



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: DEACONESS HOSPITAL, INC.

City of Hospital: Evansville

Year Begin: 10/01/2012 (mm/dd/yyyy format)

Year End: 09/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Autumn Link

Email Address: autumn.link@deaconess.com

Medicare Provider Number: 150082

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$764663539
Outpatient Patient Service Revenue	\$882926148
Total Gross Patient Service Revenue	\$1647589687

## 2. Deductions From Revenue

Contractual Allowance	\$989332850
Other Deductions	\$113539704
Total Deductions	\$1102872554

## 3. Total Operating Revenue

Net Patient Service Revenue	\$544717142
Other Operating Revenue	\$41723237
Total Operating Revenue	\$586440379

## 4. Operating Expenses

Salaries and Wages	\$202885317	Employee Benefits	\$66377787
Depreciation and Amortization	\$41491787	Interest Expense	\$8603870
Bad Debt	\$0	Other Expenses	\$207402260
Total Operating Expenses	\$526761021		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$59679358	Total Assets	\$869772686
Net Non-operating Gains over Loss	\$3968846	Total Liabilities	\$349466868
Total Net Gains	\$63648204		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$772580463	\$608534428	\$164046035
Medicaid	\$168485766	\$97581571	\$70904195
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$706523457	\$396756545	\$309766912
Total	\$1647589686	\$1102872544	\$544717142

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$28933	\$1100260	\$-1071327

## 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	\$4434520	\$6379225	\$-1944705
Hospital Patients	\$	\$0	\$0
Community Education	\$17010	\$113229	\$-96219

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Number of Medical Professionals Trained	29625
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	11811

Statement Six: Charity Statement
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Hospital Charity Charges	\$75273097
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$22115236	
HCI Payments	\$0		
Subtotal	\$0	\$22115236	\$-22115236
Medicaid Shortfalls	\$48482705	\$64276628	
Subtotal	\$48482705	\$86391864	\$-37909159
DSH Payments	\$4,576,082		
Subtotal	\$53058787	\$86391864	\$-33333077
Medicare Shortfalls	\$186467525	\$247006446	
Other Government Programs	\$0	\$0	
Total	\$239526312	\$333398310	\$-93871998

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	\$36211	\$703200	\$-666989
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$6280658	\$8874660	\$-2594002

Comments

Bad Debt is reported in Other Deductions. Amount for FY13 is \$38,266,607.



