



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: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2022 (mm/dd/yyyy format)

Year End: 09/30/2023 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$25723324	Contractual Allowance	\$140610280
Outpatient Patient Service Revenue	\$219048647	Other Deductions	\$5652801
Total Gross Patient Service Revenue	\$244771971	Total Deductions	\$146263081

3. Total Operating Revenue	
Net Patient Service Revenue	\$98508890
Other Operating Revenue	\$7139537
Total Operating Revenue	\$105648427

4. Net Patient Revenue and Total Number of Paid Claims for Inpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9546494	693
Medicaid	\$2122369	256
Commercial Insurance	\$4500447	390
Self-pay	\$95817	38
Any Other Category of Payer	\$369638	39
Total	\$16634765	1416

5. Net Patient Revenue and Total Number of Paid Claims for Outpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$36787038	59600
Medicaid	\$5142455	33922
Commercial Insurance	\$39431317	65085
Self-pay	\$524114	7697
Any Other Category of Payer	\$5498308	4871
Total	\$87383232	171175

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	\$46333532	60293
Medicaid	\$7264825	34178

Commercial Insurance	\$43931764	65475
Self-pay	\$619931	7735
Any Other Category of Payer	\$5867946	4910
Total	\$104017998	172591

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	\$9486093	648
Medicaid	\$2010253	165
Commercial Insurance	\$3993916	60
Self-pay	\$90283	22
Any Other Category of Payer	\$363892	33
Total	\$15944437	928

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	\$32957279	42751
Medicaid	\$3252921	19212
Commercial Insurance	\$35385516	33349
Self-pay	\$279186	4617
Any Other Category of Payer	\$5174807	2384
Total	\$77049709	102313

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	\$42443372	43399
Medicaid	\$5263174	19377
Commercial Insurance	\$39379432	33409
Self-pay	\$369469	4639
Any Other Category of Payer	\$5538699	2417
Total	\$92994146	103241

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	\$60401	45
Medicaid	\$112116	91
Commercial Insurance	\$506531	330
Self-pay	\$5534	16
Any Other Category of Payer	\$5746	6
Total	\$690328	488

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	\$3829759	16849
Medicaid	\$1889534	14710
Commercial Insurance	\$4045800	31736
Self-pay	\$244928	3080
Any Other Category of Payer	\$323501	2487
Total	\$10333522	68862

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	\$3890160	16894

Medicaid	\$2001650	14801
Commercial Insurance	\$4552332	32066
Self-pay	\$250462	3096
Any Other Category of Payer	\$329247	2493
Total	\$11023851	69350

13. Operating Expenses

Salaries and Wages	\$38463547	Employee Benefits	\$13088543
Depreciation and Amortization	\$4764777	Interest Expense	\$1345272
Bad Debt	\$0	Other Expenses	\$46000621
Total Operating Expenses	\$103662760		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1985668	Total Assets	\$115603224
Net Non-operating Gains over Loss	\$4105815	Total Liabilities	\$115603224
Total Net Gains	\$6091483		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51332710	\$33519341	\$17813369
Medicaid	\$36860558	\$26861154	\$9999404
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$156578703	\$85882586	\$70696117
Total	\$244771971	\$146263081	\$98508890

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$284229	\$0	\$284229

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	\$58206	\$-58206

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$253
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$-2024073
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$-748907	
HCI Payments	\$0		
Subtotal	\$0	\$-748907	\$748907
Medicaid Shortfalls	\$9999404	\$13638406	
Subtotal	\$9999404	\$12889499	\$-2890095
DSH Payments	\$0		
Subtotal	\$9999404	\$12889499	\$-2890095
Medicare Shortfalls	\$17813369	\$18993103	
Other Government Programs	\$0	\$0	
Total	\$27812773	\$31882602	\$-4069829

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$58206	\$-58206
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$64310	\$-64310
Other Allocations	\$0	\$0	\$0

Comments

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