



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: UNION HOSPITAL (TERRE HAUTE)

City of Hospital: Terre Haute

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

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

Person Completing the Report: Tammie Brown

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Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$676252798
Outpatient Patient Service Revenue	\$1492506312
<b>Total Gross Patient Service Revenue</b>	<b>\$2168759110</b>

2. Deductions From Revenue

Contractual Allowance	\$1495187672
Other Deductions	\$43982734
<b>Total Deductions</b>	<b>\$1539170406</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$629588704
Other Operating Revenue	\$32338792
<b>Total Operating Revenue</b>	<b>\$661927496</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$110143905	9695
Medicaid	\$50680182	6797
Commercial Insurance	\$56835493	4869
Self-pay	\$1080953	5
Any Other Category of Payer	\$13186203	1381
<b>Total</b>	<b>\$231926736</b>	<b>22747</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$139507943	190451
Medicaid	\$56071816	105409
Commercial Insurance	\$187870229	169964
Self-pay	\$1859846	933
Any Other Category of Payer	\$12352134	18803
Total	\$397661968	485560

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	\$249651848	200145
Medicaid	\$106751998	112206
Commercial Insurance	\$244705722	174834
Self-pay	\$2940799	938
Any Other Category of Payer	\$25538337	20184
Total	\$629588704	508307

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	\$110143905	9695
Medicaid	\$50680182	6797
Commercial Insurance	\$56835493	4869
Self-pay	\$1080953	5
Any Other Category of Payer	\$13186203	1381
Total	\$231926736	22747

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	\$131293941	130369
Medicaid	\$52770398	81261
Commercial Insurance	\$176808734	89055
Self-pay	\$1750342	132
Any Other Category of Payer	\$11624860	13483
Total	\$374248275	314300

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	\$241437846	140064
Medicaid	\$103450580	88058
Commercial Insurance	\$233644227	93924
Self-pay	\$2831295	137
Any Other Category of Payer	\$24811063	14864
Total	\$606175011	337047

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	\$8214002	60081
Medicaid	\$3301418	24148
Commercial Insurance	\$11061495	80910
Self-pay	\$109504	801
Any Other Category of Payer	\$727274	5320
Total	\$23413693	171260

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	\$8214002	60081
Medicaid	\$3301418	24148
Commercial Insurance	\$11061495	80910
Self-pay	\$109505	801
Any Other Category of Payer	\$727274	5320
Total	\$23413694	171260

## 13. Operating Expenses

Salaries and Wages	\$148674387	Employee Benefits	\$32878380
Depreciation and Amortization	\$23090652	Interest Expense	\$10689092
Bad Debt	\$0	Other Expenses	\$376112573
Total Operating Expenses	\$591445084		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$70482412	Total Assets	\$747520344
Net Non-operating Gains over Loss	\$35120951	Total Liabilities	\$356656925
Total Net Gains	\$105603363		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1105378100	\$855726252	\$249651848
Medicaid	\$351009796	\$244257798	\$106751998
Other Government	\$73130290	\$0	\$73130290
Other State	\$31842133	\$36380110	\$-4537977
Other Payers	\$607398791	\$402806246	\$204592545
Total	\$2168759110	\$1539170406	\$629588704

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$738250	\$-738250

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$137672	\$-137672

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$5289495	\$12409534	\$-7120039
Hospital Patients	\$0	\$8596873	\$-8596873
Community Education	\$0	\$57246	\$-57246

Number of Medical Professionals Trained	3023
Number of Hospital Patients Educated	442341
Number of Citizens Exposed to Health Education Messages	985

## Statement Six: Charity Statement

Hospital Charity Charges	\$6272782
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1574672	
HCI Payments	\$0		
Subtotal	\$0	\$1574672	\$-1574672
Medicaid Shortfalls	\$0	\$41740498	
Subtotal	\$0	\$43315170	\$-43315170
DSH Payments	\$0		
Subtotal	\$0	\$43315170	\$-43315170
Medicare Shortfalls	\$0	\$278407993	
Other Government Programs	\$0	\$0	
Total	\$0	\$321723163	\$-321723163

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	\$12203196	\$-12203196
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$547579	\$-547579
Other Allocations	\$0	\$0	\$0

Comments

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