



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: PORTER REGIONAL HOSPITAL

City of Hospital: Valparaiso

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

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

Person Completing the Report: Ruth Ambers

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Medicare Provider Number: 15-0035

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1259383649
Outpatient Patient Service Revenue	\$1451877505
Total Gross Patient Service Revenue	\$2711261154

2. Deductions From Revenue

Contractual Allowance	\$2315501070
Other Deductions	\$0
Total Deductions	\$2315501070

3. Total Operating Revenue

Net Patient Service Revenue	\$395760084
Other Operating Revenue	\$970420
Total Operating Revenue	\$396730504

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$80546413	0
Medicaid	\$28675542	0
Commercial Insurance	\$65258668	0
Self-pay	\$2571393	0
Any Other Category of Payer	\$4404043	0
Total	\$181456059	0

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$62218650	0
Medicaid	\$22108115	0
Commercial Insurance	\$121245685	0
Self-pay	\$3171708	0
Any Other Category of Payer	\$5559867	0
Total	\$214304025	0

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	\$142765063	0
Medicaid	\$50783657	0
Commercial Insurance	\$186504353	0
Self-pay	\$5743101	0
Any Other Category of Payer	\$9963910	0
Total	\$395760084	0

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	\$80546413	0
Medicaid	\$28675542	0
Commercial Insurance	\$65258668	0
Self-pay	\$2571393	0
Any Other Category of Payer	\$4404043	0
Total	\$181456059	0

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	\$62218650	0
Medicaid	\$22108115	0
Commercial Insurance	\$121245685	0
Self-pay	\$3171708	0
Any Other Category of Payer	\$5559867	0
Total	\$214304025	0

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	\$142765063	0
Medicaid	\$50783657	0
Commercial Insurance	\$186504353	0
Self-pay	\$5743101	0
Any Other Category of Payer	\$9963910	0
Total	\$395760084	0

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	\$95757118	Employee Benefits	\$26522672
Depreciation and Amortization	\$8381297	Interest Expense	\$1482895
Bad Debt	\$9931708	Other Expenses	\$213034246
Total Operating Expenses	\$355109936		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$40650148	Total Assets	\$279057483
Net Non-operating Gains over Loss	\$970420	Total Liabilities	\$-442827194
Total Net Gains	\$41620568		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1491592206	\$1348827145	\$142765061
Medicaid	\$364945974	\$314162318	\$50783656
Other Government	\$43835270	\$39685168	\$4150102
Other State	\$0	\$0	\$0
Other Payers	\$810887704	\$612826439	\$198061265
Total	\$2711261154	\$2315501070	\$395760084

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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