



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: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Amanda Rodewald

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Medicare Provider Number: 150061

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44637447
Outpatient Patient Service Revenue	\$125222186
Total Gross Patient Service Revenue	\$169859633

2. Deductions From Revenue

Contractual Allowance	\$76967240
Other Deductions	\$28418168
Total Deductions	\$105385408

3. Total Operating Revenue

Net Patient Service Revenue	\$169859633
Other Operating Revenue	\$5405276
Total Operating Revenue	\$175264909

4. Operating Expenses

Salaries and Wages	\$27739262	Employee Benefits	\$7960953
Depreciation and Amortization	\$3458846	Interest Expense	\$345704
Bad Debt	\$3254253	Other Expenses	\$32539295
Total Operating Expenses	\$75298313		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2164559	Total Assets	\$65706493
Net Non-operating Gains over Loss	\$109487	Total Liabilities	\$21285800
Total Net Gains	\$-2055072		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$110408761	\$63136825	\$47271936
Medicaid	\$27177541	\$26056468	\$1121073
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32273330	\$11023890	\$21249440
Total	\$169859632	\$100217183	\$69642449

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$477090	
HCI Payments	\$0		
Subtotal	\$0	\$477090	\$-477090
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$624,000		

	Subtotal	\$624000	\$0	\$624000
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$0	
	Total	\$624000	\$0	\$624000

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

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