



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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (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	\$18204710
Outpatient Patient Service Revenue	\$209354163
Total Gross Patient Service Revenue	\$227558873

2. Deductions From Revenue

Contractual Allowance	\$165428220
Other Deductions	\$0
Total Deductions	\$165428220

3. Total Operating Revenue

Net Patient Service Revenue	\$0
Other Operating Revenue	\$4611
Total Operating Revenue	\$4611

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$961525	138
Medicaid	\$266358	61
Commercial Insurance	\$1421905	143
Self-pay	\$17875	2
Any Other Category of Payer	\$2302789	10
Total	\$4970452	354

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11057539	9054
Medicaid	\$3063117	2567
Commercial Insurance	\$16351910	8995
Self-pay	\$205558	148
Any Other Category of Payer	\$26482076	161
Total	\$57160200	20925

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	\$12019064	9192
Medicaid	\$3329475	2628
Commercial Insurance	\$17773815	9138
Self-pay	\$223433	150
Any Other Category of Payer	\$28784865	171
Total	\$62130652	21279

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	\$961525	138
Medicaid	\$266358	61
Commercial Insurance	\$1421905	143
Self-pay	\$17875	2
Any Other Category of Payer	\$2302789	10
Total	\$4970452	354

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	\$11057539	9054
Medicaid	\$3063117	2567
Commercial Insurance	\$16351910	8995
Self-pay	\$205558	148
Any Other Category of Payer	\$26482076	161
Total	\$57160200	20925

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	\$12019064	9192
Medicaid	\$3329475	2628
Commercial Insurance	\$17773815	9138
Self-pay	\$223433	150
Any Other Category of Payer	\$28784865	171
Total	\$62130652	21279

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	\$13901167	Employee Benefits	\$3660922
Depreciation and Amortization	\$1655900	Interest Expense	\$9980
Bad Debt	\$2807386	Other Expenses	\$13405335
Total Operating Expenses	\$35440690		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$10910323	Total Assets	\$149244944
Net Non-operating Gains over Loss	\$112459853	Total Liabilities	\$25874768
Total Net Gains	\$123370176		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54386258	\$42367193	\$12019065
Medicaid	\$13717318	\$10387843	\$3329475
Other Government	\$57593954	\$39819139	\$17774815
Other State	\$1966290	\$1489332	\$476958
Other Payers	\$99896053	\$71364713	\$28531340
Total	\$227559873	\$165428220	\$62131653

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

	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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