



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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	\$36693187
Outpatient Patient Service Revenue	\$68340815
Total Gross Patient Service Revenue	\$105034002

2. Deductions From Revenue

Contractual Allowance	\$38551870
Other Deductions	\$16139834
Total Deductions	\$54691704

3. Total Operating Revenue

Net Patient Service Revenue	\$50342298
Other Operating Revenue	\$696407
Total Operating Revenue	\$51038705

4. Operating Expenses

Salaries and Wages	\$22703166	Employee Benefits	\$5654565
Depreciation and Amortization	\$3409961	Interest Expense	\$960960
Bad Debt	\$0	Other Expenses	\$22297343
Total Operating Expenses	\$55025995		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3987290	Total Assets	\$53639533
Net Non-operating Gains over Loss	\$1757779	Total Liabilities	\$25471800
Total Net Gains	\$-2229511		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46801478	\$27860920	\$18940558
Medicaid	\$12576755	\$9432566	\$3144189
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$45655769	\$17398218	\$28257551
Total	\$105034002	\$54691704	\$50342298

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$17004	\$1858	\$15146

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	\$980160.37	
HCI Payments	\$0		
Subtotal	\$0	\$980160.37	\$-980160.37
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$520,410		
Subtotal	\$520410	\$0	\$520410
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$520410	\$0	\$520410

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



