



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* DECATUR COUNTY MEMORIAL HOSPITAL

*City of Hospital:* Greensburg

*Year Begin:* 01/01/2008 (mm/dd/yyyy format)

*Year End:* 12/31/2008 (mm/dd/yyyy format)

*Medicare Provider Number:* 15z332, 151332

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$19451210
Outpatient Patient Service Revenue	\$63096004
<b>Total Gross Patient Service Revenue</b>	<b>\$82547214</b>

#### 2. Deductions From Revenue

Contractual Allowance	\$30385253
Other Deductions	\$630332
<b>Total Deductions</b>	<b>\$31015585</b>

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$51531628
Other Operating Revenue	\$947640
<b>Total Operating Revenue</b>	<b>\$52479268</b>

#### 4. Operating Expenses

Salaries and Wages	\$18218295	Employee Benefits	\$5253650
Depreciation and Amortization	\$2281675	Interest Expense	\$0
Bad Debt	\$5347648	Other Expenses	\$15378806
<b>Total Operating Expenses</b>	<b>\$46480074</b>		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5999195	Total Assets	\$48025107
Net Non-operating Gains over Loss	\$154407	Total Liabilities	\$48025107
<b>Total Net Gains</b>	<b>\$6153602</b>		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$32275961	\$16551601	\$15724360
Medicaid	\$8337269	\$3624757	\$4712512
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41933984	\$10208895	\$31725089
Total	\$82547214	\$30385253	\$52161961

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$41295	\$3680	\$37615

### 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	\$621344
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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	\$5,855,384		
Subtotal	\$5855384	\$0	\$5855384
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$5855384	\$0	\$5855384

<b>Statement Seven: Subsidized Health Services for the Community</b>
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$31860	\$-31860
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0