



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

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

Year End: 12/12/0012 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 15-0069

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$73071043
Outpatient Patient Service Revenue	\$145691345
Total Gross Patient Service Revenue	\$218762388

2. Deductions From Revenue

Contractual Allowance	\$118064915
Other Deductions	\$3632643
Total Deductions	\$121697558

3. Total Operating Revenue

Net Patient Service Revenue	\$97064830
Other Operating Revenue	\$612679
Total Operating Revenue	\$97677509

4. Operating Expenses

Salaries and Wages	\$27999700	Employee Benefits	\$8172080
Depreciation and Amortization	\$5773988	Interest Expense	\$34836
Bad Debt	\$10916589	Other Expenses	\$30062068
Total Operating Expenses	\$82959261		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14718248	Total Assets	\$241470692
Net Non-operating Gains over Loss	\$5229067	Total Liabilities	\$116894157
Total Net Gains	\$19947315		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$109148488	\$78271568	\$30876920
Medicaid	\$32236568	\$22153539	\$10083029
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$77377332	\$17639808	\$59737524
Total	\$218762388	\$118064915	\$100697473

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$63891	\$-63891

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	\$180471	\$-180471
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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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	\$3632643
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1247450	
HCI Payments	\$0		
Subtotal	\$0	\$1247450	\$-1247450
Medicaid Shortfalls	\$10083029	\$11070037	
Subtotal	\$10083029	\$12317487	\$-2234458
DSH Payments	\$0		
Subtotal	\$10083029	\$12317487	\$-2234458
Medicare Shortfalls	\$30876920	\$37481591	
Other Government Programs	\$0	\$0	
Total	\$40959949	\$49799078	\$-8839129

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$75	\$374367	\$-374292
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$48659	\$-48659
Other Allocations	\$0	\$0	\$0

Comments



