



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: LUTHERAN HOSPITAL

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Stacey Thomas

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Medicare Provider Number: 15-0017

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2334134348
Outpatient Patient Service Revenue	\$1274951872
Total Gross Patient Service Revenue	\$3609086220

2. Deductions From Revenue

Contractual Allowance	\$3035544599
Other Deductions	\$18983786
Total Deductions	\$3054528385

3. Total Operating Revenue

Net Patient Service Revenue	\$554557835
Other Operating Revenue	\$3258385
Total Operating Revenue	\$557816220

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$149626079	1846
Medicaid	\$50434007	2009
Commercial Insurance	\$134676076	899
Self-pay	\$5485810	161
Any Other Category of Payer	\$17645115	360
Total	\$357867087	5275

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$50602593	29006
Medicaid	\$18923990	11015
Commercial Insurance	\$115230164	17541
Self-pay	\$4939162	8574
Any Other Category of Payer	\$6203574	2490
Total	\$195899483	68626

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	\$200228672	30852
Medicaid	\$69357997	13024
Commercial Insurance	\$249906240	18440
Self-pay	\$10424971	8735
Any Other Category of Payer	\$23848689	2850
Total	\$553766569	73901

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	\$149626079	1846
Medicaid	\$50434007	2009
Commercial Insurance	\$134676076	899
Self-pay	\$5485810	161
Any Other Category of Payer	\$17645115	360
Total	\$357867087	5275

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	\$50602593	29006
Medicaid	\$18923990	11015
Commercial Insurance	\$115230164	17541
Self-pay	\$4939162	8574
Any Other Category of Payer	\$6203574	2490
Total	\$195899483	68626

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	\$200228672	30852
Medicaid	\$69357997	13024
Commercial Insurance	\$249906240	18440
Self-pay	\$10424971	8735
Any Other Category of Payer	\$23848689	2850
Total	\$553766569	73901

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	\$137885513	Employee Benefits	\$34845200
Depreciation and Amortization	\$26851813	Interest Expense	\$21459
Bad Debt	\$0	Other Expenses	\$326786591
Total Operating Expenses	\$526390576		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$31425644	Total Assets	\$404227079
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-1407507755
Total Net Gains	\$31425644		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1978045670	\$1777816998	\$200228672
Medicaid	\$471515692	\$402157695	\$69357997
Other Government	\$162348893	\$143962715	\$18386178
Other State	\$0	\$0	\$0
Other Payers	\$997175965	\$731382243	\$265793722
Total	\$3609086220	\$3055319651	\$553766569

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	\$3857750	\$-3857750
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	30
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$13447954
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2005090	
HCI Payments	\$0		
Subtotal	\$0	\$2005090	\$-2005090
Medicaid Shortfalls	\$69357997	\$70302990	
Subtotal	\$69357997	\$72308080	\$-2950083
DSH Payments	\$0		
Subtotal	\$69357997	\$72308080	\$-2950083
Medicare Shortfalls	\$200228672	\$294926609	
Other Government Programs	\$18386178	\$24206220	
Total	\$287972847	\$391440909	\$-103468062

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	\$37655691	\$-37655691
Other Allocations	\$0	\$0	\$0

Comments