



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: DUPONT HOSPITAL

City of Hospital: FORT WAYNE

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Stacey Thomas

Email Address: sthomas@lutheran-hosp.com

Medicare Provider Number: 15-0150

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$333212885
Outpatient Patient Service Revenue	\$673090214
<b>Total Gross Patient Service Revenue</b>	<b>\$1006303099</b>

2. Deductions From Revenue

Contractual Allowance	\$808199170
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$808199170</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$198103929
Other Operating Revenue	\$938728
<b>Total Operating Revenue</b>	<b>\$199042657</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10181110	1166
Medicaid	\$16032979	2075
Commercial Insurance	\$43902151	3102
Self-pay	\$2649068	5
Any Other Category of Payer	\$1215799	223
<b>Total</b>	<b>\$73981107</b>	<b>6571</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$20889812	21439
Medicaid	\$7857256	8783
Commercial Insurance	\$90003157	29033
Self-pay	\$2389197	57
Any Other Category of Payer	\$2983399	1615
Total	\$124122821	60927

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	\$31070922	22605
Medicaid	\$23890235	10858
Commercial Insurance	\$133905308	32135
Self-pay	\$5038266	62
Any Other Category of Payer	\$4199198	1838
Total	\$198103929	67498

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	\$10181110	1166
Medicaid	\$16032979	2075
Commercial Insurance	\$43902151	3102
Self-pay	\$2649068	5
Any Other Category of Payer	\$1215799	223
Total	\$73981107	6571

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	\$20889812	21439
Medicaid	\$7857256	8783
Commercial Insurance	\$90003157	29033
Self-pay	\$2389197	57
Any Other Category of Payer	\$2983399	1615
Total	\$124122821	60927

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	\$31070922	22605
Medicaid	\$23890235	10858
Commercial Insurance	\$133905308	32135
Self-pay	\$5038266	62
Any Other Category of Payer	\$4199198	1838
Total	\$198103929	67498

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	\$46704011	Employee Benefits	\$11300812
Depreciation and Amortization	\$9764555	Interest Expense	\$561912
Bad Debt	\$0	Other Expenses	\$92029608
<b>Total Operating Expenses</b>	<b>\$160360898</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$38681759	Total Assets	\$156745762
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-361120648
<b>Total Net Gains</b>	<b>\$38681759</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$322511927	\$291441004	\$31070923
Medicaid	\$166360302	\$142470067	\$23890235
Other Government	\$21564614	\$18660009	\$2904605
Other State	\$0	\$0	\$0
Other Payers	\$495866253	\$355628087	\$140238166
Total	\$1006303096	\$808199167	\$198103929

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	\$1800200
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$286873	
HCI Payments	\$0		
Subtotal	\$0	\$286873	\$-286873
Medicaid Shortfalls	\$23890235	\$26510512	
Subtotal	\$23890235	\$26797385	\$-2907150
DSH Payments	\$0		
Subtotal	\$23890235	\$26797385	\$-2907150
Medicare Shortfalls	\$31070922	\$51394211	
Other Government Programs	\$2904605	\$3436451	
Total	\$57865762	\$81628047	\$-23762285

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	\$13704959	\$-13704959
Other Allocations	\$0	\$0	\$0

Comments

//