



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: **DUKES MEMORIAL HOSPITAL**

City of Hospital: Peru

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

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

Person Completing the Report: Stacey Thomas

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Medicare Provider Number: 15-1318

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43321433
Outpatient Patient Service Revenue	\$138759745
Total Gross Patient Service Revenue	\$182081178

2. Deductions From Revenue

Contractual Allowance	\$141463216
Other Deductions	\$0
Total Deductions	\$141463216

3. Total Operating Revenue

Net Patient Service Revenue	\$40617962
Other Operating Revenue	\$91920
Total Operating Revenue	\$40709882

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9531717	625
Medicaid	\$1451398	203
Commercial Insurance	\$69633	12
Self-pay	\$64804	0
Any Other Category of Payer	\$1544424	125
Total	\$12661976	965

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$10048726	11025
Medicaid	\$4677146	8364
Commercial Insurance	\$433698	258
Self-pay	\$1359238	4
Any Other Category of Payer	\$11437178	7295
Total	\$27955986	26946

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	\$19580443	11650
Medicaid	\$6128544	8567
Commercial Insurance	\$503331	270
Self-pay	\$1424042	4
Any Other Category of Payer	\$12981602	7420
Total	\$40617962	27911

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	\$9531717	625
Medicaid	\$1451398	203
Commercial Insurance	\$69633	12
Self-pay	\$64804	0
Any Other Category of Payer	\$1544424	125
Total	\$12661976	965

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	\$10048726	11025
Medicaid	\$4677146	8364
Commercial Insurance	\$433698	258
Self-pay	\$1359238	4
Any Other Category of Payer	\$11437178	7295
Total	\$27955986	26946

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	\$19580443	11650
Medicaid	\$6128544	8567
Commercial Insurance	\$503331	270
Self-pay	\$1424042	4
Any Other Category of Payer	\$12981602	7420
Total	\$40617962	27911

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	\$15232834	Employee Benefits	\$3600370
Depreciation and Amortization	\$3518508	Interest Expense	\$28740
Bad Debt	\$687248	Other Expenses	\$18475718
Total Operating Expenses	\$41543418		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-833536	Total Assets	\$28285225
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$33675861
Total Net Gains	\$-833536		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88083562	\$68503118	\$19580444
Medicaid	\$46264887	\$40136342	\$6128545
Other Government	\$9057693	\$7086577	\$1971116
Other State	\$0	\$0	\$0
Other Payers	\$38675036	\$25737179	\$12937857
Total	\$182081178	\$141463216	\$40617962

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	\$452732
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$103295	
HCI Payments	\$0		
Subtotal	\$0	\$103295	\$-103295
Medicaid Shortfalls	\$6128544	\$10555740	
Subtotal	\$6128544	\$10659035	\$-4530491
DSH Payments	\$0		
Subtotal	\$6128544	\$10659035	\$-4530491
Medicare Shortfalls	\$19580444	\$20097037	
Other Government Programs	\$1971115	\$2066592	
Total	\$27680103	\$32822664	\$-5142561

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	\$695004	\$-695004
Other Allocations	\$0	\$0	\$0

Comments

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