



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: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

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

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Megan Murnane

Email Address: megan.murnane@umsh.net

Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29923630
Outpatient Patient Service Revenue	\$276206979
<b>Total Gross Patient Service Revenue</b>	<b>\$306130609</b>

2. Deductions From Revenue

Contractual Allowance	\$241922510
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$241922510</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$64208009
Other Operating Revenue	\$287483
<b>Total Operating Revenue</b>	<b>\$64495492</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3328166	0
Medicaid	\$877923	0
Commercial Insurance	\$5477661	0
Self-pay	\$50489	0
Any Other Category of Payer	\$859258	0
<b>Total</b>	<b>\$10593497</b>	<b>0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$37041931	0
Medicaid	\$2615548	0
Commercial Insurance	\$9670252	0
Self-pay	\$863332	0
Any Other Category of Payer	\$3423539	0
Total	\$53614602	0

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	\$40370097	0
Medicaid	\$3493471	0
Commercial Insurance	\$15147913	0
Self-pay	\$913821	0
Any Other Category of Payer	\$4282797	0
Total	\$64208099	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	\$3328166	0
Medicaid	\$877923	0
Commercial Insurance	\$5477661	0
Self-pay	\$50489	0
Any Other Category of Payer	\$859258	0
Total	\$10593497	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	\$36269550	0
Medicaid	\$2554093	0
Commercial Insurance	\$9245370	0
Self-pay	\$857785	0
Any Other Category of Payer	\$3246620	0
Total	\$52173418	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	\$39597716	0
Medicaid	\$3432016	0
Commercial Insurance	\$14723031	0
Self-pay	\$908274	0
Any Other Category of Payer	\$4105878	0
Total	\$62766915	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	\$772381	0
Medicaid	\$61455	0
Commercial Insurance	\$424882	0
Self-pay	\$5547	0
Any Other Category of Payer	\$176919	0
Total	\$1441184	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	\$772381	0
Medicaid	\$61455	0
Commercial Insurance	\$424882	0
Self-pay	\$5547	0
Any Other Category of Payer	\$176919	0
Total	\$1441184	0

## 13. Operating Expenses

Salaries and Wages	\$11196831	Employee Benefits	\$1135759
Depreciation and Amortization	\$208653	Interest Expense	\$1895035
Bad Debt	\$2050474	Other Expenses	\$48407657
Total Operating Expenses	\$64894409		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-398827	Total Assets	\$23948990
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$66103685
Total Net Gains	\$-398827		

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
--------------------------	-----

	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

