



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: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Kyle Sprunger

Email Address: kyle.sprunger@adamshealthnetwork.org

Medicare Provider Number: 151330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17942496
Outpatient Patient Service Revenue	\$141687770
Total Gross Patient Service Revenue	\$159630266

2. Deductions From Revenue

Contractual Allowance	\$80743959
Other Deductions	\$2539381
Total Deductions	\$83283340

3. Total Operating Revenue

Net Patient Service Revenue	\$80743959
Other Operating Revenue	\$2539381
Total Operating Revenue	\$83283340

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9015407	1390
Medicaid	\$2152930	426
Commercial Insurance	\$2000536	515
Self-pay	\$641044	363
Any Other Category of Payer	\$179743	58
Total	\$13989660	2752

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$31236648	91777
Medicaid	\$8597320	37957
Commercial Insurance	\$24195071	79100
Self-pay	\$2060999	18368
Any Other Category of Payer	\$664261	2957
Total	\$66754299	230159

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	\$40252055	93167
Medicaid	\$10750249	38383
Commercial Insurance	\$26195607	79615
Self-pay	\$2702044	18731
Any Other Category of Payer	\$844004	3015
Total	\$80743959	232911

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	\$8800131	601
Medicaid	\$2060001	185
Commercial Insurance	\$1756017	217
Self-pay	\$507972	162
Any Other Category of Payer	\$175086	29
Total	\$13299207	1194

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	\$24795677	41889
Medicaid	\$6248970	12703
Commercial Insurance	\$17554361	27082
Self-pay	\$1613734	9543
Any Other Category of Payer	\$554734	1476
Total	\$50767476	92693

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	\$33595809	42490
Medicaid	\$8308971	12888
Commercial Insurance	\$19310378	27299
Self-pay	\$2121706	9705
Any Other Category of Payer	\$729819	1505
Total	\$64066683	93887

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	\$215276	789
Medicaid	\$92928	241
Commercial Insurance	\$244518	298
Self-pay	\$133072	201
Any Other Category of Payer	\$4659	29
Total	\$690453	1558

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	\$6440971	49888
Medicaid	\$2348350	25254
Commercial Insurance	\$6640711	52018
Self-pay	\$447265	8825
Any Other Category of Payer	\$109526	1481
Total	\$15986823	137466

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	\$6656247	50677
Medicaid	\$2441279	25495
Commercial Insurance	\$6885229	52316
Self-pay	\$580337	9026
Any Other Category of Payer	\$114184	1570
Total	\$16677276	139084

13. Operating Expenses

Salaries and Wages	\$41885153	Employee Benefits	\$8718089
Depreciation and Amortization	\$3652515	Interest Expense	\$352201
Bad Debt	\$9718753	Other Expenses	\$29507801
Total Operating Expenses	\$93834512		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-10551170	Total Assets	\$61099072
Net Non-operating Gains over Loss	\$2512400	Total Liabilities	\$28839906
Total Net Gains	\$-8038770		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$78089783	\$37837728	\$40252055
Medicaid	\$24424366	\$13674117	\$10750249
Other Government	\$1743429	\$899425	\$844004
Other State	\$0	\$0	\$0
Other Payers	\$55372689	\$26475038	\$28897651
Total	\$159630267	\$78886308	\$80743959

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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$63682
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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	\$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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