



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEARBORN COUNTY HOSPITAL

City of Hospital: Lawrenceburg

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Tisha Owens

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Medicare Provider Number: 15-0086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$79619104
Outpatient Patient Service Revenue	\$126950550
<b>Total Gross Patient Service Revenue</b>	<b>\$206569654</b>

2. Deductions From Revenue

Contractual Allowance	\$119277535
Other Deductions	\$1580820
<b>Total Deductions</b>	<b>\$120858355</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$85711298
Other Operating Revenue	\$2999614
<b>Total Operating Revenue</b>	<b>\$88710912</b>

4. Operating Expenses

Salaries and Wages	\$31969081	Employee Benefits	\$8598840
Depreciation and Amortization	\$5137923	Interest Expense	\$408609
Bad Debt	\$8343384	Other Expenses	\$30513014
<b>Total Operating Expenses</b>	<b>\$84970851</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$3740061	Total Assets	\$125895572
Net Non-operating Gains over Loss	\$-42662	Total Liabilities	\$38194064
Total Net Gains	\$3697399		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$103804280	\$72705885	\$31098395
Medicaid	\$29637134	\$18726713	\$10910421
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$73128240	\$27844937	\$45283303
Total	\$206569654	\$119277535	\$87292119

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$86375	\$8142	\$78233

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$1454721
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$625000	
HCI Payments	\$0		
Subtotal	\$0	\$625000	\$-625000
Medicaid Shortfalls	\$8814744	\$13752510	
Subtotal	\$8814744	\$14377510	\$-5562766
DSH Payments	\$3,183,234		
Subtotal	\$11997978	\$14377510	\$-2379532
Medicare Shortfalls	\$30010838	\$36888016	
Other Government Programs	\$0	\$0	
Total	\$42008816	\$51265526	\$-9256710

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	\$9685	\$24232	\$-14547
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19632	\$-19632

Comments