



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: INDIANA ORTHOPAEDIC HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Jeni Bolton

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Medicare Provider Number: 150160

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$103622946
Outpatient Patient Service Revenue	\$464293558
Total Gross Patient Service Revenue	\$567916504

2. Deductions From Revenue

Contractual Allowance	\$346341349
Other Deductions	\$7504093
Total Deductions	\$353845442

3. Total Operating Revenue

Net Patient Service Revenue	\$214071062
Other Operating Revenue	\$3596176
Total Operating Revenue	\$217667238

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18078884	860
Medicaid	\$1330890	32
Commercial Insurance	\$25894333	672
Self-pay	\$-2100521	7
Any Other Category of Payer	\$2645271	75
Total	\$45848857	1646

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$39005102	22038
Medicaid	\$1293179	2241
Commercial Insurance	\$120270354	38077
Self-pay	-\$4952169	291
Any Other Category of Payer	\$12605737	4388
Total	\$168222203	67035

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	\$57083987	22898
Medicaid	\$2624069	2273
Commercial Insurance	\$146164688	38749
Self-pay	-\$7052690	298
Any Other Category of Payer	\$15251008	4463
Total	\$214071062	68681

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	\$18078884	860
Medicaid	\$1330890	32
Commercial Insurance	\$25894333	672
Self-pay	-\$2100521	7
Any Other Category of Payer	\$2645271	75
Total	\$45848857	1646

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	\$39005102	22038
Medicaid	\$1293179	2241
Commercial Insurance	\$120270354	38077
Self-pay	-\$4952169	291
Any Other Category of Payer	\$12605737	4388
Total	\$168222203	67035

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	\$57083987	22898
Medicaid	\$2624069	2273
Commercial Insurance	\$146164688	38749
Self-pay	-\$7052690	298
Any Other Category of Payer	\$15251008	4463
Total	\$214071062	68681

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	\$29884688	Employee Benefits	\$18120165
Depreciation and Amortization	\$7314353	Interest Expense	\$2497769
Bad Debt	\$0	Other Expenses	\$93703027
Total Operating Expenses	\$151520002		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$66147236	Total Assets	\$155332824
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$116500198
Total Net Gains	\$66147236		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$208532748	\$151041766	\$57490982
Medicaid	\$20233638	\$17359391	\$2874247
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$339150117	\$178856118	\$160293999
Total	\$567916503	\$347257275	\$220659228

## 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	\$82454	\$-82454

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$76411	\$-76411
Hospital Patients	\$0	\$3665	\$-3665
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	317
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	\$1506760	\$5262841	
HCI Payments	\$0		
Subtotal	\$1506760	\$5262841	\$-3756081
Medicaid Shortfalls	\$6122338	\$5275126	
Subtotal	\$7629098	\$10537967	\$-2908869
DSH Payments	\$0		
Subtotal	\$7629098	\$10537967	\$-2908869
Medicare Shortfalls	\$50012729	\$57895978	
Other Government Programs	\$0	\$0	
Total	\$57641827	\$68433945	\$-10792118

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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