



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: GOOD SAMARITAN HOSPITAL

City of Hospital: Vincennes

Year Begin: 01/01/2024 (mm/dd/yyyy format)

Year End: 12/31/2024 (mm/dd/yyyy format)

Person Completing the Report: Shannon Jordan

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Medicare Provider Number: 15-0042

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$204936987
Outpatient Patient Service Revenue	\$596038199
Total Gross Patient Service Revenue	\$800975186

2. Deductions From Revenue

Contractual Allowance	\$509350820
Other Deductions	\$13114640
Total Deductions	\$522465460

3. Total Operating Revenue

Net Patient Service Revenue	\$278509726
Other Operating Revenue	\$20859312
Total Operating Revenue	\$299369038

4. Net Patient Revenue and Total Number of Paid Claims 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

5. Net Patient Revenue and Total Number of Paid Claims 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

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	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	\$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	\$115702704	Employee Benefits	\$29941144
Depreciation and Amortization	\$16115868	Interest Expense	\$5202242
Bad Debt	\$12688054	Other Expenses	\$127299580
Total Operating Expenses	\$306949592		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7580555	Total Assets	\$317990506
Net Non-operating Gains over Loss	\$7130199	Total Liabilities	\$137930099
Total Net Gains	\$-450356		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$433407629	\$326855722	\$106551907
Medicaid	\$118035373	\$84054306	\$33981067
Other Government	\$22865369	\$16648367	\$6217002
Other State	\$0	\$0	\$0
Other Payers	\$152925881	\$44918945	\$108006936
Total	\$727234252	\$472477340	\$254756912

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$333098	\$652569	\$-319471

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	\$2557074	\$5192320	\$-2635246
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$14897	\$-14897

Number of Medical Professionals Trained	189
Number of Hospital Patients Educated	467772
Number of Citizens Exposed to Health Education Messages	134690

Statement Six: Charity Statement

Hospital Charity Charges \$2567815

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$919278	
HCI Payments	\$0		
Subtotal	\$0	\$919278	\$-919278
Medicaid Shortfalls	\$33981066	\$42256663	
Subtotal	\$33981066	\$43175941	\$-9194875
DSH Payments	\$3,502,409		
Subtotal	\$37483475	\$43175941	\$-5692466
Medicare Shortfalls	\$106551907	\$155159931	
Other Government Programs	\$0	\$0	
Total	\$144035382	\$198335872	\$-54300490

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11718	\$-11718
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$75255	\$-75255
Other Allocations	\$0	\$44133	\$-44133

Comments