



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: LOGANSPORT MEMORIAL HOSPITAL

City of Hospital: Logansport

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

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

Person Completing the Report: Heather Wheeler

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$39189336
Outpatient Patient Service Revenue	\$293966894
Total Gross Patient Service Revenue	\$333156230

2. Deductions From Revenue

Contractual Allowance	\$218625162
Other Deductions	\$1826230
Total Deductions	\$220451392

3. Total Operating Revenue

Net Patient Service Revenue	\$112704840
Other Operating Revenue	\$4819653
Total Operating Revenue	\$117524493

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	\$45422975	Employee Benefits	\$12755927
Depreciation and Amortization	\$5745356	Interest Expense	\$108065
Bad Debt	\$6725566	Other Expenses	\$50166966
<b>Total Operating Expenses</b>	<b>\$120924855</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3400362	Total Assets	\$81949142
Net Non-operating Gains over Loss	\$195846	Total Liabilities	\$37722809
<b>Total Net Gains</b>	<b>\$-3204516</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$144159115	\$102051096	\$42108019
Medicaid	\$72942058	\$44151795	\$28790263
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$116055060	\$72422271	\$43632789
Total	\$333156233	\$218625162	\$114531071

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$495346	\$-495346

## 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	\$21494	\$-21494
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$20109	\$-20109

Number of Medical Professionals Trained	200
Number of Hospital Patients Educated	119286
Number of Citizens Exposed to Health Education Messages	15000

## Statement Six: Charity Statement

Hospital Charity Charges \$1826228

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$626031	
HCI Payments	\$0		
Subtotal	\$0	\$626031	\$-626031
Medicaid Shortfalls	\$24503635	\$25323448	
Subtotal	\$24503635	\$25949479	\$-1445844
DSH Payments	\$1,612,935		
Subtotal	\$26116570	\$25949479	\$167091
Medicare Shortfalls	\$31252753	\$49725713	
Other Government Programs	\$0	\$0	
Total	\$57369323	\$75675192	\$-18305869

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$518283	\$-518283
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

#### Comments