



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: DAVIESS COMMUNITY HOSPITAL

City of Hospital: WASHINGTON

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Person Completing the Report: Amanda Rodewald

Email Address: arodewald@dchosp.org

Medicare Provider Number: 150061

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

Inpatient Patient Service Revenue	\$31425177
Outpatient Patient Service Revenue	\$50766617
Total Gross Patient Service Revenue	\$82191794

2. Deductions From Revenue

Contractual Allowance	\$30451434
Other Deductions	\$10629422
Total Deductions	\$41080856

3. Total Operating Revenue

Net Patient Service Revenue	\$41020938
Other Operating Revenue	\$813012
Total Operating Revenue	\$41833950

4. Operating Expenses

Salaries and Wages	\$19238164	Employee Benefits	\$4884250
Depreciation and Amortization	\$3486276	Interest Expense	\$720539
Bad Debt	\$0	Other Expenses	\$15401288
Total Operating Expenses	\$43730517		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1896567	Total Assets	\$55705170
Net Non-operating Gains over Loss	\$131071	Total Liabilities	\$22727368
Total Net Gains	\$-1765496		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

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

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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	\$0
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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	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	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



