



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: DEARBORN COUNTY HOSPITAL

City of Hospital: Lawrenceburg

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Tisha Owens

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Medicare Provider Number: 15-0086

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$70787362
Outpatient Patient Service Revenue	\$129272746
Total Gross Patient Service Revenue	\$200060108

2. Deductions From Revenue

Contractual Allowance	\$111874220
Other Deductions	\$2097946
Total Deductions	\$113972166

3. Total Operating Revenue

Net Patient Service Revenue	\$86087942
Other Operating Revenue	\$2467890
Total Operating Revenue	\$88555832

4. Operating Expenses

Salaries and Wages	\$33565164	Employee Benefits	\$9935584
Depreciation and Amortization	\$5199286	Interest Expense	\$510064
Bad Debt	\$6526196	Other Expenses	\$30027484
Total Operating Expenses	\$85763778		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2792054	Total Assets	\$121432391
Net Non-operating Gains over Loss	\$2213161	Total Liabilities	\$49497185

Total Net Gains	\$5005215
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$91835187	\$66999801	\$24835386
Medicaid	\$24000546	\$17907352	\$6093194
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$84224375	\$26967067	\$57257308
Total	\$200060108	\$111874220	\$88185888

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$80092	\$18975	\$61117

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	\$1683875
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$625000	
HCI Payments	\$0		
Subtotal	\$0	\$625000	\$-625000
Medicaid Shortfalls	\$3997517	\$12744065	
Subtotal	\$3997517	\$13369065	\$-9371548
DSH Payments	\$2,870,677		
Subtotal	\$6868194	\$13369065	\$-6500871
Medicare Shortfalls	\$24060386	\$34683970	
Other Government Programs	\$0	\$0	
Total	\$30928580	\$48053035	\$-17124455

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$9355	\$24232	\$-14877
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19632	\$-19632

Comments

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