



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: KING'S DAUGHTERS HOSPITAL & HEALTH SERVICES

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
Total Gross Patient Service Revenue	\$231331868

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
Total Deductions	\$133479755

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$100894276

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$96564922		

5. Net Revenue and Expenses

--	--	--	--

Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$6878836		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$29614408
Medicaid			\$8233714
Other Government			\$0
Other State			\$0
Other Payers			\$65150314
Total	\$231331868	\$128333432	\$102998436

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations			\$-74706

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research			\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$-261629
Hospital Patients			\$0
Community Education			\$0

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$1907073	\$-1907073
Medicaid Shortfalls			
Subtotal	\$8233714	\$13870997	\$-5637283
DSH Payments			
Subtotal	\$8233714	\$13870997	\$-5637283
Medicare Shortfalls			
Other Government Programs			
Total	\$37848122	\$55543448	\$-17695326

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-321873
Community Assessment			\$0
Provision of Taxes			\$-60675
Other Allocations			\$-174473

Comments