



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: DAVIESS COMMUNITY HOSPITAL

City of Hospital: WASHINGTON

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

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

Person Completing the Report: Amanda Rodewald

Email Address: arodewald@dchosp.org

Medicare Provider Number: 150061

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47074958
Outpatient Patient Service Revenue	\$136322482
Total Gross Patient Service Revenue	\$183397440

2. Deductions From Revenue

Contractual Allowance	\$61907962
Other Deductions	\$30280563
Total Deductions	\$92188525

3. Total Operating Revenue

Net Patient Service Revenue	\$91208915
Other Operating Revenue	\$5017400
Total Operating Revenue	\$96226315

4. Operating Expenses

Salaries and Wages	\$37748792	Employee Benefits	\$10049582
Depreciation and Amortization	\$3228769	Interest Expense	\$913449
Bad Debt	\$0	Other Expenses	\$44150938
Total Operating Expenses	\$96091530		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$134784	Total Assets	\$62678113
Net Non-operating Gains over Loss	\$55960	Total Liabilities	\$38727538

Total Net Gains	\$190744
-----------------	----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$94064547	\$56438728	\$37625819
Medicaid	\$30058840	\$22544130	\$7514710
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$59274053	\$13205667	\$46068386
Total	\$183397440	\$92188525	\$91208915

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1131233	
HCI Payments	\$0		
Subtotal	\$0	\$1131233	\$-1131233
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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

//