



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: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute

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

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

Person Completing the Report: Brooklyn Harrison

Email Address: brooklyn.harrison@hcahealthcare.com

Medicare Provider Number: 150046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$413387000
Outpatient Patient Service Revenue	\$427311000
Total Gross Patient Service Revenue	\$840698000

2. Deductions From Revenue

Contractual Allowance	\$656229000
Other Deductions	\$63554000
Total Deductions	\$719783000

3. Total Operating Revenue

Net Patient Service Revenue	\$120915000
Other Operating Revenue	\$454000
Total Operating Revenue	\$121369000

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$31265000	2470
Medicaid	\$24212000	1441
Commercial Insurance	\$16365000	802
Self-pay	-\$7273000	156
Any Other Category of Payer	\$0	0
Total	\$64569000	4869

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$18889000	1899
Medicaid	\$8429000	1575
Commercial Insurance	\$27923000	1652
Self-pay	\$1105	186
Any Other Category of Payer	\$0	0
Total	\$55242105	5312

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	\$50154000	4369
Medicaid	\$32641000	3016
Commercial Insurance	\$34288000	2454
Self-pay	-\$6168000	342
Any Other Category of Payer	\$0	0
Total	\$110915000	10181

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$42332000	Employee Benefits	\$9041000
Depreciation and Amortization	\$5743000	Interest Expense	\$0
Bad Debt	\$5092000	Other Expenses	\$70527000
Total Operating Expenses	\$132735000		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-11366000	Total Assets	\$64849000
Net Non-operating Gains over Loss	\$24570000	Total Liabilities	\$-260004000
Total Net Gains	\$13204000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$428831000	\$378675000	\$50156000
Medicaid	\$197652000	\$165011000	\$32641000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$214215000	\$176096000	\$38119000
Total	\$840698000	\$719782000	\$120916000

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	\$15331000
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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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