



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: 01/01/2022 (mm/dd/yyyy format)  
 Year End: 12/31/2022 (mm/dd/yyyy format)  
 Person Completing the Report: Tammie Brown  
 Email Address: fatsb@uhhg.org  
 Medicare Provider Number: 15-1326

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$11373132	Contractual Allowance	\$63379978
Outpatient Patient Service Revenue	\$85211182	Other Deductions	\$3082995
<b>Total Gross Patient Service Revenue</b>	<b>\$96584314</b>	<b>Total Deductions</b>	<b>\$66462973</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$30121341
Other Operating Revenue	\$1153963
<b>Total Operating Revenue</b>	<b>\$31275304</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4051651	559
Medicaid	\$837577	231
Commercial Insurance	\$578971	194
Self-pay	\$77633	50
Any Other Category of Payer	\$156136	6
<b>Total</b>	<b>\$5701968</b>	<b>1040</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8927889	10762
Medicaid	\$4979795	8969
Commercial Insurance	\$8839080	6368
Self-pay	\$692547	752
Any Other Category of Payer	\$980062	887
<b>Total</b>	<b>\$24419373</b>	<b>27738</b>

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	\$12979540	11321
Medicaid	\$5817372	9200

Commercial Insurance	\$9418051	6562
Self-pay	\$770180	802
Any Other Category of Payer	\$1136198	893
Total	\$30121341	28778

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	\$4051651	559
Medicaid	\$837577	231
Commercial Insurance	\$578971	194
Self-pay	\$77633	50
Any Other Category of Payer	\$156136	6
Total	\$5701968	1040

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	\$8927889	10762
Medicaid	\$4979795	8969
Commercial Insurance	\$8839080	6368
Self-pay	\$692547	752
Any Other Category of Payer	\$980062	887
Total	\$24419373	27738

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	\$12979540	11321
Medicaid	\$5817372	9200
Commercial Insurance	\$9418051	6562
Self-pay	\$770180	802
Any Other Category of Payer	\$1136198	893
Total	\$30121341	28778

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	\$9100548	Employee Benefits	\$1941125
Depreciation and Amortization	\$1126710	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$14314127
Total Operating Expenses	\$26482510		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4792794	Total Assets	\$0
Net Non-operating Gains over Loss	\$707	Total Liabilities	\$0
Total Net Gains	\$4793501		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43472469	\$30492929	\$12979540
Medicaid	\$25451126	\$19633754	\$5817372
Other Government	\$2245765	\$0	\$2245765
Other State	\$485491	\$479277	\$6214
Other Payers	\$24929462	\$15857012	\$9072450
Total	\$96584313	\$66462972	\$30121341

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1742	\$-1742

## 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	\$1951	\$-1951
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$8844	\$-8844

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	35576
Number of Citizens Exposed to Health Education Messages	981

Statement Six: Charity Statement

Hospital Charity Charges	\$546136
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$144956	
HCI Payments	\$0		
Subtotal	\$0	\$144956	\$-144956
Medicaid Shortfalls	\$0	\$1506250	
Subtotal	\$0	\$1651206	\$-1651206
DSH Payments	\$0		
Subtotal	\$0	\$1651206	\$-1651206
Medicare Shortfalls	\$0	\$10204959	
Other Government Programs	\$0	\$0	
Total	\$0	\$11856165	\$-11856165

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$8844	\$-8844
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$15662	\$-15662
Other Allocations	\$0	\$0	\$0

Comments

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