



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: DEARBORN COUNTY HOSPITAL

City of Hospital: Lawrenceburg

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

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

Medicare Provider Number: 15-0086

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74433425
Outpatient Patient Service Revenue	\$114574573
Total Gross Patient Service Revenue	\$189007998

#### 2. Deductions From Revenue

Contractual Allowance	\$102867452
Other Deductions	\$3069512
Total Deductions	\$105936964

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$83071034
Other Operating Revenue	\$1960122
Total Operating Revenue	\$85031156

#### 4. Operating Expenses

Salaries and Wages	\$31981751	Employee Benefits	\$10678364
Depreciation and Amortization	\$6393950	Interest Expense	\$236924
Bad Debt	\$10675654	Other Expenses	\$26454464
Total Operating Expenses	\$86421107		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1389951	Total Assets	\$122894954
Net Non-operating Gains over Loss	\$3397948	Total Liabilities	\$35571276
Total Net Gains	\$2007997		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$85831458	\$65499438	\$20332020
Medicaid	\$12740959	\$15075367	\$-2334408
Other Government	\$4476454	\$828087	\$3648367
Other State	\$0	\$0	\$0
Other Payers	\$88190665	\$25907936	\$62282729
Total	\$191239536	\$107310828	\$83928708

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$717171.51	\$19840	\$697331.51

### 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	\$57392	\$-57392
Hospital Patients	\$0	\$6291	\$-6291
Community Education	\$2400	\$105071	\$-102671

Number of Medical Professionals Trained	62
Number of Hospital Patients Educated	37006
Number of Citizens Exposed to Health Education Messages	94300

### Statement Six: Charity Statement

Hospital Charity Charges	\$2231538
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$812789	
HCI Payments	\$0		
Subtotal	\$0	\$812789	\$-812789
Medicaid Shortfalls	\$3993176	\$7288630	
Subtotal	\$3993176	\$8101419	\$-4108243
DSH Payments	\$502,301		
Subtotal	\$4495477	\$8101419	\$-3605942
Medicare Shortfalls	\$17819321	\$24114566	
Other Government Programs	\$0	\$0	
Total	\$22314798	\$32215985	\$-9901187

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$16910	\$37697	\$-20787
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$22173	\$-22173