



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: UNION HOSPITAL (CLINTON)

City of Hospital: Clinton

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

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

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-1326

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$10549348
Outpatient Patient Service Revenue	\$89659810
<b>Total Gross Patient Service Revenue</b>	<b>\$100209158</b>

2. Deductions From Revenue

Contractual Allowance	\$64970558
Other Deductions	\$5285833
<b>Total Deductions</b>	<b>\$70256391</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$29952767
Other Operating Revenue	\$1093203
<b>Total Operating Revenue</b>	<b>\$31045970</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3634888	534
Medicaid	\$1010998	316
Commercial Insurance	\$793672	143
Self-pay	-\$14575	0
Any Other Category of Payer	\$137422	43
<b>Total</b>	<b>\$5562405</b>	<b>1036</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9471340	10672
Medicaid	\$3531465	9765
Commercial Insurance	\$10264557	6590
Self-pay	\$-30545	25
Any Other Category of Payer	\$1153545	861
Total	\$24390362	27913

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	\$13106228	11206
Medicaid	\$4542463	10081
Commercial Insurance	\$11058229	6733
Self-pay	\$-45120	25
Any Other Category of Payer	\$1290967	904
Total	\$29952767	28949

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	\$3634888	534
Medicaid	\$1010998	316
Commercial Insurance	\$793672	143
Self-pay	\$-14575	0
Any Other Category of Payer	\$137422	43
Total	\$5562405	1036

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	\$9471340	10672
Medicaid	\$3531465	9765
Commercial Insurance	\$10264557	6590
Self-pay	\$-30545	25
Any Other Category of Payer	\$1153545	861
Total	\$24390362	27913

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	\$13106228	11206
Medicaid	\$4542463	10081
Commercial Insurance	\$11058229	6733
Self-pay	\$-45120	25
Any Other Category of Payer	\$1290967	904
Total	\$29952767	28949

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	\$9011273	Employee Benefits	\$2154661
Depreciation and Amortization	\$982303	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$14197231
Total Operating Expenses	\$26345468		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4700502	Total Assets	\$0
Net Non-operating Gains over Loss	\$-13083	Total Liabilities	\$0
Total Net Gains	\$4687419		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43545599	\$30439371	\$13106228
Medicaid	\$27039018	\$22496555	\$4542463
Other Government	\$2214159	\$0	\$2214159
Other State	\$417868	\$657735	\$-239867
Other Payers	\$26992514	\$16662730	\$10329784
Total	\$100209158	\$70256391	\$29952767

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$85	\$-85

## 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	\$1134	\$-1134
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$986	\$-986

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	35984
Number of Citizens Exposed to Health Education Messages	\$0

## Statement Six: Charity Statement

Hospital Charity Charges	\$433533
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$108831	
HCI Payments	\$0		
Subtotal	\$0	\$108831	\$-108831
Medicaid Shortfalls	\$0	\$952331	
Subtotal	\$0	\$1061162	\$-1061162
DSH Payments	\$0		
Subtotal	\$0	\$1061162	\$-1061162
Medicare Shortfalls	\$0	\$9888817	
Other Government Programs	\$0	\$0	
Total	\$0	\$10949979	\$-10949979

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	\$0	\$986	\$-986
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$11643	\$-11643
Other Allocations	\$0	\$0	\$0

Comments

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