



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DEACONESS HOSPITAL, INC.

City of Hospital: Evansville

Year Begin: 10/01/2010 (mm/dd/yyyy format)

Year End: 09/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$757816475
Outpatient Patient Service Revenue	\$693881440
Total Gross Patient Service Revenue	\$1451697915

2. Deductions From Revenue

Contractual Allowance	\$862025492
Other Deductions	\$77867712
Total Deductions	\$939893204

3. Total Operating Revenue

Net Patient Service Revenue	\$511804710
Other Operating Revenue	\$33479659
Total Operating Revenue	\$545284369

4. Operating Expenses

Salaries and Wages	\$188011175	Employee Benefits	\$55866754
Depreciation and Amortization	\$33020836	Interest Expense	\$9065847
Bad Debt	\$26463110	Other Expenses	\$190536000
Total Operating Expenses	\$502963722		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$42320647	Total Assets	\$773686155
Net Non-operating Gains over Loss	\$6238445	Total Liabilities	\$361339534
Total Net Gains	\$48559092		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$656848134	\$470806956	\$186041178
Medicaid	\$144142733	\$133746203	\$10396530
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$650707047	\$335340045	\$315367002
Total	\$1451697914	\$939893204	\$511804710

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$339059	\$832407	\$-493348

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	\$3101761	\$5366235	\$-2264474
Hospital Patients	\$0	\$0	\$0
Community Education	\$14005	\$82838	\$-68833

Number of Medical Professionals Trained	28839
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	17984

Statement Six: Charity Statement

Hospital Charity Charges	\$77867712
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$26034258	
HCI Payments	\$0		
Subtotal	\$0	\$26034258	\$-26034258
Medicaid Shortfalls	\$10396530	\$48191428	
Subtotal	\$10396530	\$74225686	\$-63829156
DSH Payments	\$3,935,820		
Subtotal	\$14332350	\$74225686	\$-59893336
Medicare Shortfalls	\$186041178	\$219604894	
Other Government Programs	\$0	\$0	
Total	\$200373528	\$293830580	\$-93457052

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$83718	\$790607	\$-706889
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6816985	\$8786880	\$-1969895