



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: INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL

City of Hospital: Tipton

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

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

Person Completing the Report: Lauren Wood

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Medicare Provider Number: 15-1311

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$14769229
Outpatient Patient Service Revenue	\$126367512
Total Gross Patient Service Revenue	\$141136741

2. Deductions From Revenue

Contractual Allowance	\$91179591
Other Deductions	\$3871614
Total Deductions	\$95051205

3. Total Operating Revenue

Net Patient Service Revenue	\$45252004
Other Operating Revenue	\$252078
Total Operating Revenue	\$45504082

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6190382	431
Medicaid	\$251098	25
Commercial Insurance	\$837077	45
Self-pay	\$1053	1
Any Other Category of Payer	\$438054	6
Total	\$7717664	508

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$15472419	16421
Medicaid	\$5596375	5729
Commercial Insurance	\$15894748	11553
Self-pay	\$76020	950
Any Other Category of Payer	\$494778	391
Total	\$37534340	35044

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	\$21662801	16852
Medicaid	\$5847473	5754
Commercial Insurance	\$16731825	11598
Self-pay	\$77073	951
Any Other Category of Payer	\$932832	397
Total	\$45252004	35552

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	\$6190382	431
Medicaid	\$251098	25
Commercial Insurance	\$837077	45
Self-pay	\$1053	1
Any Other Category of Payer	\$438054	6
Total	\$7717664	508

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	\$15472419	16421
Medicaid	\$5596374	5729
Commercial Insurance	\$15894734	11553
Self-pay	\$75945	950
Any Other Category of Payer	\$439729	391
Total	\$37479201	35044

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	\$21662801	16852
Medicaid	\$5847472	5754
Commercial Insurance	\$16731811	11598
Self-pay	\$76998	951
Any Other Category of Payer	\$877783	397
Total	\$45196865	35552

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	\$9317	0
Medicaid	\$581	0
Commercial Insurance	\$5062	0
Self-pay	\$106	0
Any Other Category of Payer	\$156	0
Total	\$15222	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	\$15905	0
Medicaid	\$5243	0
Commercial Insurance	\$18014	0
Self-pay	\$261	0
Any Other Category of Payer	\$494	0
Total	\$39917	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	\$25222	0
Medicaid	\$5824	0
Commercial Insurance	\$23076	0
Self-pay	\$367	0
Any Other Category of Payer	\$650	0
Total	\$55139	0

13. Operating Expenses

Salaries and Wages	\$11794996	Employee Benefits	\$2943587
Depreciation and Amortization	\$1436775	Interest Expense	\$459310
Bad Debt	\$833533	Other Expenses	\$26728225
Total Operating Expenses	\$44196426		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1307656	Total Assets	\$83927174
Net Non-operating Gains over Loss	\$3176153	Total Liabilities	\$14334390
Total Net Gains	\$4483809		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$72673789	\$50820462	\$21853327
Medicaid	\$25411351	\$19511026	\$5900325
Other Government	\$651708	\$487604	\$164104
Other State	\$0	\$0	\$0
Other Payers	\$42399893	\$25065646	\$17334247
Total	\$141136741	\$95884738	\$45252003

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$110012	\$-110012

### 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	\$297664	\$-297664
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	441

### Statement Six: Charity Statement

Hospital Charity Charges	\$3871614
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$266450	
HCI Payments	\$0		
Subtotal	\$0	\$266450	\$-266450
Medicaid Shortfalls	\$4824574	\$9659755	
Subtotal	\$4824574	\$9926205	\$-5101631
DSH Payments	\$0		
Subtotal	\$4824574	\$9926205	\$-5101631
Medicare Shortfalls	\$11965893	\$12051746	
Other Government Programs	\$0	\$0	
Total	\$16790467	\$21977951	\$-5187484

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2658297	\$2922752	\$-264455
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

#### Comments

2023 numbers were used for statements 3 - 7 with the exception of hospital charity charges. These numbers will be updated as soon as the information is available.

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