



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: ST. JOSEPH HOSPITAL (FORT WAYNE)

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: Travis Rolston

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Medicare Provider Number: 15-0047

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$98495527
Outpatient Patient Service Revenue	\$332868643
Total Gross Patient Service Revenue	\$431364170

2. Deductions From Revenue

Contractual Allowance	\$360729894
Other Deductions	\$8350845
Total Deductions	\$369080739

3. Total Operating Revenue

Net Patient Service Revenue	\$62283430
Other Operating Revenue	\$284207
Total Operating Revenue	\$62567637

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9943771	779
Medicaid	\$5997342	555
Commercial Insurance	\$3641137	198
Self-pay	\$-265799	201
Any Other Category of Payer	\$552800	40
Total	\$19869251	1773

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$7942139	11774
Medicaid	\$13243788	17927
Commercial Insurance	\$20264337	10734
Self-pay	\$-54719	3728
Any Other Category of Payer	\$1018636	1046
Total	\$42414181	45209

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	\$17885910	12553
Medicaid	\$19238962	18482
Commercial Insurance	\$23905473	10332
Self-pay	\$-320518	3929
Any Other Category of Payer	\$1573604	1086
Total	\$62283431	46382

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	\$9943771	779
Medicaid	\$5997342	555
Commercial Insurance	\$3641137	198
Self-pay	\$-265799	201
Any Other Category of Payer	\$552800	40
Total	\$19869251	1773

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	\$7942139	11774
Medicaid	\$13243788	17927
Commercial Insurance	\$20264337	10734
Self-pay	\$-54719	3728
Any Other Category of Payer	\$1018636	1046
Total	\$42414181	45209

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	\$17885910	12553
Medicaid	\$19238962	18482
Commercial Insurance	\$23905473	10332
Self-pay	\$-320518	3929
Any Other Category of Payer	\$1573604	1086
Total	\$62283431	46382

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	\$19671617	Employee Benefits	\$5896592
Depreciation and Amortization	\$9474387	Interest Expense	\$20106
Bad Debt	\$0	Other Expenses	\$29172144
Total Operating Expenses	\$64234846		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1667209	Total Assets	\$36104276
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$-223984482
Total Net Gains	\$-1667209		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$158837121	\$140951211	\$17885910
Medicaid	\$143232749	\$123993787	\$19238962
Other Government	\$6842346	\$5929212	\$913134
Other State	\$0	\$0	\$0
Other Payers	\$122451954	\$98206530	\$24245424
Total	\$431364170	\$369080740	\$62283430

### 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	\$719053	\$-719053
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	30
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

### Statement Six: Charity Statement

Hospital Charity Charges	\$612684
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$93373	
HCI Payments	\$0		
Subtotal	\$0	\$93373	\$-93373
Medicaid Shortfalls	\$19238962	\$21832149	
Subtotal	\$19238962	\$21832149	\$-2593187
DSH Payments	\$0		
Subtotal	\$19238962	\$21832149	\$-2593187
Medicare Shortfalls	\$17885910	\$24210634	
Other Government Programs	\$913134	\$1042940	
Total	\$38038006	\$47085723	\$-9047717

#### 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	\$1499283	\$-1499283
Other Allocations	\$0	\$0	\$0

Comments