



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 HOSPITAL, INC.

City of Hospital: Evansville

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

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

Person Completing the Report: Autumn Link

Email Address: autumn.link@deaconess.com

Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1026635936
Outpatient Patient Service Revenue	\$1061991884
Total Gross Patient Service Revenue	\$2088627820

2. Deductions From Revenue

Contractual Allowance	\$1344711323
Other Deductions	\$62946563
Total Deductions	\$1407657886

3. Total Operating Revenue

Net Patient Service Revenue	\$680969933
Other Operating Revenue	\$48121448
Total Operating Revenue	\$729091381

4. Operating Expenses

Salaries and Wages	\$222921585	Employee Benefits	\$61534540
Depreciation and Amortization	\$39216289	Interest Expense	\$7785313
Bad Debt	\$0	Other Expenses	\$265384509
Total Operating Expenses	\$596842236		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$132249146	Total Assets	\$1080769111
Net Non-operating Gains over Loss	\$6012669	Total Liabilities	\$387355657
Total Net Gains	\$138261815		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$986850695	\$756995687	\$229855008
Medicaid	\$248039313	\$181662590	\$66376723
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$853737812	\$468999609	\$384738203
Total	\$2088627820	\$1407657886	\$680969934

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$21339	\$1578291	\$-1556952

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	\$2066071	\$6602775	\$-4536704
Hospital Patients	\$0	\$0	\$0
Community Education	\$17290	\$233628	\$-216338

Number of Medical Professionals Trained	23069
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	6373

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	\$11063067	
HCI Payments	\$0		
Subtotal	\$0	\$11063067	\$-11063067
Medicaid Shortfalls	\$52027729	\$84202725	
Subtotal	\$52027729	\$95265792	\$-43238063
DSH Payments	\$6,003,111		
Subtotal	\$58030840	\$95265792	\$-37234952
Medicare Shortfalls	\$244201001	\$282000541	
Other Government Programs	\$0	\$0	
Total	\$302231841	\$377266333	\$-75034492

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$606599	\$-606599
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$14226122	\$18263092	\$-4036970

Comments