



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: NW INDIANA ER AND HOSPITAL

City of Hospital: Hammond

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

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

Person Completing the Report: Kelvin Quach

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Medicare Provider Number: N/A

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$256362.05
Outpatient Patient Service Revenue	\$48260155.8
Total Gross Patient Service Revenue	\$48516517.85

2. Deductions From Revenue

Contractual Allowance	\$35285535.6
Other Deductions	\$0
Total Deductions	\$35285535.6

3. Total Operating Revenue

Net Patient Service Revenue	\$13230982
Other Operating Revenue	\$0
Total Operating Revenue	\$13230982

4. Operating Expenses

Salaries and Wages	\$2288341.5	Employee Benefits	\$765612.23
Depreciation and Amortization	\$1076900.4	Interest Expense	\$829045.13
Bad Debt	\$0	Other Expenses	\$5890834.2
Total Operating Expenses	\$10850733.46		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$632315.23	Total Assets	\$21280727.8
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$17545666.20
Total Net Gains	\$632315.23		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$172042.73	\$150056.07	\$21986.66
Other State	\$0	\$0	\$0
Other Payers	\$48344475.15	\$35135479.52	\$13208995.63
Total	\$48516517.88	\$35285535.59	\$13230982.29

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	\$0	\$0
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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		

Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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