



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DEKALB MEMORIAL HOSPITAL, INC.

City of Hospital: Auburn

Year Begin: 10/01/2007 (mm/dd/yyyy format)

Year End: 09/30/2008 (mm/dd/yyyy format)

Medicare Provider Number: 15-0045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18971452
Outpatient Patient Service Revenue	\$52177237
Total Gross Patient Service Revenue	\$71148689

2. Deductions From Revenue

Contractual Allowance	\$29684062
Other Deductions	\$646147
Total Deductions	\$30330209

3. Total Operating Revenue

Net Patient Service Revenue	\$40818480
Other Operating Revenue	\$4614849
Total Operating Revenue	\$45433329

4. Operating Expenses

Salaries and Wages	\$18200911	Employee Benefits	\$6072814
Depreciation and Amortization	\$2697271	Interest Expense	\$235893
Bad Debt	\$3863054	Other Expenses	\$13373761
Total Operating Expenses	\$44443704		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$989625	Total Assets	\$59703094
Net Non-operating Gains over Loss	\$-5604435	Total Liabilities	\$15150759
Total Net Gains	\$-4614810		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$29602880	\$17716560	\$11886320
Medicaid	\$7987566	\$5853837	\$2133729
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$33558243	\$6759812	\$26798431
Total	\$71148689	\$30330209	\$40818480

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$70613	\$366884	\$-296271

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	\$36916	\$67343	\$-30427
Hospital Patients	\$61078	\$11302	\$49776
Community Education	\$3784	\$110113	\$-106329

Number of Medical Professionals Trained	2562
Number of Hospital Patients Educated	117
Number of Citizens Exposed to Health Education Messages	40000

Statement Six: Charity Statement

Hospital Charity Charges	\$635430
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$340351	
HCI Payments	\$0		
Subtotal	\$0	\$340351	\$-340351
Medicaid Shortfalls	\$2133729	\$4278319	
Subtotal	\$2133729	\$4618670	\$-2484941
DSH Payments	\$0		
Subtotal	\$2133729	\$4618670	\$-2484941
Medicare Shortfalls	\$11886320	\$15855966	
Other Government Programs	\$0	\$0	
Total	\$14020049	\$20474636	\$-6454587

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$633	\$3794	\$-3161
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-4	\$4
Other Allocations	\$0	\$62261	\$-62261