



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: MAJOR HOSPITAL

City of Hospital: Shelbyville

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

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

Person Completing the Report: Rob Kinder

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Medicare Provider Number: 150097

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$100563541
Outpatient Patient Service Revenue	\$544334618
Total Gross Patient Service Revenue	\$644898159

2. Deductions From Revenue

Contractual Allowance	\$434616966
Other Deductions	\$1740761
Total Deductions	\$436357727

3. Total Operating Revenue

Net Patient Service Revenue	\$208540432
Other Operating Revenue	\$32617741
Total Operating Revenue	\$241158173

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$17192379	1415
Medicaid	\$8842141	734
Commercial Insurance	\$11104390	620
Self-pay	\$407432	61
Any Other Category of Payer	\$872483	65
Total	\$38418825	2895

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$51349322	68864
Medicaid	\$23967897	27528
Commercial Insurance	\$89008339	48421
Self-pay	\$3449913	4687
Any Other Category of Payer	\$2346136	3156
Total	\$170121607	152656

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	\$81862052	Employee Benefits	\$21883109
Depreciation and Amortization	\$12011637	Interest Expense	\$5219969
Bad Debt	\$8651846	Other Expenses	\$89180484
Total Operating Expenses	\$218809097		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$22349076	Total Assets	\$614013302
Net Non-operating Gains over Loss	\$40039425	Total Liabilities	\$165551707
Total Net Gains	\$62388501		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$317615421	\$247332959	\$70282462
Medicaid	\$119117578	\$86307540	\$32810038
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$208165160	\$100976467	\$107188693
Total	\$644898159	\$434616966	\$210281193

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$100000	\$100000	\$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	\$229188	\$363097	\$-133909

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$5000
Number of Citizens Exposed to Health Education Messages	50000

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,541,578		
Subtotal	\$2541578	\$0	\$2541578
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2541578	\$0	\$2541578

#### 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	\$0	\$0
Other Allocations	\$0	\$2751074	\$-2751074

Comments