



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: WITHAM HOSPITAL

City of Hospital: Lebanon

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

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

Person Completing the Report: Linda Devine

Email Address: ldevine@witham.org

Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$93025514
Outpatient Patient Service Revenue	\$451282460
Total Gross Patient Service Revenue	\$544307974

2. Deductions From Revenue

Contractual Allowance	\$347427112
Other Deductions	\$28424393
Total Deductions	\$375851505

3. Total Operating Revenue

Net Patient Service Revenue	\$187706617
Other Operating Revenue	\$8829493
Total Operating Revenue	\$196536110

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$15767433	2813
Medicaid	\$5400600	1540
Commercial Insurance	\$6531018	1829
Self-pay	\$45122643	16476
Any Other Category of Payer	\$459699	95
Total	\$73281393	22753

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$23683580	59100
Medicaid	\$11454010	38485
Commercial Insurance	\$57546689	62758
Self-pay	\$9835026	52845
Any Other Category of Payer	\$6136760	6736
Total	\$108656065	219924

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

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	\$79831755	Employee Benefits	\$21226436
Depreciation and Amortization	\$8321865	Interest Expense	\$514256
Bad Debt	\$19250147	Other Expenses	\$79677360
Total Operating Expenses	\$208821819		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-12285708.57	Total Assets	\$249280643
Net Non-operating Gains over Loss	\$8307252.31	Total Liabilities	\$249280643
Total Net Gains	\$-3978456.26		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$270864821	\$210543110	\$60321711
Medicaid	\$80189293	\$57537690	\$22651603
Other Government	\$	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$193253860	\$79346312	\$113907548
Total	\$351054114	\$347427112	\$3627002

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	\$575191	\$-575191
Hospital Patients	\$0	\$205476	\$-205476
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$788
Number of Hospital Patients Educated	\$174
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	\$2171708	
HCI Payments	\$0		
Subtotal	\$0	\$2171708	\$-2171708
Medicaid Shortfalls	\$8454058	\$11665228	
Subtotal	\$8454058	\$13836936	\$-5382878
DSH Payments	\$0		
Subtotal	\$8454058	\$13836936	\$-5382878
Medicare Shortfalls	\$21766332	\$23280455	
Other Government Programs	\$0	\$0	
Total	\$30220390	\$37117391	\$-6897001

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$546610	\$-546610
Community Assessment	\$0	\$72328	\$-72328
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments