



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: LAPORTE HOSPITAL

City of Hospital: LaPorte

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

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

Person Completing the Report: Ruth Ambers

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Medicare Provider Number: 15-0006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$335299611
Outpatient Patient Service Revenue	\$570260679
Total Gross Patient Service Revenue	\$905560290

2. Deductions From Revenue

Contractual Allowance	\$724745164
Other Deductions	\$0
Total Deductions	\$724745164

3. Total Operating Revenue

Net Patient Service Revenue	\$180815126
Other Operating Revenue	\$933432
Total Operating Revenue	\$181748558

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$30286318	257
Medicaid	\$14843218	97
Commercial Insurance	\$21483527	68
Self-pay	\$1267952	2
Any Other Category of Payer	\$1830012	22
Total	\$69711027	446

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$24430264	2750
Medicaid	\$16885680	1959
Commercial Insurance	\$65799434	2694
Self-pay	\$1711294	121
Any Other Category of Payer	\$2277427	484
Total	\$111104099	8008

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	\$54716582	3007
Medicaid	\$31728898	2056
Commercial Insurance	\$87282961	2762
Self-pay	\$2979246	123
Any Other Category of Payer	\$4107439	506
Total	\$180815126	8454

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	\$30286318	257
Medicaid	\$14843218	97
Commercial Insurance	\$21483527	68
Self-pay	\$1267952	2
Any Other Category of Payer	\$1830012	22
Total	\$69711027	446

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	\$24430264	2750
Medicaid	\$16885680	1959
Commercial Insurance	\$65799434	2694
Self-pay	\$1711294	121
Any Other Category of Payer	\$2277427	484
Total	\$111104099	8008

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	\$54716582	3007
Medicaid	\$31728898	2056
Commercial Insurance	\$87282961	2762
Self-pay	\$2979246	123
Any Other Category of Payer	\$4107439	506
Total	\$180815126	8454

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	\$43749425	Employee Benefits	\$13459886
Depreciation and Amortization	\$9183044	Interest Expense	\$-1552537
Bad Debt	\$5633491	Other Expenses	\$91649787
Total Operating Expenses	\$162123096		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$18692030	Total Assets	\$188250504
Net Non-operating Gains over Loss	\$933432	Total Liabilities	\$34806399
Total Net Gains	\$19625462		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$463542097	\$408825515	\$54716582
Medicaid	\$180029788	\$148300890	\$31728898
Other Government	\$22134885	\$19243473	\$2891412
Other State	\$0	\$0	\$0
Other Payers	\$239853521	\$148375287	\$91478234
Total	\$905560291	\$724745165	\$180815126

### 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
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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	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

#### 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	\$0	\$0

Comments