



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (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

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$46030531
Outpatient Patient Service Revenue	\$111229351
Total Gross Patient Service Revenue	\$157259882

2. Deductions From Revenue

Contractual Allowance	\$71992957
Other Deductions	\$20027996
Total Deductions	\$92020953

3. Total Operating Revenue

Net Patient Service Revenue	\$157259882
Other Operating Revenue	\$1760300
Total Operating Revenue	\$159020182

4. Operating Expenses

Salaries and Wages	\$26648584	Employee Benefits	\$6056130
Depreciation and Amortization	\$3308431	Interest Expense	\$859089
Bad Debt	\$4785447	Other Expenses	\$28643895
Total Operating Expenses	\$70301576		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3302347	Total Assets	\$47202659
		Total Liabilities	\$21933153

Net Non-operating Gains over Loss	\$36365
Total Net Gains	\$-3265982

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$89638133	\$58264786	\$31373347
Medicaid	\$30351158	\$24280926	\$6070232
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$37270591	\$9475241	\$27795350
Total	\$157259882	\$92020953	\$65238929

Statement Three: Donations Statement

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

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

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$692179	
HCI Payments	\$0		
Subtotal	\$0	\$692179	\$-692179
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$624,000		
Subtotal	\$624000	\$0	\$624000
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$624000	\$0	\$624000

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

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