



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: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Person Completing the Report: Amanda Rodewald

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Medicare Provider Number: 150061

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

Inpatient Patient Service Revenue	\$32363748
Outpatient Patient Service Revenue	\$56350793
Total Gross Patient Service Revenue	\$88714541

## 2. Deductions From Revenue

Contractual Allowance	\$34250144
Other Deductions	\$12457049
Total Deductions	\$46707193

## 3. Total Operating Revenue

Net Patient Service Revenue	\$42004348
Other Operating Revenue	\$804272
Total Operating Revenue	\$42808620

## 4. Operating Expenses

Salaries and Wages	\$19491325	Employee Benefits	\$5243940
Depreciation and Amortization	\$3190785	Interest Expense	\$1394174
Bad Debt	\$0	Other Expenses	\$16654082
Total Operating Expenses	\$45974306		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3165686	Total Assets	\$54689969
Net Non-operating Gains over Loss	\$146569	Total Liabilities	\$24731284
Total Net Gains	\$-3019117		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39470759	\$23619324	\$15851435
Medicaid	\$11081454	\$10633820	\$447634
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$38162328	\$12457049	\$25705279
Total	\$88714541	\$46710193	\$42004348

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$7347.83	\$3940.93	\$3406.9

## 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
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1547137.16	
HCI Payments	\$0		
Subtotal	\$0	\$1547137.16	\$-1547137.16
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
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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



