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: **BLUFFTON REGIONAL MEDICAL CENTER**

City of Hospital: Bluffton

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

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

Person Completing the Report: Sherry Knight

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Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$44803239
Outpatient Patient Service Revenue	$177046369
Total Gross Patient Service Revenue	$221849608

2. Deductions From Revenue

Contractual Allowance	$184933504
Other Deductions	$0
Total Deductions	$184933504

3. Total Operating Revenue

Net Patient Service Revenue	$36916104
Other Operating Revenue	$283236
Total Operating Revenue	$37199340

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	$13459904	Employee Benefits	$4132408
Depreciation and Amortization	$2443850	Interest Expense	$38382
Bad Debt	$632944	Other Expenses	$21245410
Total Operating Expenses	$41952898		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$-4753558	Total Assets	$25107103
Net Non-operating Gains over Loss	$0	Total Liabilities	$38285928
Total Net Gains	$-4753558		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$108217831	$97833122	$10384709
Medicaid	$45837143	$38996676	$6840467
Other Government	$3299758	$2995657	$304101
Other State	$0	$0	$0
Other Payers	$64494876	$45108049	$19386827
Total	$221849608	$184933504	$36916104

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	$396243

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$74935	
HCI Payments	$0		
Subtotal	$0	$74935	$-74935
Medicaid Shortfalls	$6840467	$8668039	
Subtotal	$6840467	$8742974	$-1902507
DSH Payments	$0		
Subtotal	$6840467	$8742974	$-1902507
Medicare Shortfalls	$10384708	$20464547	
Other Government Programs	$304101	$624001	
Total	$17529276	$29831522	$-12302246

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