages | \$0 |

Statement Six: Charity Statement

| | |
|--------------------------|-----|
| Hospital Charity Charges | \$0 |
|--------------------------|-----|

| | 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 | \$0 | | |
| Subtotal | \$0 | \$0 | \$0 |
| Medicare Shortfalls | \$0 | \$0 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$0 | \$0 | \$0 |

| |
|---|
| 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

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