



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: PHYSICIANS MEDICAL CENTER

City of Hospital: NEW ALBANY

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

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

Person Completing the Report: Angela Keith

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Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17768161
Outpatient Patient Service Revenue	\$204333848
Total Gross Patient Service Revenue	\$222102009

2. Deductions From Revenue

Contractual Allowance	\$157823622
Other Deductions	\$0
Total Deductions	\$157823622

3. Total Operating Revenue

Net Patient Service Revenue	\$59694034
Other Operating Revenue	\$251468
Total Operating Revenue	\$59945502

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$927708	126
Medicaid	\$256990	50
Commercial Insurance	\$1371896	163
Self-pay	\$17246	2
Any Other Category of Payer	\$2221800	7
Total	\$4795640	348

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$10668643	7860
Medicaid	\$2955387	2529
Commercial Insurance	\$15776809	9165
Self-pay	\$198329	160
Any Other Category of Payer	\$25550695	192
Total	\$55149863	19906

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	\$11596351	7986
Medicaid	\$3212377	2579
Commercial Insurance	\$17148705	9328
Self-pay	\$215575	162
Any Other Category of Payer	\$27772494	199
Total	\$59945502	20254

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	\$927708	126
Medicaid	\$256990	50
Commercial Insurance	\$1371896	163
Self-pay	\$17246	2
Any Other Category of Payer	\$2221800	7
Total	\$4795640	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	\$10668643	7860
Medicaid	\$2955387	2529
Commercial Insurance	\$15776809	9165
Self-pay	\$198329	160
Any Other Category of Payer	\$25550695	192
Total	\$55149863	19906

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	\$11596351	7986
Medicaid	\$3212377	2579
Commercial Insurance	\$17148705	9328
Self-pay	\$215575	162
Any Other Category of Payer	\$27772494	199
Total	\$59945502	20254

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	\$9748847	Employee Benefits	\$2323551
Depreciation and Amortization	\$1365374	Interest Expense	\$34785
Bad Debt	\$4584354	Other Expenses	\$28048954
Total Operating Expenses	\$46105865		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$17103385	Total Assets	\$154333421
Net Non-operating Gains over Loss	\$111437416	Total Liabilities	\$25792620
Total Net Gains	\$128540801		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
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

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