



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: 10/01/2010 (mm/dd/yyyy format)

Year End: 09/30/2011 (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	\$23583036
Outpatient Patient Service Revenue	\$69539915
Total Gross Patient Service Revenue	\$93122951

2. Deductions From Revenue

Contractual Allowance	\$46582449
Other Deductions	\$2149457
Total Deductions	\$48731906

3. Total Operating Revenue

Net Patient Service Revenue	\$44391045
Other Operating Revenue	\$5298503
Total Operating Revenue	\$49689548

4. Operating Expenses

Salaries and Wages	\$19662631	Employee Benefits	\$5887115
Depreciation and Amortization	\$3805396	Interest Expense	\$233109
Bad Debt	\$3712798	Other Expenses	\$17305660
Total Operating Expenses	\$50606709		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-917161	Total Assets	\$63926199
Net Non-operating Gains over Loss	\$-31735	Total Liabilities	\$16854681
Total Net Gains	\$-948896		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$37143940	\$27326748	\$9817192
Medicaid	\$11231941	\$9148416	\$2083525
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$44747069	\$12256741	\$32490328
Total	\$93122950	\$48731905	\$44391045

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$233423	\$167636	\$65787

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	\$25334	\$86721	\$-61387
Hospital Patients	\$30848	\$8034	\$22814
Community Education	\$2351	\$94229	\$-91878

Number of Medical Professionals Trained	6964
Number of Hospital Patients Educated	80
Number of Citizens Exposed to Health Education Messages	40000

Statement Six: Charity Statement

Hospital Charity Charges	\$619117
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$481656	
HCI Payments	\$0		
Subtotal	\$0	\$481656	\$-481656
Medicaid Shortfalls	\$2083525	\$5125135	
Subtotal	\$2083525	\$5606791	\$-3523266
DSH Payments	\$0		
Subtotal	\$2083525	\$5606791	\$-3523266
Medicare Shortfalls	\$9817192	\$16948780	
Other Government Programs	\$0	\$0	
Total	\$11900717	\$22555571	\$-10654854

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$5929	\$-5929
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$6837	\$-6837
Other Allocations	\$2065	\$84043	\$-81978