



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: KING'S DAUGHTERS HOSPITAL

City of Hospital: MADISON

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

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

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$104198051
Outpatient Patient Service Revenue	\$294339939
<b>Total Gross Patient Service Revenue</b>	<b>\$398537990</b>

2. Deductions From Revenue

Contractual Allowance	\$278448586
Other Deductions	\$1178534
<b>Total Deductions</b>	<b>\$279627120</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$118910870
Other Operating Revenue	\$1119236
<b>Total Operating Revenue</b>	<b>\$120030106</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18721829	1594
Medicaid	\$13558814	735
Commercial Insurance	\$13536840	752
Self-pay	\$155756	47
Any Other Category of Payer	\$244927	19
<b>Total</b>	<b>\$46218166</b>	<b>3147</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$24936349	53625
Medicaid	\$1309713	23942
Commercial Insurance	\$44601029	38691
Self-pay	\$940744	933
Any Other Category of Payer	\$904869	1090
Total	\$72692704	118281

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	\$43658178	55219
Medicaid	\$14868527	24677
Commercial Insurance	\$58137869	39443
Self-pay	\$1096500	980
Any Other Category of Payer	\$1149796	1109
Total	\$118910870	121428

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	\$18721829	1594
Medicaid	\$13558814	735
Commercial Insurance	\$13536840	752
Self-pay	\$155756	47
Any Other Category of Payer	\$244927	19
Total	\$46218166	3147

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	\$24936349	53625
Medicaid	\$1309713	23942
Commercial Insurance	\$44601029	38691
Self-pay	\$940744	933
Any Other Category of Payer	\$904869	1090
Total	\$72692704	118281

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	\$43658178	55219
Medicaid	\$14868527	24677
Commercial Insurance	\$58137869	39443
Self-pay	\$1096500	980
Any Other Category of Payer	\$1149796	1109
Total	\$118910870	121428

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	\$45197243	Employee Benefits	\$8762209
Depreciation and Amortization	\$9232858	Interest Expense	\$1435349
Bad Debt	\$5975896	Other Expenses	\$56114998
Total Operating Expenses	\$126718553		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6688447	Total Assets	\$335758746
Net Non-operating Gains over Loss	\$19343928	Total Liabilities	\$383954209
Total Net Gains	\$12655481		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$216122456	\$171974432	\$44148024
Medicaid	\$69158107	\$54094132	\$15063975
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$113257427	\$52380022	\$60877405
Total	\$398537990	\$278448586	\$120089404

## 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	\$78525	\$232223	\$-153698
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	\$1178534
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$374899	
HCI Payments	\$0		
Subtotal	\$0	\$374899	\$-374899
Medicaid Shortfalls	\$15015898	\$21999630	
Subtotal	\$15015898	\$22374529	\$-7358631
DSH Payments	\$48,077		
Subtotal	\$15063975	\$22374529	\$-7310554
Medicare Shortfalls	\$44148024	\$68749918	
Other Government Programs	\$0	\$0	
Total	\$59211999	\$91124447	\$-31912448

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$71327	\$482356	\$-411029
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$11750	\$-11750
Other Allocations	\$0	\$0	\$0

Comments

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