



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: DEACONESS HOSPITAL, INC.

City of Hospital: Evansville

Year Begin: 10/01/2009 (mm/dd/yyyy format)

Year End: 09/30/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150082

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$695377210
Outpatient Patient Service Revenue	\$643437232
Total Gross Patient Service Revenue	\$1338814442

#### 2. Deductions From Revenue

Contractual Allowance	\$782690644
Other Deductions	\$58684097
Total Deductions	\$841374741

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$497439700
Other Operating Revenue	\$26870020
Total Operating Revenue	\$524309720

#### 4. Operating Expenses

Salaries and Wages	\$180941725	Employee Benefits	\$54871693
Depreciation and Amortization	\$33267386	Interest Expense	\$6374865
Bad Debt	\$23754974	Other Expenses	\$186732604
Total Operating Expenses	\$485943247		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$38366473	Total Assets	\$752365000
Net Non-operating Gains over Loss	\$4551682	Total Liabilities	\$370651762
Total Net Gains	\$42918155		

### Statement Two: Contractual Allowance

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

Medicare	\$603871109	\$431977228	\$171893881
Medicaid	\$121367698	\$109964522	\$11403176
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$613575634	\$299432991	\$314142643
Total	\$1338814441	\$841374741	\$497439700

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$289671	\$1163287	\$-873616

**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	\$3531788	\$4974861	\$-1443073
Hospital Patients	\$0	\$0	\$0
Community Education	\$15405	\$104154	\$-88749

Number of Medical Professionals Trained	30078
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	13420

**Statement Six: Charity Statement**

Hospital Charity Charges	\$58684097
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$20625709	
HCI Payments	\$0		
Subtotal	\$0	\$20625709	\$-20625709
Medicaid Shortfalls	\$11403176	\$42655658	
Subtotal	\$11403176	\$63281367	\$-51878191
DSH Payments	\$3,662,218		
Subtotal	\$15065394	\$63281367	\$-48215973
Medicare Shortfalls	\$171893881	\$212235379	
Other Government Programs	\$0	\$0	
Total	\$186959275	\$275516746	\$-88557471

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$82111	\$717307	\$-635196
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$8405879	\$10754116	\$-2348237