



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: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Kyle Sprunger

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Medicare Provider Number: 151330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19023117
Outpatient Patient Service Revenue	\$123720359
<b>Total Gross Patient Service Revenue</b>	<b>\$142743476</b>

2. Deductions From Revenue

Contractual Allowance	\$60074704
Other Deductions	\$3267660
<b>Total Deductions</b>	<b>\$63342364</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$79401112
Other Operating Revenue	\$2613947
<b>Total Operating Revenue</b>	<b>\$82015059</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10360274	1828
Medicaid	\$1723841	472
Commercial Insurance	\$2467778	594
Self-pay	\$575796	44
Any Other Category of Payer	\$202050	3238
<b>Total</b>	<b>\$15329739</b>	<b>6176</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$28187854	101654
Medicaid	\$7813578	39682
Commercial Insurance	\$24035871	85875
Self-pay	\$3381133	21406
Any Other Category of Payer	\$652937	2744
Total	\$64071373	251361

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	\$38548128	103482
Medicaid	\$9537418	40154
Commercial Insurance	\$26503649	86469
Self-pay	\$3956929	21706
Any Other Category of Payer	\$854988	2788
Total	\$79401112	254599

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	\$9943502	656
Medicaid	\$1610114	179
Commercial Insurance	\$2173063	222
Self-pay	\$475897	123
Any Other Category of Payer	\$194990	18
Total	\$14397566	1198

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	\$22481105	39683
Medicaid	\$5655669	11826
Commercial Insurance	\$17699163	26300
Self-pay	\$2769873	9687
Any Other Category of Payer	\$545197	899
Total	\$49151007	88395

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	\$32424607	40339
Medicaid	\$7265783	12005
Commercial Insurance	\$19872226	26522
Self-pay	\$3245770	9812
Any Other Category of Payer	\$740187	917
Total	\$63548573	89595

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	\$416771	1172
Medicaid	\$113727	293
Commercial Insurance	\$294715	372
Self-pay	\$99899	175
Any Other Category of Payer	\$7060	26
<b>Total</b>	<b>\$932172</b>	<b>2038</b>

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	\$5706748	61971
Medicaid	\$2157909	27856
Commercial Insurance	\$6336708	59575
Self-pay	\$611261	11719
Any Other Category of Payer	\$107741	1845
<b>Total</b>	<b>\$14920367</b>	<b>162966</b>

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	\$6123519	63143
Medicaid	\$2271636	28149
Commercial Insurance	\$6631423	59947
Self-pay	\$711160	11894
Any Other Category of Payer	\$114801	1871
<b>Total</b>	<b>\$15852539</b>	<b>165004</b>

## 13. Operating Expenses

Salaries and Wages	\$36832061	Employee Benefits	\$7732597
Depreciation and Amortization	\$3492069	Interest Expense	\$324189
Bad Debt	\$8611585	Other Expenses	\$28019792
<b>Total Operating Expenses</b>	<b>\$85012293</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2997234	Total Assets	\$59606135
Net Non-operating Gains over Loss	\$2407530	Total Liabilities	\$32005482
<b>Total Net Gains</b>	<b>\$-589704</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$70564373	\$32016245	\$38548128
Medicaid	\$21834757	\$12297338	\$9537419
Other Government	\$1400724	\$545737	\$854987
Other State	\$0	\$0	\$0
Other Payers	\$48943622	\$18483044	\$30460578
Total	\$142743476	\$63342364	\$79401112

## 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	\$339095
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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
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	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