



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

| | |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$56940447 |
| Outpatient Patient Service Revenue | \$135014917 |
| Total Gross Patient Service Revenue | \$191955364 |

2. Deductions From Revenue

| | |
|-----------------------|-------------|
| Contractual Allowance | \$104379403 |
| Other Deductions | \$2691166 |
| Total Deductions | \$107070569 |

3. Total Operating Revenue

| | |
|-----------------------------|------------|
| Net Patient Service Revenue | \$84884795 |
| Other Operating Revenue | \$527783 |
| Total Operating Revenue | \$85412578 |

4. Operating Expenses

| | | | |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages | \$27291282 | Employee Benefits | \$7917533 |
| Depreciation and Amortization | \$4497438 | Interest Expense | \$55548 |
| Bad Debt | \$11425923 | Other Expenses | \$23560176 |
| Total Operating Expenses | \$74747900 | | |

5. Net Revenue and Expenses

| | | | |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$10664678 | Total Assets | \$229029066 |
| Net Non-operating Gains over Loss | \$-2281955 | Total Liabilities | \$114312729 |
| Total Net Gains | \$8382723 | | |

Statement Two: Contractual Allowance

| | | | |
|----------------|-----------------------|-----------------------|-------------------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|

| | | | |
|------------------|-------------|-------------|------------|
| Medicare | \$94535499 | \$67474025 | \$27061474 |
| Medicaid | \$26130278 | \$24334357 | \$1795921 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$71289587 | \$12571021 | \$58718566 |
| Total | \$191955364 | \$104379403 | \$87575961 |

Statement Three: Donations Statement

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0 | \$77488 | \$-77488 |

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 | \$37282 | \$203579 | \$-166297 |
| Hospital Patients | \$0 | \$0 | \$0 |
| Community Education | \$0 | \$0 | \$0 |

| | |
|---|-----|
| Number of Medical Professionals Trained | 149 |
| Number of Hospital Patients Educated | |
| Number of Citizens Exposed to Health Education Messages | |

Statement Six: Charity Statement

| | |
|--------------------------|-----------|
| Hospital Charity Charges | \$2691166 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$953399 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$953399 | \$-953399 |
| Medicaid Shortfalls | \$1795921 | \$9257174 | |
| Subtotal | \$1795921 | \$10210573 | \$-8414652 |
| DSH Payments | \$0 | | |
| Subtotal | \$1795921 | \$10210573 | \$-8414652 |
| Medicare Shortfalls | \$27061473 | \$33491091 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$28857394 | \$43701664 | \$-14844270 |

Statement Seven: Subsidized Health Services for the Community

| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$3585 | \$365727 | \$-362142 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$55465 | \$-55465 |
| Other Allocations | \$975811 | \$1036306 | \$-60495 |