



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: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Heather Wheeler

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$42190202	Contractual Allowance	\$178083108
Outpatient Patient Service Revenue	\$247465582	Other Deductions	\$1582490
		<b>Total Deductions</b>	<b>\$179665598</b>
<b>Total Gross Patient Service Revenue</b>	<b>\$289655784</b>		

3. Total Operating Revenue	
Net Patient Service Revenue	\$109990186
Other Operating Revenue	\$3609900
<b>Total Operating Revenue</b>	<b>\$113600086</b>

4. Net Patient Revenue and Total Number of Paid Claims for <b>Inpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7605999	5305
Medicaid	\$4035836	3829
Commercial Insurance	\$3570162	7364
Self-pay	\$310449	1801
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$15522446</b>	<b>18299</b>

5. Net Patient Revenue and Total Number of Paid Claims for <b>Outpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39689781	225273
Medicaid	\$20162005	183863
Commercial Insurance	\$31626697	242113
Self-pay	\$2989257	66929
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$94467740</b>	<b>718178</b>

6. <b>Total</b> Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)		
	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$47295780	230578
Medicaid	\$24197841	187692

Commercial Insurance	\$35196859	249477
Self-pay	\$3299706	68730
Any Other Category of Payer	\$0	0
Total	\$109990186	736477

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	\$7315078	1848
Medicaid	\$3694084	1496
Commercial Insurance	\$3121488	4650
Self-pay	\$310449	1472
Any Other Category of Payer	\$0	0
Total	\$14441099	9466

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	\$34982779	155292
Medicaid	\$16466880	122486
Commercial Insurance	\$25864977	126928
Self-pay	\$2988901	66900
Any Other Category of Payer	\$0	0
Total	\$80303537	471606

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	\$42297857	157140
Medicaid	\$20160964	123982
Commercial Insurance	\$28986465	131578
Self-pay	\$3299350	68372
Any Other Category of Payer	\$0	0
Total	\$94744636	481072

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	\$290921	3457
Medicaid	\$341752	2333
Commercial Insurance	\$448674	3043
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$1081347	8833

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	\$4707002	69981
Medicaid	\$3695125	61377
Commercial Insurance	\$5761720	115185
Self-pay	\$356	29
Any Other Category of Payer	\$0	0
Total	\$14164203	246572

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	\$4997923	73438

Medicaid	\$4036877	63710
Commercial Insurance	\$6210394	118228
Self-pay	\$356	29
Any Other Category of Payer	\$0	0
Total	\$15245550	255405

13. Operating Expenses

Salaries and Wages	\$46204652	Employee Benefits	\$13053125
Depreciation and Amortization	\$5536295	Interest Expense	\$693228
Bad Debt	\$7048839	Other Expenses	\$57085507
Total Operating Expenses	\$129621646		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-16021560	Total Assets	\$105945509
Net Non-operating Gains over Loss	\$-408170	Total Liabilities	\$52417029
Total Net Gains	\$-16429730		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$124301685	\$77005905	\$47295780
Medicaid	\$63253143	\$39055302	\$24197841
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$102100956	\$63604391	\$38496565
Total	\$289655784	\$179665598	\$109990186

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1185866	\$-1185866

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	\$101670	\$-101670
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$29742	\$-29742

Number of Medical Professionals Trained	203
Number of Hospital Patients Educated	123391
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1582490
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$481868	
HCI Payments	\$0		
Subtotal	\$0	\$481868	\$-481868
Medicaid Shortfalls	\$22406626	\$18894066	
Subtotal	\$22406626	\$19375934	\$3030692
DSH Payments	\$1,030,183		
Subtotal	\$23436809	\$19375934	\$4060875
Medicare Shortfalls	\$33373902	\$37930094	
Other Government Programs	\$0	\$0	
Total	\$56810711	\$57306028	\$-495317

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$448043	\$-448043
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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