



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: WITHAM HOSPITAL

City of Hospital: Lebanon

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

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

Person Completing the Report: Linda Devine

Email Address: ldevine@witham.org

Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$94456054
Outpatient Patient Service Revenue	\$374788378
Total Gross Patient Service Revenue	\$469244432

2. Deductions From Revenue

Contractual Allowance	\$285517027
Other Deductions	\$63439307
Total Deductions	\$348956334

3. Total Operating Revenue

Net Patient Service Revenue	\$120288098
Other Operating Revenue	\$62528052
Total Operating Revenue	\$182816150

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17873427	1740
Medicaid	\$5874743	816
Commercial Insurance	\$8357982	1041
Self-pay	\$763019	655
Any Other Category of Payer	\$885445	99
Total	\$33754616	4351

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$23016355	43510
Medicaid	\$13701514	24319
Commercial Insurance	\$55484718	33902
Self-pay	\$8838101	24808
Any Other Category of Payer	\$6339109	5445
Total	\$107379797	131984

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	\$40889782	45250
Medicaid	\$19576257	25135
Commercial Insurance	\$63842700	34943
Self-pay	\$9601120	25463
Any Other Category of Payer	\$7224554	5544
Total	\$141134413	136335

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	\$73026927	Employee Benefits	\$22099461
Depreciation and Amortization	\$8029051	Interest Expense	\$629051
Bad Debt	\$10097127	Other Expenses	\$76761880
Total Operating Expenses	\$190643497		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7827347	Total Assets	\$239739694
Net Non-operating Gains over Loss	\$8867683	Total Liabilities	\$46984889
Total Net Gains	\$1040336		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$236604509	\$192785354	\$43819155
Medicaid	\$79367303	\$54239615	\$25127688
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$153272620	\$101055535	\$52217085
Total	\$469244432	\$348080504	\$121163928

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	\$189038	\$-189038
Hospital Patients	\$0	\$31207	\$-31207
Community Education	\$0	\$323700	\$-323700

Number of Medical Professionals Trained	4816
Number of Hospital Patients Educated	218
Number of Citizens Exposed to Health Education Messages	7259

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$702003	
HCI Payments	\$0		
Subtotal	\$0	\$702003	\$-702003
Medicaid Shortfalls	\$19576257	\$32252964	
Subtotal	\$19576257	\$32981403	\$-13405146
DSH Payments	\$1,504,304		
Subtotal	\$21080561	\$32981403	\$-11900842
Medicare Shortfalls	\$40889782	\$96150384	
Other Government Programs	\$0	\$0	
Total	\$61970343	\$129131787	\$-67161444

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$607564	\$-607564
Community Assessment	\$0	\$90875	\$-90875
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments