



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DEACONESS HOSPITAL, INC.

City of Hospital: Evansville

Year Begin: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$789959047	Contractual Allowance	\$917863099
Outpatient Patient Service Revenue	\$777657932	Other Deductions	\$83262034
Total Gross Patient Service Revenue	\$1567616979	Total Deductions	\$1001125133

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$566491846
Other Operating Revenue	\$42515247
Total Operating Revenue	\$609007093

4. Operating Expenses

Salaries and Wages	\$198890651	Employee Benefits	\$61256501
Depreciation and Amortization	\$36737629	Interest Expense	\$9043962
Bad Debt	\$39321491	Other Expenses	\$214363046
Total Operating Expenses	\$559613280		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$49393812	Total Assets	\$819821089
Net Non-operating Gains over Loss	\$7738404	Total Liabilities	\$382563650
Total Net Gains	\$57132216		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$719355490	\$524755168	\$194600322
Medicaid	\$157597712	\$105176933	\$52420779
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$690663776	\$371193032	\$319470744
Total	\$1567616978	\$1001125133	\$566491845

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$384229	\$1300338	\$-916109

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	\$3571697	\$5683982	\$-2112285
Hospital Patients	\$0	\$0	\$0
Community Education	\$14920	\$115851	\$-100931

Number of Medical Professionals Trained	28576
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	20058

Statement Six: Charity Statement

Hospital Charity Charges	\$83262034
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$24936979	
HCI Payments	\$0		
Subtotal	\$0	\$24936979	\$-24936979
Medicaid Shortfalls	\$52420779	\$69994590	
Subtotal	\$52420779	\$94931569	\$-42510790
DSH Payments	\$3,888,098		
Subtotal	\$56308877	\$94931569	\$-38622692
Medicare Shortfalls	\$194600322	\$244896853	
Other Government Programs	\$0	\$0	
Total	\$250909199	\$339828422	\$-88919223

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$66774	\$731943	\$-665169
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6041939	\$8743205	\$-2701266