



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DECATUR COUNTY MEMORIAL HOSPITAL

City of Hospital: Greensburg

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

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

Medicare Provider Number: 15z332, 151332

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16697292	Contractual Allowance	\$37153700
Outpatient Patient Service Revenue	\$70648111	Other Deductions	\$2154070
Total Gross Patient Service Revenue	\$87345403	Total Deductions	\$39307770

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$48037634
Other Operating Revenue	\$1487931
Total Operating Revenue	\$49525565

4. Operating Expenses

Salaries and Wages	\$20744653	Employee Benefits	\$5564833
Depreciation and Amortization	\$2368243	Interest Expense	\$0
Bad Debt	\$6009093	Other Expenses	\$13008644
Total Operating Expenses	\$47695466		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1830099	Total Assets	\$51427233
Net Non-operating Gains over Loss	\$-50105	Total Liabilities	\$51427233
Total Net Gains	\$1779994		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$34414089	\$17532960	\$16881129
Medicaid	\$11878975	\$10320719	\$1558256
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41052339	\$9300021	\$31752318
Total	\$87345403	\$37153700	\$50191703

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$93390	\$10890	\$82500

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

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

Statement Six: Charity Statement

Hospital Charity Charges	\$2146509
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,216,981		
Subtotal	\$1216981	\$0	\$1216981
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1216981	\$0	\$1216981

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$119534	\$-119534
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0