



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: WITHAM HOSPITAL

City of Hospital: Lebanon

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

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

Person Completing the Report: Linda Devine

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Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$99893198
Outpatient Patient Service Revenue	\$409663916
<b>Total Gross Patient Service Revenue</b>	<b>\$509557114</b>

2. Deductions From Revenue

Contractual Allowance	\$332421215
Other Deductions	\$22116451
<b>Total Deductions</b>	<b>\$354537666</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$155019448
Other Operating Revenue	\$5739084
<b>Total Operating Revenue</b>	<b>\$160758532</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4157539	\$1021
Medicaid	\$1227866	\$529
Commercial Insurance	\$14439910	\$3073
Self-pay	\$1984869	\$5656
Any Other Category of Payer	\$8579712	\$107
<b>Total</b>	<b>\$0</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	\$17050148	\$23718
Medicaid	\$5035504	\$17140
Commercial Insurance	\$59218349	\$103392
Self-pay	\$8139988	\$49298
Any Other Category of Payer	\$35185563	\$5549
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	\$21207687	\$24739
Medicaid	\$6263370	\$17669
Commercial Insurance	\$73658259	\$106465
Self-pay	\$10124857	\$54954
Any Other Category of Payer	\$43765275	\$5656
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	\$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	\$247577	\$4346
Medicaid	\$13827	\$209
Commercial Insurance	\$578043	\$6612
Self-pay	\$0	\$577
Any Other Category of Payer	\$3566	\$212
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	\$11914	\$344
Medicaid	\$1509	\$38
Commercial Insurance	\$34793	\$629
Self-pay	\$0	\$23
Any Other Category of Payer	\$5750	\$20
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	\$259491	\$4690
Medicaid	\$15336	\$247
Commercial Insurance	\$612836	\$7241
Self-pay	\$0	\$600
Any Other Category of Payer	\$9316	\$232
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$70656270	Employee Benefits	\$21441284
Depreciation and Amortization	\$8422786	Interest Expense	\$763948
Bad Debt	\$10548772	Other Expenses	\$75677728
Total Operating Expenses	\$187510788		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-26752256	Total Assets	\$239739694
Net Non-operating Gains over Loss	\$-4363979	Total Liabilities	\$46984889
Total Net Gains	\$-31116235		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$128929748	\$107722061	\$21207687
Medicaid	\$9134028	\$2870658	\$6263370
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$371493338	\$243944947	\$127548391
Total	\$509557114	\$354537666	\$155019448

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	\$437985	\$-437985
Hospital Patients	\$30557	\$128794	\$-98237
Community Education	\$0	\$233121	\$-233121

Number of Medical Professionals Trained	\$3824
Number of Hospital Patients Educated	223
Number of Citizens Exposed to Health Education Messages	6031

Statement Six: Charity Statement

Hospital Charity Charges \$4939733

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1817761.35	
HCI Payments	\$0		
Subtotal	\$0	\$1817761.35	\$-1817761.35
Medicaid Shortfalls	\$568932	\$19710339	
Subtotal	\$568932	\$21528100.35	\$-20959168.35
DSH Payments	\$1,724,304		
Subtotal	\$2293236	\$21528100.35	\$-19234864.35
Medicare Shortfalls	\$1185345	\$47444571	
Other Government Programs	\$804855	\$1875107	
Total	\$4283436	\$70847778.35	\$-66564342.35

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$577674	\$-577674
Community Assessment	\$0	\$61850	\$-61850
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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