



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: 10/01/2013 (mm/dd/yyyy format)

Year End: 09/30/2014 (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

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32851620
Outpatient Patient Service Revenue	\$90846812
Total Gross Patient Service Revenue	\$123698432

2. Deductions From Revenue

Contractual Allowance	\$66316353
Other Deductions	\$1570914
Total Deductions	\$67887267

3. Total Operating Revenue

Net Patient Service Revenue	\$55811165
Other Operating Revenue	\$6035442
Total Operating Revenue	\$61846607

4. Operating Expenses

Salaries and Wages	\$24854436	Employee Benefits	\$6807244
Depreciation and Amortization	\$4669821	Interest Expense	\$354097
Bad Debt	\$4891623	Other Expenses	\$24418545
Total Operating Expenses	\$65995766		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4149159	Total Assets	\$69993674
Net Non-operating Gains over Loss	\$1365517	Total Liabilities	\$20619005
Total Net Gains	\$-2783642		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52287327	\$37188645	\$15098682
Medicaid	\$14794332	\$8879655	\$5914677
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$56616772	\$21818968	\$34797804
Total	\$123698431	\$67887268	\$55811163

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$58192	\$78167	\$-19975

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	\$26210	\$44047	\$-17837
Hospital Patients	\$312106	\$393122	\$-81016
Community Education	\$0	\$28534	\$-28534

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Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	7000
Number of Citizens Exposed to Health Education Messages	42000

Statement Six: Charity Statement

Hospital Charity Charges	\$1155556
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$575781	
HCI Payments	\$0		
Subtotal	\$0	\$575781	\$-575781
Medicaid Shortfalls	\$4408899	\$4536658	
Subtotal	\$4408899	\$5112439	\$-703540
DSH Payments	\$0		
Subtotal	\$4408899	\$5112439	\$-703540
Medicare Shortfalls	\$10013134	\$16039360	
Other Government Programs	\$0	\$0	
Total	\$14422033	\$21151799	\$-6729766

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$78824	\$-78824
Community Assessment	\$0	\$192495	\$-192495
Provision of Taxes	\$0	\$7187	\$-7187
Other Allocations	\$0	\$0	\$0

Comments