



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: TERRE HAUTE REGIONAL HOSPITAL

City of Hospital: Terre Haute

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

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

Person Completing the Report: Brooklyn Harrison

Email Address: brooklyn.harrison@hcahealthcare.com

Medicare Provider Number: 150046

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$410429000
Outpatient Patient Service Revenue	\$419889000
Total Gross Patient Service Revenue	\$830318000

2. Deductions From Revenue

Contractual Allowance	\$638525000
Other Deductions	\$77448000
Total Deductions	\$715973000

3. Total Operating Revenue

Net Patient Service Revenue	\$114345000
Other Operating Revenue	\$479000
Total Operating Revenue	\$114824000

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$30944000	2417
Medicaid	\$24418000	1149
Commercial Insurance	\$16556000	883
Self-pay	\$-10234000	183
Any Other Category of Payer	\$0	0
Total	\$61684000	4632

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$17290000	1859
Medicaid	\$9769000	1217
Commercial Insurance	\$27696000	1481
Self-pay	\$-2095000	182
Any Other Category of Payer	\$0	0
Total	\$52660000	4739

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	\$48234000	4276
Medicaid	\$34188000	2366
Commercial Insurance	\$44252000	2364
Self-pay	\$-12329000	365
Any Other Category of Payer	\$0	0
Total	\$114345000	9371

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	\$41801000	Employee Benefits	\$8469000
Depreciation and Amortization	\$5184000	Interest Expense	\$0
Bad Debt	\$3118000	Other Expenses	\$59193000
Total Operating Expenses	\$117765000		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2941000	Total Assets	\$62283000
Net Non-operating Gains over Loss	\$27978000	Total Liabilities	\$-285615000
Total Net Gains	\$25037000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$411917000	\$363683000	\$48234000
Medicaid	\$181370000	\$147182000	\$34188000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$237030000	\$205107000	\$31923000
Total	\$830317000	\$715972000	\$114345000

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	\$20279000
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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