



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: COMMUNITY HOSPITAL OF BREMEN

City of Hospital: Bremen

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

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

Person Completing the Report: Souk Luck

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$11839682
Outpatient Patient Service Revenue	\$48411087
Total Gross Patient Service Revenue	\$60250769

2. Deductions From Revenue

Contractual Allowance	\$31328836
Other Deductions	\$1328701
Total Deductions	\$32657537

3. Total Operating Revenue

Net Patient Service Revenue	\$27593233
Other Operating Revenue	\$308546
Total Operating Revenue	\$27901779

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4614950	562
Medicaid	\$743890	106
Commercial Insurance	\$1369310	258
Self-pay	\$60000	18
Any Other Category of Payer	\$0	0
Total	\$6788150	944

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$8698940	20795
Medicaid	\$1986840	4794
Commercial Insurance	\$9305840	11246
Self-pay	\$813460	718
Any Other Category of Payer	\$0	0
Total	\$20805080	37553

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	\$13313890	21357
Medicaid	\$2730730	4900
Commercial Insurance	\$10675150	11504
Self-pay	\$873460	736
Any Other Category of Payer	\$0	0
Total	\$27593230	38497

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	\$4614950	562
Medicaid	\$743890	106
Commercial Insurance	\$1369310	258
Self-pay	\$60000	18
Any Other Category of Payer	\$0	0
Total	\$6788150	944

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	\$8698940	20795
Medicaid	\$1986840	4794
Commercial Insurance	\$9305840	11246
Self-pay	\$813460	718
Any Other Category of Payer	\$0	0
Total	\$20805080	37553

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	\$10291421	Employee Benefits	\$2719156
Depreciation and Amortization	\$1042865	Interest Expense	\$137314
Bad Debt	\$1340838	Other Expenses	\$12509311
Total Operating Expenses	\$28040905		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-139127	Total Assets	\$20755000
Net Non-operating Gains over Loss	\$50400	Total Liabilities	\$10591000
Total Net Gains	\$-88727		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$13481658	\$14455489	\$-973831
Medicaid	\$9158845	\$6224365	\$2934480
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$37610266	\$11977683	\$25632583
Total	\$60250769	\$32657537	\$27593232

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	\$2654	\$7494	\$-4840
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	\$226881
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$100541	
HCI Payments	\$0		
Subtotal	\$0	\$100541	\$-100541
Medicaid Shortfalls	\$2934480	\$4058707	
Subtotal	\$2934480	\$4159248	\$-1224768
DSH Payments	\$0		
Subtotal	\$2934480	\$4159248	\$-1224768
Medicare Shortfalls	\$13868068	\$12551476	
Other Government Programs	\$0	\$0	
Total	\$16802548	\$16710724	\$91824

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	\$48113	\$-48113
Other Allocations	\$1696583	\$3996988	\$-2300405

Comments