



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: La Porte
 Year Begin: 01/01/2022 (mm/dd/yyyy format)
 Year End: 12/31/2022 (mm/dd/yyyy format)
 Person Completing the Report: Ruth Ambers
 Email Address: r.ambers@nwhealthin.com
 Medicare Provider Number: 15-0006

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$290875569	Contractual Allowance	\$605676666
Outpatient Patient Service Revenue	\$511830982	Other Deductions	\$0
Total Gross Patient Service Revenue	\$802706551	Total Deductions	\$605676666

3. Total Operating Revenue	
Net Patient Service Revenue	\$197029885
Other Operating Revenue	\$1209755
Total Operating Revenue	\$198239640

4. Net Patient Revenue and Total Number of Paid Claims for Inpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$26764808	\$0
Medicaid	\$13795659	\$0
Commercial Insurance	\$27869341	\$0
Self-pay	\$566217	\$0
Any Other Category of Payer	\$2794868	\$0
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for Outpatient Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$22667315	\$0
Medicaid	\$16561062	\$0
Commercial Insurance	\$80985803	\$0
Self-pay	\$2386025	\$0
Any Other Category of Payer	\$2638792	\$0
Total	\$0	\$0

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	\$49432123	\$0
Medicaid	\$30356721	\$0

Commercial Insurance	\$108855139	\$0
Self-pay	\$2952242	\$0
Any Other Category of Payer	\$5433660	\$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	\$26764808	\$0
Medicaid	\$13795659	\$0
Commercial Insurance	\$27869341	\$0
Self-pay	\$566217	\$0
Any Other Category of Payer	\$2794868	\$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	\$22667315	\$0
Medicaid	\$16561062	\$0
Commercial Insurance	\$80985803	\$0
Self-pay	\$2386025	\$0
Any Other Category of Payer	\$2638792	\$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	\$49432123	\$0
Medicaid	\$30356721	\$0
Commercial Insurance	\$108855139	\$0
Self-pay	\$2952242	\$0
Any Other Category of Payer	\$5433660	\$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	\$44075505	Employee Benefits	\$11429970
Depreciation and Amortization	\$10386448	Interest Expense	\$647713
Bad Debt	\$4624865	Other Expenses	\$80572645
Total Operating Expenses	\$151737146		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$45292736	Total Assets	\$207991088
Net Non-operating Gains over Loss	\$1209755	Total Liabilities	\$101495998
Total Net Gains	\$46502491		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$384251160	\$334819037	\$49432123
Medicaid	\$173506250	\$143149527	\$30356723
Other Government	\$14527250	\$12545478	\$1981772
Other State	\$0	\$0	\$0
Other Payers	\$230421891	\$115162624	\$115259267
Total	\$802706551	\$605676666	\$197029885

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

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