



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: 10/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Katyann Dick

Email Address: kdick@dekalbhealth.com

Medicare Provider Number: 15-0045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$39829654
Outpatient Patient Service Revenue	\$102673412
Total Gross Patient Service Revenue	\$142503066

2. Deductions From Revenue

Contractual Allowance	\$85524702
Other Deductions	\$1184589
Total Deductions	\$86709291

3. Total Operating Revenue

Net Patient Service Revenue	\$55793775
Other Operating Revenue	\$5823996
Total Operating Revenue	\$61617771

4. Operating Expenses

Salaries and Wages	\$26860597	Employee Benefits	\$7345861
Depreciation and Amortization	\$4693464	Interest Expense	\$383481
Bad Debt	\$5403094	Other Expenses	\$23382120
Total Operating Expenses	\$68068617		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-6450846	Total Assets	\$68694946
Net Non-operating Gains over Loss	\$5391332	Total Liabilities	\$21183481

Total Net Gains	\$-1059514
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$62601597	\$50285440	\$12316157
Medicaid	\$18283143	\$14748466	\$3534677
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$61618326	\$21675385	\$39942941
Total	\$142503066	\$86709291	\$55793775

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$1529960	\$1547705	\$-17745

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	\$27807	\$40852	\$-13045
Hospital Patients	\$272247	\$381080	\$-108833
Community Education	\$0	\$30000	\$-30000

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	\$1184589
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$612339	
HCI Payments	\$0		
Subtotal	\$0	\$612339	\$-612339
Medicaid Shortfalls	\$3534677	\$5907475	
Subtotal	\$3534677	\$6519814	\$-2985137
DSH Payments	\$0		
Subtotal	\$3534677	\$6519814	\$-2985137
Medicare Shortfalls	\$12316157	\$20233168	
Other Government Programs	\$0	\$0	
Total	\$15850834	\$26752982	\$-10902148

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	\$7187.44	\$-7187.44
Other Allocations	\$0	\$0	\$0

Comments

//