



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: DECATUR COUNTY MEMORIAL HOSPITAL

City of Hospital: Greensburg

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Carol Geise

Email Address: carol.geise@dcmh.net

Medicare Provider Number: 15z332,151332

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21425923
Outpatient Patient Service Revenue	\$90549810
Total Gross Patient Service Revenue	\$111975733

2. Deductions From Revenue

Contractual Allowance	\$45507883
Other Deductions	\$2872388
Total Deductions	\$48380271

3. Total Operating Revenue

Net Patient Service Revenue	\$63595462
Other Operating Revenue	\$6834058
Total Operating Revenue	\$70429520

4. Operating Expenses

Salaries and Wages	\$30968769	Employee Benefits	\$5812609
Depreciation and Amortization	\$2778185	Interest Expense	\$297864
Bad Debt	\$0	Other Expenses	\$28712234
Total Operating Expenses	\$68569661		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1859859	Total Assets	\$77084839
Net Non-operating Gains over Loss	\$378879	Total Liabilities	\$27668624

Total Net Gains	\$2238738
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$45238196	\$29996441	\$15241755
Medicaid	\$17468214	\$11786939	\$5681275
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49269323	\$14182962	\$35086361
Total	\$111975733	\$55966342	\$56009391

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$25426.52	\$14870	\$10556.52

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	\$2864064
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$600,000		
Subtotal	\$600000	\$0	\$600000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$600000	\$0	\$600000

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$38668	\$-38668
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

Interest Expense is a non-operating expense, so the number we have included will differ from the book audit.

//