



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: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

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

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

Person Completing the Report: Kyle Sprunger

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Medicare Provider Number: 151330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18026617
Outpatient Patient Service Revenue	\$164890728
Total Gross Patient Service Revenue	\$182917345

2. Deductions From Revenue

Contractual Allowance	\$82614266
Other Deductions	\$4721046
Total Deductions	\$87335312

3. Total Operating Revenue

Net Patient Service Revenue	\$95582033
Other Operating Revenue	\$8237795
Total Operating Revenue	\$103819828

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7355252	1284
Medicaid	\$1973806	506
Commercial Insurance	\$2304994	664
Self-pay	\$663517	565
Any Other Category of Payer	\$180922	44
Total	\$12478491	3063

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$35888768	127534
Medicaid	\$8943181	47353
Commercial Insurance	\$34278230	119020
Self-pay	\$3076172	35501
Any Other Category of Payer	\$917191	2645
Total	\$83103542	332053

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	\$43244020	128818
Medicaid	\$10916986	47859
Commercial Insurance	\$36583224	119684
Self-pay	\$3739689	36066
Any Other Category of Payer	\$1098113	2689
Total	\$95582032	335116

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	\$7238478	562
Medicaid	\$1869798	221
Commercial Insurance	\$1992759	282
Self-pay	\$495559	221
Any Other Category of Payer	\$173556	27
Total	\$11770150	1313

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	\$27953742	46248
Medicaid	\$6172443	12845
Commercial Insurance	\$26888011	31510
Self-pay	\$1647928	10708
Any Other Category of Payer	\$755445	974
Total	\$63417569	102285

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	\$35192220	46810
Medicaid	\$8042241	13066
Commercial Insurance	\$28880770	31792
Self-pay	\$2143487	10929
Any Other Category of Payer	\$929001	1001
Total	\$75187719	103598

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	\$116774	722
Medicaid	\$104007	285
Commercial Insurance	\$312236	382
Self-pay	\$167958	344
Any Other Category of Payer	\$7367	17
Total	\$708342	1750

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	\$7935026	81286
Medicaid	\$2770738	34508
Commercial Insurance	\$7390218	87510
Self-pay	\$1428244	24793
Any Other Category of Payer	\$161746	1671
Total	\$19685972	229768

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	\$8051880	82008
Medicaid	\$2874745	34793
Commercial Insurance	\$7702454	87892
Self-pay	\$1596202	25137
Any Other Category of Payer	\$169113	1688
Total	\$20394394	231518

13. Operating Expenses

Salaries and Wages	\$48346846	Employee Benefits	\$10012309
Depreciation and Amortization	\$4001937	Interest Expense	\$368089
Bad Debt	\$12069452	Other Expenses	\$35330213
Total Operating Expenses	\$110128846		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6309018	Total Assets	\$48162380
Net Non-operating Gains over Loss	\$2773997	Total Liabilities	\$25890608
Total Net Gains	\$-3535021		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$87945454	\$44701434	\$43244020
Medicaid	\$26260908	\$15343921	\$10916987
Other Government	\$2547309	\$1449196	\$1098113
Other State	\$0	\$0	\$0
Other Payers	\$66163674	\$25840761	\$40322913
Total	\$182917345	\$87335312	\$95582033

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	\$155606
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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