



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: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (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
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$36459072
Outpatient Patient Service Revenue	\$58889223
Total Gross Patient Service Revenue	\$95348295

2. Deductions From Revenue

Contractual Allowance	\$31463221
Other Deductions	\$14109746
Total Deductions	\$45572967

3. Total Operating Revenue

Net Patient Service Revenue	\$49775328
Other Operating Revenue	\$708172
Total Operating Revenue	\$50483500

4. Operating Expenses

Salaries and Wages	\$21909603	Employee Benefits	\$5673542
Depreciation and Amortization	\$3527306	Interest Expense	\$1021656
Bad Debt	\$0	Other Expenses	\$21823293
Total Operating Expenses	\$53955400		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3471899	Total Assets	\$53639533
Net Non-operating Gains over Loss	\$1680948	Total Liabilities	\$25471800
Total Net Gains	\$-1790951		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$41806830	\$24875064	\$16931766
Medicaid	\$11576311	\$8682233	\$2894078
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41965154	\$12015670	\$29949484
Total	\$95348295	\$45572967	\$49775328

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$9857	\$8751	\$1106

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

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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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1383333	
HCI Payments	\$0		
Subtotal	\$0	\$1383333	\$-1383333
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

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



