



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: WOODLAWN HOSPITAL

City of Hospital: Rochester

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

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

Person Completing the Report: Carrie Bowers

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Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12556424
Outpatient Patient Service Revenue	\$173255356
Total Gross Patient Service Revenue	\$185811780

2. Deductions From Revenue

Contractual Allowance	\$117156397
Other Deductions	\$4438724
Total Deductions	\$121595121

3. Total Operating Revenue

Net Patient Service Revenue	\$58951214
Other Operating Revenue	\$4500703
Total Operating Revenue	\$63451917

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2436600	257
Medicaid	\$954917	183
Commercial Insurance	\$2089420	302
Self-pay	\$93600	139
Any Other Category of Payer	\$0	0
Total	\$5574537	881

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$9643201	24255
Medicaid	\$6471025	15474
Commercial Insurance	\$18947410	19346
Self-pay	\$2978536	15260
Any Other Category of Payer	\$0	0
Total	\$38040172	74335

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	\$12079801	24512
Medicaid	\$7425942	15657
Commercial Insurance	\$21036830	19648
Self-pay	\$3072136	15399
Any Other Category of Payer	\$0	0
Total	\$43614709	75216

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	\$2436370	254
Medicaid	\$954917	183
Commercial Insurance	\$2088938	298
Self-pay	\$88921	135
Any Other Category of Payer	\$0	0
Total	\$5569146	870

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	\$9590217	23521
Medicaid	\$6358543	13922
Commercial Insurance	\$18836568	18535
Self-pay	\$2978536	15260
Any Other Category of Payer	\$0	0
Total	\$37763864	71238

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	\$12026587	23775
Medicaid	\$7313460	14105
Commercial Insurance	\$20925506	18833
Self-pay	\$3067457	15395
Any Other Category of Payer	\$0	0
Total	\$43333010	72108

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	\$230	3
Medicaid	\$0	0
Commercial Insurance	\$482	4
Self-pay	\$4679	4
Any Other Category of Payer	\$0	0
Total	\$5391	11

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	\$52984	734
Medicaid	\$112482	1552
Commercial Insurance	\$110842	811
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$276308	3097

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	\$53214	737
Medicaid	\$112482	1552
Commercial Insurance	\$111324	815
Self-pay	\$4679	4
Any Other Category of Payer	\$0	0
Total	\$281699	3108

13. Operating Expenses

Salaries and Wages	\$29026735	Employee Benefits	\$6741846
Depreciation and Amortization	\$1668471	Interest Expense	\$351814
Bad Debt	\$5265445	Other Expenses	\$27421089
Total Operating Expenses	\$70475400		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1758038	Total Assets	\$51114305
Net Non-operating Gains over Loss	\$3801525	Total Liabilities	\$51114305
Total Net Gains	\$2043487		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$78232064	\$61732368	\$16499696
Medicaid	\$31866849	\$26419038	\$5447811
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$54464676	\$33443715	\$21020961
Total	\$164563589	\$121595121	\$42968468

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$7403	\$-7403

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	\$31492	\$38583	\$-7091
Community Education	\$2617	\$0	\$2617

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	150
Number of Citizens Exposed to Health Education Messages	1000

Statement Six: Charity Statement

Hospital Charity Charges \$187840

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$187840	
HCI Payments	\$0		
Subtotal	\$0	\$187840	\$-187840
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$790,339		
Subtotal	\$790339	\$0	\$790339
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$4159422	\$0	
Total	\$4949761	\$0	\$4949761

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	\$3250	\$-3250
Provision of Taxes	\$0	\$91163	\$-91163
Other Allocations	\$0	\$0	\$0

Comments