



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: HENDRICKS REGIONAL HEALTH

City of Hospital: Danville

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

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

Person Completing the Report: Andrew Pyle

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Medicare Provider Number: 15-0005

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$317434817
Outpatient Patient Service Revenue	\$1171204154
Total Gross Patient Service Revenue	\$1488638971

2. Deductions From Revenue

Contractual Allowance	\$932806558
Other Deductions	\$74053448
Total Deductions	\$1006860006

3. Total Operating Revenue

Net Patient Service Revenue	\$481778966
Other Operating Revenue	\$17882281
Total Operating Revenue	\$499661247

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$32122882	37288
Medicaid	\$12787701	16982
Commercial Insurance	\$45054867	27410
Self-pay	\$621946	10215
Any Other Category of Payer	\$106947	26
Total	\$90694343	91921

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$96461649	339454
Medicaid	\$38299821	194374
Commercial Insurance	\$251695011	552977
Self-pay	\$2980456	281303
Any Other Category of Payer	\$1647686	2213
<b>Total</b>	<b>\$391084623</b>	<b>1370321</b>

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	\$128584531	376742
Medicaid	\$51087522	211356
Commercial Insurance	\$296749877	580387
Self-pay	\$3602402	291518
Any Other Category of Payer	\$1754633	2239
<b>Total</b>	<b>\$481778965</b>	<b>1462242</b>

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	\$27666769	3240
Medicaid	\$10740663	1427
Commercial Insurance	\$39797073	2559
Self-pay	\$448689	28
Any Other Category of Payer	\$100549	3
<b>Total</b>	<b>\$78753743</b>	<b>7257</b>

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	\$75294483	116264
Medicaid	\$30286801	35330
Commercial Insurance	\$214264972	146555
Self-pay	\$1696685	4278
Any Other Category of Payer	\$1375065	958
<b>Total</b>	<b>\$322918006</b>	<b>303385</b>

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	\$102961252	119504
Medicaid	\$41027465	36757
Commercial Insurance	\$254062044	149114
Self-pay	\$2145375	4306
Any Other Category of Payer	\$1475615	961
<b>Total</b>	<b>\$401671751</b>	<b>310642</b>

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	\$4456113	34048
Medicaid	\$2047038	15555
Commercial Insurance	\$5257754	24851
Self-pay	\$173257	10187
Any Other Category of Payer	\$6398	23
<b>Total</b>	<b>\$11940560</b>	<b>84664</b>

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	\$21167166	223190
Medicaid	\$8013019	159044
Commercial Insurance	\$37430039	406422
Self-pay	\$1283771	277025
Any Other Category of Payer	\$272621	1255
<b>Total</b>	<b>\$68166616</b>	<b>1066936</b>

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	\$25623279	257238
Medicaid	\$10060057	174599
Commercial Insurance	\$42687833	431273
Self-pay	\$1457028	287212
Any Other Category of Payer	\$279018	1278
<b>Total</b>	<b>\$80107215</b>	<b>1151600</b>

13. Operating Expenses

Salaries and Wages	\$220862792	Employee Benefits	\$57081579
Depreciation and Amortization	\$24816817	Interest Expense	\$4073022
Bad Debt	\$0	Other Expenses	\$192620762
<b>Total Operating Expenses</b>	<b>\$499454972</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$206725	Total Assets	\$814208748
Net Non-operating Gains over Loss	\$20691832	Total Liabilities	\$261404032
<b>Total Net Gains</b>	<b>\$20898557</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$665764032	\$537179501	\$128584531
Medicaid	\$173921604	\$122834082	\$51087522
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$648953335	\$346846423	\$302106912
Total	\$1488638971	\$1006860006	\$481778965

## 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	\$4538251	
HCI Payments	\$0		
Subtotal	\$0	\$4538251	\$-4538251
Medicaid Shortfalls	\$0	\$14195202	
Subtotal	\$0	\$18733453	\$-18733453
DSH Payments	\$3,755,582		
Subtotal	\$3755582	\$18733453	\$-14977871
Medicare Shortfalls	\$0	\$102060154	
Other Government Programs	\$0	\$0	
Total	\$3755582	\$120793607	\$-117038025

#### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$647632	\$-647632
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$17542799	\$-17542799
Other Allocations	\$0	\$0	\$0

#### Comments