



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: DUKES MEMORIAL HOSPITAL

City of Hospital: Peru

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Sherry Knight

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Medicare Provider Number: 151318

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$72492105
Outpatient Patient Service Revenue	\$128543768
Total Gross Patient Service Revenue	\$201035873

2. Deductions From Revenue

Contractual Allowance	\$150908179
Other Deductions	\$0
Total Deductions	\$150908179

3. Total Operating Revenue

Net Patient Service Revenue	\$50127694
Other Operating Revenue	\$52445
Total Operating Revenue	\$50180139

4. Operating Expenses

Salaries and Wages	\$14782644	Employee Benefits	\$3101578
Depreciation and Amortization	\$4101553	Interest Expense	\$37277
Bad Debt	\$3176816	Other Expenses	\$15918061
Total Operating Expenses	\$41117929		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$9062210	Total Assets	\$31259246
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$28075038
Total Net Gains	\$9062210		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$59339451	\$42298771	\$17040680
Medicaid	\$8090925	\$40890605	\$-32799680
Other Government	\$8696127	\$6445881	\$2250246
Other State	\$0	\$0	\$0
Other Payers	\$124909369	\$61272922	\$63636447
Total	\$201035872	\$150908179	\$50127693

#### Statement Three: Donations Statement

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

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1014516
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$191468	
HCI Payments	\$0		
Subtotal	\$0	\$191468	\$-191468
Medicaid Shortfalls	\$7200320	\$9076108	
Subtotal	\$7200320	\$9267576	\$-2067256
DSH Payments	\$1,446,554		

Subtotal	\$8646874	\$9267576	\$-620702
Medicare Shortfalls	\$17040679	\$11199020	
Other Government Programs	\$2250246	\$1641203	
Total	\$27937799	\$22107799	\$5830000

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	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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