



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

City of Hospital: Madison

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Stacy Denning

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Medicare Provider Number: 150069

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88393011
Outpatient Patient Service Revenue	\$216090459
<b>Total Gross Patient Service Revenue</b>	<b>\$304483470</b>

2. Deductions From Revenue

Contractual Allowance	\$188776242
Other Deductions	\$1234545
<b>Total Deductions</b>	<b>\$190010787</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$114472683
Other Operating Revenue	\$903826
<b>Total Operating Revenue</b>	<b>\$115376509</b>

4. Operating Expenses

Salaries and Wages	\$28696959	Employee Benefits	\$7366865
Depreciation and Amortization	\$6495178	Interest Expense	\$4412032
Bad Debt	\$10071770	Other Expenses	\$39020586
<b>Total Operating Expenses</b>	<b>\$96063390</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$19313119	Total Assets	\$273898942
Net Non-operating Gains over Loss	\$-8118414	Total Liabilities	\$106267524
Total Net Gains	\$11194705		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$155645671	\$118821904	\$36823767
Medicaid	\$50721925	\$38901750	\$11820175
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$98115874	\$31052588	\$67063286
Total	\$304483470	\$188776242	\$115707228

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$18166	\$-18166

## 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	\$45275	\$170718	\$-125443
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$1234545
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$389494	
HCI Payments	\$0		
Subtotal	\$0	\$389494	\$-389494
Medicaid Shortfalls	\$10021669	\$15718866	
Subtotal	\$10021669	\$16108360	\$-6086691
DSH Payments	\$899,253		
Subtotal	\$10920922	\$16108360	\$-5187438
Medicare Shortfalls	\$36823767	\$49105624	
Other Government Programs	\$0	\$0	
Total	\$47744689	\$65213984	\$-17469295

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$61273	\$445595	\$-384322
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$13408	\$-13408
Other Allocations	\$0	\$0	\$0

Comments

