



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

Year End: 12/31/2011 (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	\$69913543	Contractual Allowance	\$100863090
Outpatient Patient Service Revenue	\$113781222	Other Deductions	\$2912978
Total Gross Patient Service Revenue	\$183694765	Total Deductions	\$103776068

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$79918697
Other Operating Revenue	\$2038549
Total Operating Revenue	\$81957246

4. Operating Expenses

Salaries and Wages	\$32627591	Employee Benefits	\$11310790
Depreciation and Amortization	\$6190779	Interest Expense	\$347710
Bad Debt	\$9591432	Other Expenses	\$27257443
Total Operating Expenses	\$87325745		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5368499	Total Assets	\$119212391
Net Non-operating Gains over Loss	\$1631128	Total Liabilities	\$35626084
Total Net Gains	\$-3737371		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$84649515	\$57782996	\$26866519
Medicaid	\$16368428	\$12636427	\$3732001
Other Government	\$3918895	\$3029306	\$889589
Other State	\$0	\$0	\$0
Other Payers	\$81106028	\$32675440	\$48430588
Total	\$186042866	\$106124169	\$79918697

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1044483	\$10140	\$1034343

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	\$57584	\$-57584
Hospital Patients	\$0	\$7647	\$-7647
Community Education	\$3650	\$48039	\$-44389

Number of Medical Professionals Trained	69
Number of Hospital Patients Educated	42483
Number of Citizens Exposed to Health Education Messages	94088

Statement Six: Charity Statement

Hospital Charity Charges	\$2334977
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$896631	
HCI Payments	\$0		
Subtotal	\$0	\$896631	\$-896631
Medicaid Shortfalls	\$3057436	\$6871891	
Subtotal	\$3057436	\$7768522	\$-4711086
DSH Payments	\$547,190		
Subtotal	\$3604626	\$7768522	\$-4163896
Medicare Shortfalls	\$18428244	\$24816766	
Other Government Programs	\$0	\$0	
Total	\$22032870	\$32585288	\$-10552418

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$17010	\$52481	\$-35471
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$18444	\$-18444