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:	01/01/2023	(mm/dd/yyyy format)
Year End:	12/31/2023	(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	$387833707
Outpatient Patient Service Revenue	$731470490
Total Gross Patient Service Revenue	$1119304197

2. Deductions From Revenue

Contractual Allowance	$891449930
Other Deductions	$1312012
Total Deductions	$892761942

3. Total Operating Revenue

Net Patient Service Revenue	$226542255
Other Operating Revenue	$665002
Total Operating Revenue	$227207257

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$11882559	922
Medicaid	$23169886	1766
Commercial Insurance	$56856640	2856
Self-pay	$2127681	3
Any Other Category of Payer	$1911867	113
Total	$95948633	5660

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$23502688	23290
Medicaid	$8993440	8275
Commercial Insurance	$93751467	27960
Self-pay	$1675105	22
Any Other Category of Payer	$2670942	1354
Total	$130593642	60901

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	$35385247	24212
Medicaid	$32163326	10041
Commercial Insurance	$150608107	30816
Self-pay	$3802787	25
Any Other Category of Payer	$4582809	1467
Total	$226542276	66561

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	$11882559	922
Medicaid	$23169886	1766
Commercial Insurance	$56856640	2856
Self-pay	$2127681	3
Any Other Category of Payer	$1911867	113
Total	$95948633	5660

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	$23502688	23290
Medicaid	$8993440	8275
Commercial Insurance	$93751467	27960
Self-pay	$1675105	22
Any Other Category of Payer	$2670942	1354
Total	$130593642	60901

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	$35385247	24212
Medicaid	$32163326	10041
Commercial Insurance	$150608107	30816
Self-pay	$3802787	25
Any Other Category of Payer	$4582809	1467
Total	$226542276	66561

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	$50466686	Employee Benefits	$12903136
Depreciation and Amortization	$8471708	Interest Expense	$59441
Bad Debt	$0	Other Expenses	$107807703
Total Operating Expenses	$179708674		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$42960740	Total Assets	$164950779
Net Non-operating Gains over Loss	$0	Total Liabilities	$-395876371
Total Net Gains	$42960740		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$348281519	$312896272	$35385247
Medicaid	$211282936	$179119610	$32163326
Other Government	$23373268	$20312529	$3060739
Other State	$0	$0	$0
Other Payers	$536366473	$380433530	$155932943
Total	$1119304196	$892761941	$226542255

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	$798473

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$128195	
HCI Payments	$0		
Subtotal	$0	$128195	$-128195
Medicaid Shortfalls	$32163326	$33922303	
Subtotal	$32163326	$34050498	$-1887172
DSH Payments	$0		
Subtotal	$32163326	$34050498	$-1887172
Medicare Shortfalls	$35385247	$55916598	
Other Government Programs	$3060739	$3752578	
Total	$70609312	$93719674	$-23110362

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	$16718674	$-16718674
Other Allocations	$0	$0	$0

Comments