



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (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: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Jessica Meek

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Medicare Provider Number: 150061

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$38568272
Outpatient Patient Service Revenue	\$146760392
Total Gross Patient Service Revenue	\$185328664

2. Deductions From Revenue

Contractual Allowance	\$87769963
Other Deductions	\$33568264
Total Deductions	\$121338227

3. Total Operating Revenue

Net Patient Service Revenue	\$185328664
Other Operating Revenue	\$2804523
Total Operating Revenue	\$188133187

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10856412	0
Medicaid	\$-397401	0
Commercial Insurance	\$879998	0
Self-pay	\$112028	0
Any Other Category of Payer	\$-950551	0
Total	\$10500486	0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$15035712	26283
Medicaid	\$14202458	27832
Commercial Insurance	\$18361061	40867
Self-pay	\$5793596	6486
Any Other Category of Payer	\$97125	2436
Total	\$53489952	103904

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$25892124	26283
Medicaid	\$13805057	27832
Commercial Insurance	\$19241059	40867
Self-pay	\$5905624	6486
Any Other Category of Payer	-\$853427	2436
Total	\$63990437	103904

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10012928	676
Medicaid	\$3846422	477
Commercial Insurance	\$2106759	249
Self-pay	\$628405	257
Any Other Category of Payer	\$43574	7
Total	\$16638088	1666

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9700975	24812
Medicaid	\$6789760	17957
Commercial Insurance	\$12923537	13781
Self-pay	\$163722	421
Any Other Category of Payer	\$779234	859
Total	\$30357228	57830

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$19713903	25488
Medicaid	\$10636182	18434
Commercial Insurance	\$15030296	14030
Self-pay	\$792127	678
Any Other Category of Payer	\$822808	866
Total	\$46995316	59496

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$363587	717
Medicaid	\$35828	151
Commercial Insurance	\$23147	81
Self-pay	\$9594	31
Any Other Category of Payer	\$2500	2
Total	\$434656	982

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$1809674	30491
Medicaid	\$1699989	33899
Commercial Insurance	\$2239906	32719
Self-pay	\$766785	5611
Any Other Category of Payer	\$154302	857
Total	\$6670656	103577

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$2173262	31208
Medicaid	\$1735817	34050
Commercial Insurance	\$2263053	32800
Self-pay	\$776379	5642
Any Other Category of Payer	\$156802	859
Total	\$7105313	104559

13. Operating Expenses

Salaries and Wages	\$32794000	Employee Benefits	\$6407552
Depreciation and Amortization	\$3363340	Interest Expense	\$173893
Bad Debt	\$3193223	Other Expenses	\$36037580
Total Operating Expenses	\$81969588		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-10772755	Total Assets	\$60955579
Net Non-operating Gains over Loss	\$1208650.02	Total Liabilities	\$15277607
Total Net Gains	\$-9564104.98		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$86461580	\$60569456	\$25892124
Medicaid	\$40929787	\$27124729	\$13805058
Other Government	\$41948889	\$22707831	\$19241058
Other State	\$0	\$0	\$0
Other Payers	\$15988408	\$10936211	\$5052197
Total	\$185328664	\$121338227	\$63990437

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

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$471579	
HCI Payments	\$0		
Subtotal	\$0	\$471579	\$-471579
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$624,000		
Subtotal	\$624000	\$0	\$624000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$624000	\$0	\$624000

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

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