



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: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (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	\$16686216
Outpatient Patient Service Revenue	\$64213780
Total Gross Patient Service Revenue	\$80899996

2. Deductions From Revenue

Contractual Allowance	\$33917159
Other Deductions	\$2459574
Total Deductions	\$36376733

3. Total Operating Revenue

Net Patient Service Revenue	\$44523262
Other Operating Revenue	\$887935
Total Operating Revenue	\$45411197

4. Operating Expenses

Salaries and Wages	\$19607438	Employee Benefits	\$5425288
Depreciation and Amortization	\$2400552	Interest Expense	\$0
Bad Debt	\$4631795	Other Expenses	\$12751167
Total Operating Expenses	\$44816240		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$594957	Total Assets	\$50775090
Net Non-operating Gains over Loss	\$378152	Total Liabilities	\$50775090
Total Net Gains	\$973109		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30903798	\$16358496	\$14545302
Medicaid	\$10193400	\$8865399	\$1328001
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$39802798	\$8693264	\$31109534
Total	\$80899996	\$33917159	\$46982837

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$133207	\$14872	\$118335

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

Hospital Charity Charges	\$2453570
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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	\$1,308,023		
Subtotal	\$1308023	\$0	\$1308023
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1308023	\$0	\$1308023

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$98413	\$-98413
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0