



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: PULASKI MEMORIAL HOSPITAL

City of Hospital: Winamac

Year Begin: 10/01/2021 (mm/dd/yyyy format)

Year End: 09/30/2022 (mm/dd/yyyy format)

Person Completing the Report: Gregg Malott

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Medicare Provider Number: 151305

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8671009
Outpatient Patient Service Revenue	\$60201183
Total Gross Patient Service Revenue	\$68872192

2. Deductions From Revenue

Contractual Allowance	\$33765971
Other Deductions	\$1492754
Total Deductions	\$35258725

3. Total Operating Revenue

Net Patient Service Revenue	\$33613467
Other Operating Revenue	\$1614272
Total Operating Revenue	\$35227739

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1848724	151
Medicaid	\$358183	29
Commercial Insurance	\$2183669	177
Self-pay	\$17625	1
Any Other Category of Payer	\$12280	1
Total	\$4420481	359

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9788037	9422
Medicaid	\$3282473	3160
Commercial Insurance	\$16708344	16084
Self-pay	\$665018	640
Any Other Category of Payer	\$246691	237
Total	\$30690563	29543

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	\$11636761	9573
Medicaid	\$3640656	3189
Commercial Insurance	\$18892013	16261
Self-pay	\$682643	641
Any Other Category of Payer	\$258971	238
Total	\$35111044	29902

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	\$1756288	151
Medicaid	\$340274	29
Commercial Insurance	\$2074486	177
Self-pay	\$16744	1
Any Other Category of Payer	\$11666	1
Total	\$4199458	359

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	\$9298635	9422
Medicaid	\$3118349	3160
Commercial Insurance	\$15872927	16084
Self-pay	\$631767	640
Any Other Category of Payer	\$234356	237
Total	\$29156034	29543

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	\$11054923	9573
Medicaid	\$3458623	3189
Commercial Insurance	\$17947413	16261
Self-pay	\$648511	641
Any Other Category of Payer	\$246022	238
Total	\$33355492	29902

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	\$92436	151
Medicaid	\$17909	29
Commercial Insurance	\$109183	177
Self-pay	\$881	1
Any Other Category of Payer	\$614	1
Total	\$221023	359

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	\$489402	9422
Medicaid	\$164124	3160
Commercial Insurance	\$835417	16084
Self-pay	\$33251	640
Any Other Category of Payer	\$12335	237
Total	\$1534529	29543

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	\$581838	9573
Medicaid	\$182033	3189
Commercial Insurance	\$944600	16261
Self-pay	\$34132	641
Any Other Category of Payer	\$12949	238
Total	\$1755552	29902

13. Operating Expenses

Salaries and Wages	\$19404016	Employee Benefits	\$4676697
Depreciation and Amortization	\$1389705	Interest Expense	\$12350
Bad Debt	\$1002849	Other Expenses	\$11698219
Total Operating Expenses	\$38183836		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2956098	Total Assets	\$35429861
Net Non-operating Gains over Loss	\$5322781	Total Liabilities	\$35429861
Total Net Gains	\$2366683		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22825830	\$13695498	\$9130332
Medicaid	\$7141420	\$5784550	\$1356870
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$29967250	\$19480048	\$10487202

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	\$205892
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$205892	\$0	
HCI Payments	\$0		
Subtotal	\$205892	\$0	\$205892
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$205892	\$0	\$205892
DSH Payments	\$589,576		
Subtotal	\$795468	\$0	\$795468
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$100484	\$0	
Total	\$895952	\$0	\$895952

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

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