



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: 10/01/2011 (mm/dd/yyyy format)

Year End: 09/30/2012 (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	\$25999456
Outpatient Patient Service Revenue	\$80918880
Total Gross Patient Service Revenue	\$106918336

2. Deductions From Revenue

Contractual Allowance	\$52732962
Other Deductions	\$1337418
Total Deductions	\$54070380

3. Total Operating Revenue

Net Patient Service Revenue	\$52847956
Other Operating Revenue	\$8449549
Total Operating Revenue	\$61297505

4. Operating Expenses

Salaries and Wages	\$22707202	Employee Benefits	\$7304573
Depreciation and Amortization	\$4140062	Interest Expense	\$453184
Bad Debt	\$4525484	Other Expenses	\$21433273
Total Operating Expenses	\$60563778		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$733727	Total Assets	\$68069935
Net Non-operating Gains over Loss	\$2631674	Total Liabilities	\$17637023
Total Net Gains	\$3365401		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance

Medicare	\$41186746	\$30834520	\$10352226
Medicaid	\$11183182	\$7735317	\$3447865
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$54548408	\$15500543	\$39047865
Total	\$106918336	\$54070380	\$52847956

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$176877	\$202839	\$-25962

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	\$24122	\$35231	\$-11109
Hospital Patients	\$105318	\$206157	\$-100839
Community Education	\$4000	\$84687	\$-80687

Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	2000
Number of Citizens Exposed to Health Education Messages	42000

Statement Six: Charity Statement

Hospital Charity Charges	\$874279
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$592272	
HCI Payments	\$0		
Subtotal	\$0	\$592272	\$-592272
Medicaid Shortfalls	\$3447865	\$4765154	
Subtotal	\$3447865	\$5357426	\$-1909561
DSH Payments	\$0		
Subtotal	\$3447865	\$5357426	\$-1909561
Medicare Shortfalls	\$10352226	\$17549672	
Other Government Programs	\$0	\$0	
Total	\$13800091	\$22907098	\$-9107007

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3392	\$-3392
Community Assessment	\$5000	\$35490	\$-30490
Provision of Taxes	\$0	\$1893	\$-1893
Other Allocations	\$25	\$40611	\$-40586