



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: DUKES MEMORIAL HOSPITAL

City of Hospital: Peru

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Stacey Thomas

Email Address: sthomas@lutheran-hosp.com

Medicare Provider Number: 15-1318

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$40093106
Outpatient Patient Service Revenue	\$139237831
Total Gross Patient Service Revenue	\$179330937

2. Deductions From Revenue

Contractual Allowance	\$136710470
Other Deductions	\$3424123
Total Deductions	\$140134593

3. Total Operating Revenue

Net Patient Service Revenue	\$39196344
Other Operating Revenue	\$190428
Total Operating Revenue	\$39386772

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10831604	440
Medicaid	\$1165169	131
Commercial Insurance	\$1347499	77
Self-pay	\$213404	5
Any Other Category of Payer	\$265421	32
Total	\$13823097	685

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9561728	8380
Medicaid	\$4412814	5892
Commercial Insurance	\$8572793	4528
Self-pay	\$385537	1111
Any Other Category of Payer	\$2371105	1339
Total	\$25303977	21250

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	\$20393332	8820
Medicaid	\$5577982	6023
Commercial Insurance	\$9920292	4605
Self-pay	\$598940	1116
Any Other Category of Payer	\$2636526	1371
Total	\$39127072	21935

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	\$10831604	440
Medicaid	\$1165169	131
Commercial Insurance	\$1347499	77
Self-pay	\$213404	5
Any Other Category of Payer	\$265421	32
Total	\$13823097	685

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	\$9561728	8380
Medicaid	\$4412814	5892
Commercial Insurance	\$8572793	4528
Self-pay	\$385537	1111
Any Other Category of Payer	\$2371105	1339
Total	\$25303977	21250

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	\$20393332	8820
Medicaid	\$5577982	6023
Commercial Insurance	\$9920292	4605
Self-pay	\$598940	1116
Any Other Category of Payer	\$2636526	1371
Total	\$39127072	21935

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	\$13701776	Employee Benefits	\$3268578
Depreciation and Amortization	\$3416109	Interest Expense	\$1063
Bad Debt	\$0	Other Expenses	\$19014137
Total Operating Expenses	\$39401663		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-14891	Total Assets	\$48785078
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$12699818
Total Net Gains	\$-14891		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$85231581	\$64838249	\$20393332
Medicaid	\$43025804	\$37447822	\$5577982
Other Government	\$11196621	\$9110660	\$2085961
Other State	\$0	\$0	\$0
Other Payers	\$39876931	\$28807133	\$11069798
Total	\$179330937	\$140203864	\$39127073

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	\$317121
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$71225	
HCI Payments	\$0		
Subtotal	\$0	\$71225	\$-71225
Medicaid Shortfalls	\$5577982	\$9663596	
Subtotal	\$5577982	\$9734821	\$-4156839
DSH Payments	\$0		
Subtotal	\$5577982	\$9734821	\$-4156839
Medicare Shortfalls	\$20393332	\$19143013	
Other Government Programs	\$2085961	\$2514761	
Total	\$28057275	\$31392595	\$-3335320

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	\$2589744	\$-2589744
Other Allocations	\$0	\$0	\$0

Comments