



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: STARKE MEMORIAL HOSPITAL (IU)

City of Hospital: Knox

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Ruth Ambers

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Medicare Provider Number: 15-0102

## Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$12342979	Contractual Allowance	\$64034422
Outpatient Patient Service Revenue	\$71141473	Other Deductions	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$83484452</b>	<b>Total Deductions</b>	<b>\$64034422</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$19450030
Other Operating Revenue	\$173405
<b>Total Operating Revenue</b>	<b>\$19623435</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2867201	\$0
Medicaid	\$504559	\$0
Commercial Insurance	\$876394	\$0
Self-pay	\$-2684	\$0
Any Other Category of Payer	\$136430	\$0
<b>Total</b>	<b>\$4381900</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3039774	\$0
Medicaid	\$3608487	\$0
Commercial Insurance	\$7738841	\$0
Self-pay	\$326408	\$0
Any Other Category of Payer	\$354619	\$0
<b>Total</b>	<b>\$15068129</b>	<b>\$0</b>

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	\$5906975	\$0
Medicaid	\$4113046	\$0

Commercial Insurance	\$8615235	\$0
Self-pay	\$323724	\$0
Any Other Category of Payer	\$491049	\$0
<b>Total</b>	<b>\$19450029</b>	<b>\$0</b>

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	\$2867201	\$0
Medicaid	\$504559	\$0
Commercial Insurance	\$876394	\$0
Self-pay	\$-2684	\$0
Any Other Category of Payer	\$136430	\$0
<b>Total</b>	<b>\$4381900</b>	<b>\$0</b>

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	\$3039774	\$0
Medicaid	\$3608487	\$0
Commercial Insurance	\$7738841	\$0
Self-pay	\$326408	\$0
Any Other Category of Payer	\$354619	\$0
<b>Total</b>	<b>\$15068129</b>	<b>\$0</b>

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	\$5906975	\$0
Medicaid	\$4113046	\$0
Commercial Insurance	\$8615235	\$0
Self-pay	\$323724	\$0
Any Other Category of Payer	\$491049	\$0
<b>Total</b>	<b>\$19450029</b>	<b>\$0</b>

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
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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	\$7024530	Employee Benefits	\$1750036
Depreciation and Amortization	\$526391	Interest Expense	\$-5203693
Bad Debt	\$815117	Other Expenses	\$9496610
Total Operating Expenses	\$14408991		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$5041038	Total Assets	\$6303434
Net Non-operating Gains over Loss	\$173405	Total Liabilities	\$-13108792
Total Net Gains	\$5214443		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$40470789	\$34563814	\$5906975
Medicaid	\$23150751	\$19037705	\$4113046
Other Government	\$1293474	\$1034302	\$259172
Other State	\$0	\$0	\$0
Other Payers	\$18569438	\$9398602	\$9170836
Total	\$83484452	\$64034423	\$19450029

## 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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