



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: COLUMBUS REGIONAL HEALTH

City of Hospital: COLUMBUS

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

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

Person Completing the Report: Mary Spalding

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Medicare Provider Number: 15-0112

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$363438467
Outpatient Patient Service Revenue	\$626183159
Total Gross Patient Service Revenue	\$989621626

2. Deductions From Revenue

Contractual Allowance	\$587124961
Other Deductions	\$8415741
Total Deductions	\$595540702

3. Total Operating Revenue

Net Patient Service Revenue	\$394080923
Other Operating Revenue	\$9015864
Total Operating Revenue	\$403096787

4. Net Patient Revenue and Total Number of Paid Claims 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

5. Net Patient Revenue and Total Number of Paid Claims 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

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$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	\$120516658	Employee Benefits	\$28528774
Depreciation and Amortization	\$25310482	Interest Expense	\$2578661
Bad Debt	\$9770562	Other Expenses	\$202656189
Total Operating Expenses	\$389361326		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$13735461	Total Assets	\$365042778
Net Non-operating Gains over Loss	\$15948512	Total Liabilities	\$365042778
Total Net Gains	\$29683973		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$518202182	\$365654388	\$152547794
Medicaid	\$174188557	\$115062748	\$59125809
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$297230886	\$114823566	\$182407320
Total	\$989621625	\$595540702	\$394080923

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$279712	\$-279712

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	\$940070	\$1895658	\$-955588
Hospital Patients	\$0	\$2040	\$-2040
Community Education	\$0	\$815138	\$-815138

Number of Medical Professionals Trained	184
Number of Hospital Patients Educated	91
Number of Citizens Exposed to Health Education Messages	56893

Statement Six: Charity Statement

Hospital Charity Charges	\$12705690
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$217267	
HCI Payments	\$0		
Subtotal	\$0	\$217267	\$-217267
Medicaid Shortfalls	\$-18660312	\$1967573	
Subtotal	\$-18660312	\$2184840	\$-20845152
DSH Payments	\$7,151,107		
Subtotal	\$-11509205	\$2184840	\$-13694045
Medicare Shortfalls	\$152547794	\$8861257	
Other Government Programs	\$0	\$0	
Total	\$141038589	\$11046097	\$129992492

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1402196	\$-1402196
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$175306	\$-175306
Other Allocations	\$0	\$0	\$0

Comments