



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: DEKALB MEMORIAL HOSPITAL, INC.

City of Hospital: Auburn

Year Begin: 10/01/2012 (mm/dd/yyyy format)

Year End: 09/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Christa Pomeroy

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Medicare Provider Number: 15-0045

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

Inpatient Patient Service Revenue	\$29486089
Outpatient Patient Service Revenue	\$85093267
Total Gross Patient Service Revenue	\$114579356

2. Deductions From Revenue

Contractual Allowance	\$60467978
Other Deductions	\$365546
Total Deductions	\$60833524

3. Total Operating Revenue

Net Patient Service Revenue	\$53745833
Other Operating Revenue	\$4528818
Total Operating Revenue	\$58274651

4. Operating Expenses

Salaries and Wages	\$23350027	Employee Benefits	\$7710829
Depreciation and Amortization	\$4829139	Interest Expense	\$343044
Bad Debt	\$5064767	Other Expenses	\$19285650
Total Operating Expenses	\$60583456		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2308805	Total Assets	\$67490054
Net Non-operating Gains over Loss	\$2841938	Total Liabilities	\$16350782
Total Net Gains	\$533133		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43158613	\$33094233	\$10064380
Medicaid	\$12357021	\$8696854	\$3660167
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$59063722	\$19042437	\$40021285
Total	\$114579356	\$60833524	\$53745832

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$100313	\$121091	\$-20778

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	\$23440	\$33362	\$-9922
Hospital Patients	\$128060	\$263534	\$-135474
Community Education	\$0	\$93985	\$-93985

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Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	2000
Number of Citizens Exposed to Health Education Messages	42000

Statement Six: Charity Statement

Hospital Charity Charges	\$1155333
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$703444	
HCI Payments	\$0		
Subtotal	\$0	\$703444	\$-703444
Medicaid Shortfalls	\$3660167	\$5230727	
Subtotal	\$3660167	\$5934171	\$-2274004
DSH Payments	\$0		
Subtotal	\$3660167	\$5934171	\$-2274004
Medicare Shortfalls	\$10064380	\$18269041	
Other Government Programs	\$0	\$0	
Total	\$13724547	\$24203212	\$-10478665

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3645	\$-3645
Community Assessment	\$0	\$235890	\$-235890
Provision of Taxes	\$0	\$54885	\$-54885
Other Allocations	\$0	\$585	\$-585

Comments



