



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: KING'S DAUGHTERS HOSPITAL

City of Hospital: MADISON

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

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

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$100927937
Outpatient Patient Service Revenue	\$308328958
Total Gross Patient Service Revenue	\$409256895

2. Deductions From Revenue

Contractual Allowance	\$287207121
Other Deductions	\$1291928
Total Deductions	\$288499049

3. Total Operating Revenue

Net Patient Service Revenue	\$120757846
Other Operating Revenue	\$1828417
Total Operating Revenue	\$122586263

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$15226701	1382
Medicaid	\$3191862	584
Commercial Insurance	\$10823976	522
Self-pay	\$628160	141
Any Other Category of Payer	\$200324	17
Total	\$30071023	2646

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$30676293	47696
Medicaid	\$11135426	18852
Commercial Insurance	\$46921513	36381
Self-pay	\$1274641	4609
Any Other Category of Payer	\$678950	960
Total	\$90686823	108498

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	\$45902994	49078
Medicaid	\$14327288	19436
Commercial Insurance	\$57745489	36903
Self-pay	\$1902801	4750
Any Other Category of Payer	\$879274	977
Total	\$120757846	111144

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	\$15226701	1382
Medicaid	\$3191862	584
Commercial Insurance	\$10823976	522
Self-pay	\$628160	141
Any Other Category of Payer	\$200324	17
Total	\$30071023	2646

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	\$30676293	47696
Medicaid	\$11135426	18852
Commercial Insurance	\$46921513	36381
Self-pay	\$1274641	4609
Any Other Category of Payer	\$678950	960
Total	\$90686823	108498

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	\$45902994	49078
Medicaid	\$14327288	19436
Commercial Insurance	\$57745489	36903
Self-pay	\$1902801	4750
Any Other Category of Payer	\$879274	977
Total	\$120757846	111144

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	\$42463429	Employee Benefits	\$13470996
Depreciation and Amortization	\$7955189	Interest Expense	\$1342128
Bad Debt	\$7145384	Other Expenses	\$70303019
<b>Total Operating Expenses</b>	<b>\$142680145</b>		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-20093882	Total Assets	\$352030650
Net Non-operating Gains over Loss	\$15806448	Total Liabilities	\$430800264
<b>Total Net Gains</b>	<b>\$-4287434</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$228314745	\$182027829	\$46286916
Medicaid	\$63388556	\$48915583	\$14472973
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$117553594	\$56263708	\$61289886
Total	\$409256895	\$287207120	\$122049775

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$6562	\$-6562

## 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	\$70027	\$312867	\$-242840
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 \$1291928

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$464710	
HCI Payments	\$0		
Subtotal	\$0	\$464710	\$-464710
Medicaid Shortfalls	\$14472973	\$22801042	
Subtotal	\$14472973	\$23265752	\$-8792779
DSH Payments	\$0		
Subtotal	\$14472973	\$23265752	\$-8792779
Medicare Shortfalls	\$46286916	\$82125455	
Other Government Programs	\$0	\$0	
Total	\$60759889	\$105391207	\$-44631318

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$113299	\$340833	\$-227534
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$20370	\$-20370
Other Allocations	\$0	\$0	\$0

#### Comments