



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: DAVIESS COMMUNITY HOSPITAL

City of Hospital: WASHINGTON

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Amanda Rodewald

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Medicare Provider Number: 150061

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$39062633
Outpatient Patient Service Revenue	\$76303384
Total Gross Patient Service Revenue	\$115366017

2. Deductions From Revenue

Contractual Allowance	\$45870151
Other Deductions	\$15912899
Total Deductions	\$61783050

3. Total Operating Revenue

Net Patient Service Revenue	\$53582967
Other Operating Revenue	\$2157030
Total Operating Revenue	\$55739997

4. Operating Expenses

Salaries and Wages	\$23477159	Employee Benefits	\$5418044
Depreciation and Amortization	\$3309448	Interest Expense	\$945054
Bad Debt	\$0	Other Expenses	\$24469483
Total Operating Expenses	\$57619188		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1879191	Total Assets	\$0
Net Non-operating Gains over Loss	\$45386	Total Liabilities	\$0
Total Net Gains	\$-1833805		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51917708	\$31150625	\$20767083
Medicaid	\$13843922	\$10382942	\$3460980
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49604387	\$20249483	\$29354904
Total	\$115366017	\$61783050	\$53582967

Statement Three: Donations Statement

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

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

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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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$941926	
HCI Payments	\$0		
Subtotal	\$0	\$941926	\$-941926
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$483,227		
Subtotal	\$483227	\$0	\$483227
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$483227	\$0	\$483227

Statement Seven: Subsidized Health Services for the Community

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

Comments