



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: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital: Madison

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/12/0013 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 15-0069

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

Inpatient Patient Service Revenue	\$78917966
Outpatient Patient Service Revenue	\$152413902
Total Gross Patient Service Revenue	\$231331868

2. Deductions From Revenue

Contractual Allowance	\$128333432
Other Deductions	\$5146323
Total Deductions	\$133479755

3. Total Operating Revenue

Net Patient Service Revenue	\$97852113
Other Operating Revenue	\$3042163
Total Operating Revenue	\$100894276

4. Operating Expenses

Salaries and Wages	\$30607814	Employee Benefits	\$8556065
Depreciation and Amortization	\$9562381	Interest Expense	\$3608899
Bad Debt	\$11507562	Other Expenses	\$32722201
Total Operating Expenses	\$96564922		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4329354	Total Assets	\$235555035
Net Non-operating Gains over Loss	\$2549482	Total Liabilities	\$115305835
Total Net Gains	\$6878836		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$112455004	\$82840596	\$29614408
Medicaid	\$32285193	\$24051479	\$8233714
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$86591671	\$21441357	\$65150314
Total	\$231331868	\$128333432	\$102998436

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$74706	\$-74706

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	\$36250	\$297879	\$-261629
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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Number of Medical Professionals Trained	60
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$5146323
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1907073	
HCI Payments	\$0		
Subtotal	\$0	\$1907073	\$-1907073
Medicaid Shortfalls	\$8233714	\$11963924	
Subtotal	\$8233714	\$13870997	\$-5637283
DSH Payments	\$0		
Subtotal	\$8233714	\$13870997	\$-5637283
Medicare Shortfalls	\$29614408	\$41672451	
Other Government Programs	\$0	\$0	
Total	\$37848122	\$55543448	\$-17695326

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$49404	\$371277	\$-321873
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$60675	\$-60675
Other Allocations	\$313316	\$487789	\$-174473

Comments



