



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 Indiana

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (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	\$18390467	Contractual Allowance	\$39053165
Outpatient Patient Service Revenue	\$77637708	Other Deductions	\$2160348
Total Gross Patient Service Revenue	\$96028175	Total Deductions	\$41213513

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$47702678
Other Operating Revenue	\$1125274
Total Operating Revenue	\$48827952

4. Operating Expenses

Salaries and Wages	\$22118685	Employee Benefits	\$5882538
Depreciation and Amortization	\$2357286	Interest Expense	\$0
Bad Debt	\$7111983	Other Expenses	\$16821351
Total Operating Expenses	\$54291843		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1648092	Total Assets	\$56186306
Net Non-operating Gains over Loss	\$978715	Total Liabilities	\$56186306
Total Net Gains	\$2626807		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$37643045	\$20192102	\$17450943
Medicaid	\$14116142	\$8568081	\$5548061
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$44268988	\$10292982	\$33976006
Total	\$96028175	\$39053165	\$56975010

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$111826	\$19681	\$92145

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	\$2155277
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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	\$331,628		
Subtotal	\$331628	\$0	\$331628
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$331628	\$0	\$331628

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$856738	\$-856738
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0