



HOSPITAL FISCAL REPORT
 State Form 49520 (R2/7-02)
 Indiana State Department of Health
 (Form Approved by State Board of Accounts, 2000)

I. Identification of Organization

| | | | |
|-------------------------------------|----------|--|------------|
| Name of Hospital | | KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES | |
| City of Hospital | | MADISON | |
| Year Begin | 1/1/2010 | Year End | 12/31/2010 |
| Person Completing the Report | | STACY DENNING | |
| E-Mail Address | | denning@kdhs.org | |
| Medicare Provider Number | | 15-0069 | |

Statement One: Summary of Revenue and Expenses

| 1. Gross Patient Service Revenue | | 2. Deductions From Revenue | |
|--|-----------------------|----------------------------|----------------------|
| Inpatient Patient Service Revenue | \$ 59,070,719 | Contractual Allowance | \$ 93,470,751 |
| Outpatient Patient Service Revenue | \$ 125,033,046 | Other Deductions | \$ 2,777,518 |
| Total Gross Patient Service Revenue | \$ 184,053,765 | Total Deductions | \$ 96,248,269 |

3. Total Operating Revenue

| | |
|--------------------------------|----------------------|
| Net Patient Service Revenue | \$ 87,805,496 |
| Other Operating Revenue | \$ 536,908 |
| Total Operating Revenue | \$ 88,342,404 |

4. Operating Expenses

| | | | |
|---------------------------------|----------------------|-------------------|---------------|
| Salaries and Wages | \$ 28,330,096 | Employee Benefits | \$ 8,247,603 |
| Depreciation and Amortization | \$ 4,378,139 | Interest Expense | \$ 330,777 |
| Bad Debt | \$ 11,305,685 | Other Expenses | \$ 22,822,949 |
| Total Operating Expenses | \$ 75,415,249 | | |

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|-------------------------------------|----------------------|----------------------------------|----------------|
| 5. Net Revenue and Expenses | | 6. Assets and Liabilities | |
| Excess Revenue over Expenses | \$ 12,927,155 | Total Assets | \$ 222,927,806 |
| Net Non-operating Gains over Losses | \$ 5,067,283 | Total Liabilities | \$ 108,745,104 |
| Total Net Gain | \$ 17,994,438 | | |

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| Statement Two | Contractual Allowance |
|---------------|-----------------------|

| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$ 88,685,198 | \$ 61,140,018 | \$ 27,545,180 |
| Medicaid | \$ 24,074,873 | \$ 21,936,567 | \$ 2,138,306 |
| Other Government | \$ | \$ | \$ |
| Other State | \$ | \$ | \$ |
| Other Payers | \$ 71,293,694 | \$ 10,394,166 | \$ 60,899,528 |
| Total | \$ 184,053,765 | \$ 93,470,751 | \$ 90,583,014 |

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|-----------------|---------------------|
| Statement Three | Donations Statement |
|-----------------|---------------------|

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$ 0 | \$ 96,244 | \$ (96,244) |

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| Statement Four | Research Statement |
|----------------|--------------------|

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

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| Statement Five: | Education Statement |
|-----------------|---------------------|

| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$ 33,875 | \$ (223,499) | \$ (189,624) |
| Hospital Patients | \$ | \$ | \$ |
| Community Education | \$ | \$ | \$ |

| | |
|---|----|
| Number of Medical Professionals Trained | 91 |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | |

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|----------------|-------------------|
| Statement Six: | Charity Statement |
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|--------------------------|--------------|
| Hospital Charity Charges | \$ 2,777,518 |
|--------------------------|--------------|

| | Adjustments | | |
|-----------------------------|-----------------------|------------------------|--------------------------------|
| | Payments From Clients | LESS Costs to Hospital | Unreimbursed Costs to Hospital |
| Charity Costs by Hospital | | \$ 1,138,076 | |
| Charity Payments by Clients | \$ 0 | | |
| HCI Payments | \$ 0 | | |
| Subtotal | \$ 0 | \$ 1,138,076 | \$ (1,138,076) |
| Medicaid Shortfalls | \$ 2,138,306 | \$ 9,864,577 | (7,726,271) |
| Subtotal | \$ 2,138,306 | \$ 11,002,653 | \$ (8,864,347) |
| DSH Payments | \$ 0 | | |
| Subtotal | \$ 2,138,306 | \$ 11,002,653 | \$ (8,864,347) |
| Medicare Shortfalls | \$ 27,545,180 | \$ 36,338,383 | (8,793,203) |
| Other Government Programs | \$ 0 | \$ 0 | 0 |
| Total | \$ 29,483,486 | \$ 47,341,036 | \$ (17,657,550) |

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| 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 ^{HEALTH} & ^{IMPROVEMENT} | \$ 3,421 | \$ 252,499 | \$ (249,078) |
| Community Assessment | \$ 0 | \$ 60,861 | \$ (60,861) |
| Provision of Taxes | \$ 0 | \$ 61,010 | \$ (61,010) |
| Other Allocations | \$ 0 | \$ 0 | \$ 0 |