



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: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

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

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

Person Completing the Report: Aubrey Lint

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Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1172472312
Outpatient Patient Service Revenue	\$1036146835
<b>Total Gross Patient Service Revenue</b>	<b>\$2208619147</b>

2. Deductions From Revenue

Contractual Allowance	\$1487488940
Other Deductions	\$21212961
<b>Total Deductions</b>	<b>\$1508701901</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$699917246
Other Operating Revenue	\$29642745
<b>Total Operating Revenue</b>	<b>\$729559991</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$109657616	12947
Medicaid	\$92914260	6225
Commercial Insurance	\$182674590	9293
Self-pay	\$9896430	107
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$395142896</b>	<b>28572</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$73382860	107368
Medicaid	\$43418330	48277
Commercial Insurance	\$180538210	88762
Self-pay	\$7434950	1610
Any Other Category of Payer	\$0	0
Total	\$304774350	246017

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	\$183040476	120315
Medicaid	\$136332590	54502
Commercial Insurance	\$363212800	98055
Self-pay	\$17331380	1717
Any Other Category of Payer	\$0	0
Total	\$699917246	274589

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	\$109657616	12947
Medicaid	\$92914260	6225
Commercial Insurance	\$182674590	9293
Self-pay	\$9896430	107
Any Other Category of Payer	\$0	0
Total	\$395142896	28572

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	\$73382860	107368
Medicaid	\$43418330	48277
Commercial Insurance	\$180538210	88762
Self-pay	\$7434950	1610
Any Other Category of Payer	\$0	0
Total	\$304774350	246017

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	\$183040476	120315
Medicaid	\$136332590	54502
Commercial Insurance	\$363212800	98055
Self-pay	\$17331380	1717
Any Other Category of Payer	\$0	0
Total	\$699917246	274589

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	\$197343670	Employee Benefits	\$48156346
Depreciation and Amortization	\$29271462	Interest Expense	\$5610356
Bad Debt	\$22425556	Other Expenses	\$289005781
Total Operating Expenses	\$591813171		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$137746820	Total Assets	\$382438000
Net Non-operating Gains over Loss	\$5871287	Total Liabilities	\$285896000
Total Net Gains	\$143618107		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$976929319	\$792360991	\$184568328
Medicaid	\$453127483	\$319174655	\$133952828
Other Government	\$0	\$0	\$0
Other State	\$30856112	\$29635584	\$1220528
Other Payers	\$747706234	\$346317711	\$401388523
<b>Total</b>	<b>\$2208619148</b>	<b>\$1487488941</b>	<b>\$721130207</b>

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$346460	\$-346460

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$89578	\$386100	\$-296522

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$246483	\$10007483	\$-9761000
Hospital Patients	\$0	\$0	\$0
Community Education	\$1427711	\$1998257	\$-570546

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	\$8250988
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2127123	
HCI Payments	\$0		
Subtotal	\$0	\$2127123	\$-2127123
Medicaid Shortfalls	\$116228522	\$124772071	
Subtotal	\$116228522	\$126899194	\$-10670672
DSH Payments	\$24,583,056		
Subtotal	\$140811578	\$126899194	\$13912384
Medicare Shortfalls	\$187789035	\$251854600	
Other Government Programs	\$0	\$0	
Total	\$328600613	\$378753794	\$-50153181

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	\$3130332	\$4230645	\$-1100313
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$402390	\$-402390
Other Allocations	\$0	\$0	\$0

Comments