



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: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2023 (mm/dd/yyyy format)

Year End: 09/30/2024 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23122010
Outpatient Patient Service Revenue	\$243536183
Total Gross Patient Service Revenue	\$266658193

2. Deductions From Revenue

Contractual Allowance	\$155213121
Other Deductions	\$6319607
Total Deductions	\$161532728

3. Total Operating Revenue

Net Patient Service Revenue	\$105125465
Other Operating Revenue	\$19112763
Total Operating Revenue	\$124238228

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6981790	580
Medicaid	\$2124445	312
Commercial Insurance	\$2268098	366
Self-pay	\$36834	52
Any Other Category of Payer	\$132772	23
Total	\$11543939	1333

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$41186423	61361
Medicaid	\$4307120	32106
Commercial Insurance	\$45589076	67208
Self-pay	\$666935	6049
Any Other Category of Payer	\$8151578	4621
Total	\$99901132	171345

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	\$48168213	61941
Medicaid	\$6431565	32418
Commercial Insurance	\$47857176	67574
Self-pay	\$703768	6101
Any Other Category of Payer	\$8284349	4644
Total	\$111445071	172678

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	\$6936497	521
Medicaid	\$1987684	113
Commercial Insurance	\$1999700	31
Self-pay	\$33193	11
Any Other Category of Payer	\$130097	16
Total	\$11087171	692

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	\$37198527	41213
Medicaid	\$2311103	16736
Commercial Insurance	\$41566836	26416
Self-pay	\$59377	2275
Any Other Category of Payer	\$7795808	1786
Total	\$88931651	88426

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	\$44135023	41735
Medicaid	\$4298787	16849
Commercial Insurance	\$43566539	26447
Self-pay	\$92570	2286
Any Other Category of Payer	\$7925904	1802
Total	\$100018823	89119

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	\$45293	59
Medicaid	\$136762	199
Commercial Insurance	\$268398	334
Self-pay	\$3640	41
Any Other Category of Payer	\$2675	7
Total	\$456768	640

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	\$3987896	20148
Medicaid	\$1996017	15370
Commercial Insurance	\$4022239	40792
Self-pay	\$726312	3774
Any Other Category of Payer	\$355770	2835
Total	\$11088234	82919

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	\$4033190	20207
Medicaid	\$2132779	15569
Commercial Insurance	\$4290636	41126
Self-pay	\$729952	3815
Any Other Category of Payer	\$358445	2842
Total	\$11545002	83559

13. Operating Expenses

Salaries and Wages	\$42880795	Employee Benefits	\$13671093
Depreciation and Amortization	\$4821616	Interest Expense	\$1368472
Bad Debt	\$0	Other Expenses	\$55416894
Total Operating Expenses	\$118158870		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$6370740	Total Assets	\$135017316
Net Non-operating Gains over Loss	\$11367837	Total Liabilities	\$135017316
Total Net Gains	\$17738577		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$48581929	\$33179374	\$15402555
Medicaid	\$37953434	\$27649883	\$10303551
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$180122830	\$100703471	\$79419359
Total	\$266658193	\$161532728	\$105125465

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$2648999	\$0	\$2648999

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	\$55300	\$-55300

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	298
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$-2479116
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$966855	
HCI Payments	\$0		
Subtotal	\$0	\$966855	\$-966855
Medicaid Shortfalls	\$10303551	\$14801839	
Subtotal	\$10303551	\$15768694	\$-5465143
DSH Payments	\$0		
Subtotal	\$10303551	\$15768694	\$-5465143
Medicare Shortfalls	\$15402555	\$18946952	
Other Government Programs	\$0	\$0	
Total	\$25706106	\$34715646	\$-9009540

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$55300	\$-55300
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$76959	\$-76959
Other Allocations	\$0	\$0	\$0

Comments

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