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:	01/01/2024 (mm/dd/yyyy format)
Year End:	12/31/2024 (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	$479570292
Outpatient Patient Service Revenue	$744629618
Total Gross Patient Service Revenue	$1224199910

2. Deductions From Revenue

Contractual Allowance	$990085373
Other Deductions	$3175210
Total Deductions	$993260583

3. Total Operating Revenue

Net Patient Service Revenue	$230939327
Other Operating Revenue	$881018
Total Operating Revenue	$231820345

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$15664047	1161
Medicaid	$23178301	2116
Commercial Insurance	$61828762	3718
Self-pay	$2824993	2371
Any Other Category of Payer	$1055258	154
Total	$104551361	9520

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$205511185	23827
Medicaid	$8416099	8334
Commercial Insurance	$90926368	28052
Self-pay	$2935864	12742
Any Other Category of Payer	$3413971	5388
Total	$311203487	78343

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	$36215166	24988
Medicaid	$31594399	10450
Commercial Insurance	$152755130	31770
Self-pay	$5760857	15113
Any Other Category of Payer	$4469228	5542
Total	$230794780	87863

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	$15664047	1161
Medicaid	$23178301	2116
Commercial Insurance	$61828762	3718
Self-pay	$2824993	2371
Any Other Category of Payer	$1055258	154
Total	$104551361	9520

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	$205511185	23827
Medicaid	$8416099	8334
Commercial Insurance	$90926368	28052
Self-pay	$2935864	12742
Any Other Category of Payer	$3413971	5388
Total	$311203487	78343

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	$36215166	24988
Medicaid	$31594399	10450
Commercial Insurance	$152755130	31770
Self-pay	$5760857	15113
Any Other Category of Payer	$4469228	5542
Total	$230794780	87863

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	$50732918	Employee Benefits	$12586032
Depreciation and Amortization	$8538677	Interest Expense	$-17215
Bad Debt	$0	Other Expenses	$115014667
Total Operating Expenses	$186855079		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$44965266	Total Assets	$159894205
Net Non-operating Gains over Loss	$0	Total Liabilities	$-1441169615
Total Net Gains	$44965266		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$404407292	$368192126	$36215166
Medicaid	$213645439	$182051040	$31594399
Other Government	$28759969	$25795293	$2964676
Other State	$0	$0	$0
Other Payers	$577387210	$417366671	$160020539
Total	$1224199910	$993405130	$230794780

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	$578213

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$86836	
HCI Payments	$0		
Subtotal	$0	$86836	$-86836
Medicaid Shortfalls	$31594399	$32085272	
Subtotal	$31594399	$32172108	$-577709
DSH Payments	$0		
Subtotal	$31594399	$32172108	$-577709
Medicare Shortfalls	$36215166	$60733887	
Other Government Programs	$2964676	$4319172	
Total	$70774241	$97225167	$-26450926

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	$12995986	$-12995986
Other Allocations	$0	$0	$0

Comments