



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 (TERRE HAUTE)

City of Hospital: Terre Haute

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

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

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-0023

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$616971042	Contractual Allowance	\$1321447782
Outpatient Patient Service Revenue	\$1321603380	Other Deductions	\$34155340
Total Gross Patient Service Revenue	\$1938574422	Total Deductions	\$1355603122

3. Total Operating Revenue	
Net Patient Service Revenue	\$582971300
Other Operating Revenue	\$26889487
Total Operating Revenue	\$609860787

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$101950066	8709
Medicaid	\$38987697	5440
Commercial Insurance	\$51319524	4294
Self-pay	\$4732610	227
Any Other Category of Payer	\$13122089	1210
Total	\$210111986	19880

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$120112770	170682
Medicaid	\$55172650	97183
Commercial Insurance	\$180335523	165057
Self-pay	\$2300624	6016
Any Other Category of Payer	\$14937747	19373
Total	\$372859314	458311

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	\$222062836	179391
Medicaid	\$94160347	102623

Commercial Insurance	\$231655047	169351
Self-pay	\$7033234	6243
Any Other Category of Payer	\$28059836	20583
Total	\$582971300	478191

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	\$101950066	8709
Medicaid	\$38987697	5440
Commercial Insurance	\$51319524	4294
Self-pay	\$4732610	227
Any Other Category of Payer	\$13122089	1210
Total	\$210111986	19880

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	\$112579226	116078
Medicaid	\$51712189	72101
Commercial Insurance	\$169024772	83075
Self-pay	\$2156327	4970
Any Other Category of Payer	\$14000843	12582
Total	\$349473357	288806

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	\$214529292	124787
Medicaid	\$90699886	77541
Commercial Insurance	\$220344296	87369
Self-pay	\$6888937	5197
Any Other Category of Payer	\$27122932	13792
Total	\$559585343	308686

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	\$7533544	54604
Medicaid	\$3460461	25082
Commercial Insurance	\$11310751	81982
Self-pay	\$144297	1046
Any Other Category of Payer	\$936904	6791
Total	\$23385957	169505

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	\$7533544	54604

Medicaid	\$3460461	25082
Commercial Insurance	\$11310751	81982
Self-pay	\$144297	1046
Any Other Category of Payer	\$936904	6791
Total	\$23385957	169505

## 13. Operating Expenses

Salaries and Wages	\$142004221	Employee Benefits	\$30720739
Depreciation and Amortization	\$23915929	Interest Expense	\$10463430
Bad Debt	\$0	Other Expenses	\$350815312
Total Operating Expenses	\$557919631		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$51941156	Total Assets	\$702823814
Net Non-operating Gains over Loss	\$-37333080	Total Liabilities	\$364390092
Total Net Gains	\$14608076		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$996068212	\$774005375	\$222062837
Medicaid	\$313428582	\$219268235	\$94160347
Other Government	\$62347618	\$0	\$62347618
Other State	\$27737475	\$28489846	\$-752371
Other Payers	\$538992535	\$333839666	\$205152869
Total	\$1938574422	\$1355603122	\$582971300

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$315353	\$-315353

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$132867	\$-132867

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$4833707	\$11516812	\$-6683105
Hospital Patients	\$0	\$6903187	\$-6903187
Community Education	\$0	\$55074	\$-55074

Number of Medical Professionals Trained	99896
Number of Hospital Patients Educated	441514
Number of Citizens Exposed to Health Education Messages	1383

Statement Six: Charity Statement

Hospital Charity Charges	\$5901090
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15166273	
HCI Payments	\$0		
Subtotal	\$0	\$15166273	\$-15166273
Medicaid Shortfalls	\$0	\$38715082	
Subtotal	\$0	\$53881355	\$-53881355
DSH Payments	\$0		
Subtotal	\$0	\$53881355	\$-53881355
Medicare Shortfalls	\$0	\$265746457	
Other Government Programs	\$0	\$0	
Total	\$0	\$319627812	\$-319627812

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11335481	\$-11335481
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$394468	\$-394468
Other Allocations	\$0	\$0	\$0

Comments

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