



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DEKALB MEMORIAL HOSPITAL, INC.

City of Hospital: Auburn

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

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

Medicare Provider Number: 15-0045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21606080
Outpatient Patient Service Revenue	\$66168710
Total Gross Patient Service Revenue	\$87774790

2. Deductions From Revenue

Contractual Allowance	\$42448184
Other Deductions	\$2245698
Total Deductions	\$44693882

3. Total Operating Revenue

Net Patient Service Revenue	\$43080908
Other Operating Revenue	\$1755553
Total Operating Revenue	\$44836461

4. Operating Expenses

Salaries and Wages	\$17525387	Employee Benefits	\$6073138
Depreciation and Amortization	\$3523183	Interest Expense	\$390463
Bad Debt	\$3267512	Other Expenses	\$13128770
Total Operating Expenses	\$43908453		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$928008	Total Assets	\$60174910
Net Non-operating Gains over Loss	\$2080627	Total Liabilities	\$12183175
Total Net Gains	\$3008635		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$34835145	\$25451851	\$9383294
Medicaid	\$10869389	\$8662903	\$2206486
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42070256	\$10579128	\$31491128
Total	\$87774790	\$44693882	\$43080908

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$670632	\$120686	\$549946

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	\$31848	\$51940	\$-20092
Hospital Patients	\$40320	\$9277	\$31043
Community Education	\$4154	\$76302	\$-72148

Number of Medical Professionals Trained	3678
Number of Hospital Patients Educated	114
Number of Citizens Exposed to Health Education Messages	40000

Statement Six: Charity Statement

Hospital Charity Charges	\$831680
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$512274	
HCI Payments	\$0		
Subtotal	\$0	\$512274	\$-512274
Medicaid Shortfalls	\$2206486	\$4682533	
Subtotal	\$2206486	\$5194807	\$-2988321
DSH Payments	\$0		
Subtotal	\$2206486	\$5194807	\$-2988321
Medicare Shortfalls	\$9383294	\$15006980	
Other Government Programs	\$0	\$0	
Total	\$11589780	\$20201787	\$-8612007

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	\$4888	\$-4888
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$2172	\$-2172
Other Allocations	\$400	\$83709	\$-83309