



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: UNION HOSPITAL (TERRE HAUTE)

City of Hospital: Terre Haute

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

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

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$597644934
Outpatient Patient Service Revenue	\$1138434707
<b>Total Gross Patient Service Revenue</b>	<b>\$1736079641</b>

2. Deductions From Revenue

Contractual Allowance	\$1171392223
Other Deductions	\$36499474
<b>Total Deductions</b>	<b>\$1207891697</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$528187944
Other Operating Revenue	\$32785743
<b>Total Operating Revenue</b>	<b>\$560973687</b>

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
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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	\$139116357	Employee Benefits	\$31614475
Depreciation and Amortization	\$25165980	Interest Expense	\$10898606
Bad Debt	\$0	Other Expenses	\$276216502
Total Operating Expenses	\$483011920		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$77961767	Total Assets	\$742074271
Net Non-operating Gains over Loss	\$23303929	Total Liabilities	\$369765848
Total Net Gains	\$101265696		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$887139899	\$702239641	\$184900258
Medicaid	\$284404182	\$209802411	\$74601771
Other Government	\$50874970	\$0	\$50874970
Other State	\$22289581	\$22078908	\$210673
Other Payers	\$491371009	\$273770737	\$217600272
Total	\$1736079641	\$1207891697	\$528187944

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1717080	\$-1717080

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$162240	\$-162240

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5151833	\$9285454	\$-4133621
Hospital Patients	\$0	\$3077038	\$-3077038
Community Education	\$0	\$31465	\$-31465

Number of Medical Professionals Trained	249593
Number of Hospital Patients Educated	161113
Number of Citizens Exposed to Health Education Messages	1075

Statement Six: Charity Statement

Hospital Charity Charges	\$10781332
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2861410	
HCI Payments	\$0		
Subtotal	\$0	\$2861410	\$-2861410
Medicaid Shortfalls	\$0	\$18620295	
Subtotal	\$0	\$21481705	\$-21481705
DSH Payments	\$0		
Subtotal	\$0	\$21481705	\$-21481705
Medicare Shortfalls	\$0	\$237244862	
Other Government Programs	\$0	\$0	
Total	\$0	\$258726567	\$-258726567

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	\$0	\$10584915	\$-10584915
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$560605	\$-560605
Other Allocations	\$0	\$0	\$0

Comments