



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

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

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

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$194305623
Outpatient Patient Service Revenue	\$532928629
Total Gross Patient Service Revenue	\$727234252

2. Deductions From Revenue

Contractual Allowance	\$407182909
Other Deductions	\$65294431
Total Deductions	\$472477340

3. Total Operating Revenue

Net Patient Service Revenue	\$254756911
Other Operating Revenue	\$16255342
Total Operating Revenue	\$271012253

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$37819646	8323
Medicaid	\$13569943	3787
Commercial Insurance	\$21086929	2976
Self-pay	\$2565368	374
Any Other Category of Payer	\$-4468666	553
Total	\$70573220	16013

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$54366144	204174
Medicaid	\$20763568	153614
Commercial Insurance	\$87157468	144382
Self-pay	\$12574897	15815
Any Other Category of Payer	\$9321613	11537
Total	\$184183690	529522

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	\$92185791	212497
Medicaid	\$34333512	157401
Commercial Insurance	\$108244396	147358
Self-pay	\$15140265	16189
Any Other Category of Payer	\$4852947	12090
Total	\$254756911	545535

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	\$36416664	3002
Medicaid	\$13035883	1296
Commercial Insurance	\$20071157	993
Self-pay	\$2565368	163
Any Other Category of Payer	-\$4712970	196
Total	\$67376102	5650

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	\$43477227	94846
Medicaid	\$16786952	32162
Commercial Insurance	\$77446180	51514
Self-pay	\$11277522	3978
Any Other Category of Payer	\$5364882	5140
Total	\$154352763	187640

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	\$79893891	97848
Medicaid	\$29822835	33458
Commercial Insurance	\$97517337	52507
Self-pay	\$13842890	4141
Any Other Category of Payer	\$651911	5336
Total	\$221728864	193290

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	\$1402982	5321
Medicaid	\$534060	2491
Commercial Insurance	\$1015772	1983
Self-pay	\$0	211
Any Other Category of Payer	\$244305	357
Total	\$3197119	10363

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	\$10888918	109328
Medicaid	\$3976616	121452
Commercial Insurance	\$9711287	92868
Self-pay	\$1297376	11837
Any Other Category of Payer	\$3956731	6397
Total	\$29830928	341882

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	\$12291900	114649
Medicaid	\$4510676	123943
Commercial Insurance	\$10727059	94851
Self-pay	\$1297376	12048
Any Other Category of Payer	\$4201036	6754
Total	\$33028047	352245

13. Operating Expenses

Salaries and Wages	\$112557952	Employee Benefits	\$27934969
Depreciation and Amortization	\$16977136	Interest Expense	\$5263186
Bad Debt	\$11727668	Other Expenses	\$114452167
Total Operating Expenses	\$288913078		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-17900824	Total Assets	\$306991751
Net Non-operating Gains over Loss	\$14397900	Total Liabilities	\$121814028
Total Net Gains	\$-3502924		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$383144744	\$290958953	\$92185791
Medicaid	\$118842324	\$84508813	\$34333511
Other Government	\$22865369	\$16648367	\$6217002
Other State	\$0	\$0	\$0
Other Payers	\$202381814	\$80361207	\$122020607
Total	\$727234251	\$472477340	\$254756911

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$371828	\$702488	\$-330660

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	\$2513058	\$4694688	\$-2181630
Hospital Patients	\$0	\$1270	\$-1270
Community Education	\$0	\$32325	\$-32325

Number of Medical Professionals Trained	58
Number of Hospital Patients Educated	510065
Number of Citizens Exposed to Health Education Messages	142495

Statement Six: Charity Statement

Hospital Charity Charges	\$2827203
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1051719	
HCI Payments	\$0		
Subtotal	\$0	\$1051719	\$-1051719
Medicaid Shortfalls	\$34333512	\$45261064	
Subtotal	\$34333512	\$46312783	\$-11979271
DSH Payments	\$3,502,409		
Subtotal	\$37835921	\$46312783	\$-8476862
Medicare Shortfalls	\$92185791	\$142529845	
Other Government Programs	\$0	\$0	
Total	\$130021712	\$188842628	\$-58820916

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$34120	\$-34120
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$118037	\$-118037
Other Allocations	\$12278	\$148537	\$-136259

Comments