



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: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

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

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

Person Completing the Report: Jeni Bolton

Email Address: jbolton@orthoindy.com

Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$89272280
Outpatient Patient Service Revenue	\$498368144
Total Gross Patient Service Revenue	\$587640424

2. Deductions From Revenue

Contractual Allowance	\$368797006
Other Deductions	\$6144119
Total Deductions	\$374941125

3. Total Operating Revenue

Net Patient Service Revenue	\$212699300
Other Operating Revenue	\$3158607
Total Operating Revenue	\$215857907

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$14460194	746
Medicaid	\$1177386	33
Commercial Insurance	\$20346560	476
Self-pay	\$-1731898	2
Any Other Category of Payer	\$2428727	62
Total	\$36680969	1319

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$42358070	23932
Medicaid	\$439858	1885
Commercial Insurance	\$124017199	39218
Self-pay	\$-4297923	324
Any Other Category of Payer	\$13501126	5055
Total	\$176018330	70414

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	\$56818264	24678
Medicaid	\$1617244	1918
Commercial Insurance	\$144363760	39694
Self-pay	\$-6029821	326
Any Other Category of Payer	\$15929853	5117
Total	\$212699300	71733

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	\$14460194	746
Medicaid	\$1177386	33
Commercial Insurance	\$20346560	476
Self-pay	\$-1731898	2
Any Other Category of Payer	\$2428727	62
Total	\$36680969	1319

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	\$42358070	23932
Medicaid	\$439858	1885
Commercial Insurance	\$124017199	39218
Self-pay	\$-4297923	324
Any Other Category of Payer	\$13501126	5055
Total	\$176018330	70414

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	\$56818264	24678
Medicaid	\$1617244	1918
Commercial Insurance	\$144363760	39694
Self-pay	\$-6029821	326
Any Other Category of Payer	\$15929853	5117
Total	\$212699300	71733

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	\$33542543	Employee Benefits	\$18604655
Depreciation and Amortization	\$8353976	Interest Expense	\$2894926
Bad Debt	\$0	Other Expenses	\$99802922
Total Operating Expenses	\$163199022		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$52658885	Total Assets	\$166294517
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$131365828
Total Net Gains	\$52658885		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$218635854	\$161327107	\$57308747
Medicaid	\$17878068	\$16089408	\$1788660
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$351126503	\$191951411	\$159175092
Total	\$587640425	\$369367926	\$218272499

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	\$45052	\$-45052

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$78012	\$-78012
Hospital Patients	\$0	\$2642	\$-2642
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	200
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	\$1325255	\$4477895	
HCI Payments	\$0		
Subtotal	\$1325255	\$4477895	\$-3152640
Medicaid Shortfalls	\$5341112	\$4965459	
Subtotal	\$6666367	\$9443354	\$-2776987
DSH Payments	\$0		
Subtotal	\$6666367	\$9443354	\$-2776987
Medicare Shortfalls	\$49756523	\$62284326	
Other Government Programs	\$0	\$0	
Total	\$56422890	\$71727680	\$-15304790

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