



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: DEACONESS HOSPITAL, INC.

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue		Contractual Allowance	
Outpatient Patient Service Revenue		Other Deductions	
		Total Deductions	\$1234745863
Total Gross Patient Service Revenue	\$1858380811		

3. Total Operating Revenue	
Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$667184209

4. Operating Expenses			
Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$567061168		

5. Net Revenue and Expenses			

Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$113048930		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$196549388
Medicaid			\$83671354
Other Government			\$0
Other State			\$0
Other Payers			\$343414206
Total	\$1858380811	\$1234745863	\$623634948

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-1618004

Statement Four: Research Statement

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

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$-4027214
Hospital Patients			\$0
Community Education			\$-82810

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	
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Statement Six: Charity Statement

Hospital Charity Charges

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$14575908	\$-14575908
Medicaid Shortfalls			
Subtotal	\$58401691	\$100347848	\$-41946157
DSH Payments			
Subtotal	\$65057914	\$100347848	\$-35289934
Medicare Shortfalls			
Other Government Programs			
Total	\$286876965	\$370272821	\$-83395856

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-782820
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$-4255125

Comments