



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 MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2018 (mm/dd/yyyy format)

Year End: 09/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1329313892
Outpatient Patient Service Revenue	\$1593593297
Total Gross Patient Service Revenue	\$2922907189

2. Deductions From Revenue

Contractual Allowance	\$1873063214
Other Deductions	\$86875139
Total Deductions	\$1959938353

3. Total Operating Revenue

Net Patient Service Revenue	\$960733117
Other Operating Revenue	\$65158817
Total Operating Revenue	\$1025891934

4. Operating Expenses

Salaries and Wages	\$293976245	Employee Benefits	\$84254745
Depreciation and Amortization	\$54090923	Interest Expense	\$12103020
Bad Debt	\$21121522	Other Expenses	\$422312668
Total Operating Expenses	\$887859123		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$161922742	Total Assets	\$1653990407
Net Non-operating Gains over Loss	\$-130886209	Total Liabilities	\$550704020

Total Net Gains	\$31036533
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1464454156	\$1082681663	\$381772493
Medicaid	\$389525465	\$279247589	\$110277876
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1068927568	\$511133962	\$557793606
Total	\$2922907189	\$1873063214	\$1049843975

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$31041	\$1689366	\$-1658325

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

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$3419040	\$9622647	\$-6203607
Hospital Patients	\$0	\$0	\$0
Community Education	\$33150	\$171930	\$-138780

Number of Medical Professionals Trained	31774
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1170

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$18202186	
HCI Payments	\$0		
Subtotal	\$0	\$18202186	\$-18202186
Medicaid Shortfalls	\$110277876	\$145330183	
Subtotal	\$110277876	\$163532369	\$-53254493
DSH Payments	\$8,150,935		
Subtotal	\$118428811	\$163532369	\$-45103558
Medicare Shortfalls	\$381772493	\$444841010	
Other Government Programs	\$0	\$0	
Total	\$500201304	\$608373379	\$-108172075

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$855940	\$-855940
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$211935	\$-211935

Comments

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