



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: GIBSON GENERAL HOSPITAL

City of Hospital: Princeton

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

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

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7859611
Outpatient Patient Service Revenue	\$115795245
Total Gross Patient Service Revenue	\$123654856

2. Deductions From Revenue

Contractual Allowance	\$62700311
Other Deductions	\$3661206
Total Deductions	\$66361517

3. Total Operating Revenue

Net Patient Service Revenue	\$57293340
Other Operating Revenue	\$329751
Total Operating Revenue	\$57623091

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3212630	333
Medicaid	\$118785	23
Commercial Insurance	\$292152	44
Self-pay	\$18047	5
Any Other Category of Payer	\$0	0
Total	\$3641614	405

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$23895129	27293
Medicaid	\$8476940	8909
Commercial Insurance	\$19892673	25995
Self-pay	\$1386983	470
Any Other Category of Payer	\$0	0
Total	\$53651725	62667

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	\$27107758	27626
Medicaid	\$8595725	8932
Commercial Insurance	\$20184826	26039
Self-pay	\$1405031	475
Any Other Category of Payer	\$0	0
Total	\$57293340	63072

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	\$3203856	309
Medicaid	\$114006	14
Commercial Insurance	\$286616	25
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$3604478	348

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	\$21201574	17000
Medicaid	\$7290376	4749
Commercial Insurance	\$17966505	13909
Self-pay	\$1352390	196
Any Other Category of Payer	\$0	0
Total	\$47810845	35854

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	\$24405430	17309
Medicaid	\$7404382	4763
Commercial Insurance	\$18253121	13934
Self-pay	\$1352390	196
Any Other Category of Payer	\$0	0
Total	\$51415323	36202

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	\$8773	24
Medicaid	\$4780	9
Commercial Insurance	\$5537	19
Self-pay	\$1928	5
Any Other Category of Payer	\$0	0
Total	\$21018	57

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	\$2693555	10293
Medicaid	\$1186564	4160
Commercial Insurance	\$1926168	12086
Self-pay	\$34593	274
Any Other Category of Payer	\$0	0
Total	\$5840880	26813

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	\$2702328	10317
Medicaid	\$1191344	4169
Commercial Insurance	\$1931705	12105
Self-pay	\$36521	279
Any Other Category of Payer	\$0	0
Total	\$5861898	26870

13. Operating Expenses

Salaries and Wages	\$14663315	Employee Benefits	\$2779847
Depreciation and Amortization	\$1896899	Interest Expense	\$367343
Bad Debt	\$0	Other Expenses	\$24163008
Total Operating Expenses	\$43870412		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$13752679	Total Assets	\$74276672
Net Non-operating Gains over Loss	\$2073456	Total Liabilities	\$74276672
Total Net Gains	\$15826135		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58506032	\$33167069	\$25338963
Medicaid	\$18551950	\$12405214	\$6146736
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46596874	\$17287440	\$29309434
Total	\$123654856	\$62859723	\$60795133

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1450497	
HCI Payments	\$0		
Subtotal	\$0	\$1450497	\$-1450497
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