



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: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (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	\$91322992
Outpatient Patient Service Revenue	\$248799162
Total Gross Patient Service Revenue	\$340122154

2. Deductions From Revenue

Contractual Allowance	\$214030759
Other Deductions	\$1586839
Total Deductions	\$215617598

3. Total Operating Revenue

Net Patient Service Revenue	\$124504556
Other Operating Revenue	\$4773048
Total Operating Revenue	\$129277604

4. Operating Expenses

Salaries and Wages	\$32335047	Employee Benefits	\$8096029
Depreciation and Amortization	\$6698413	Interest Expense	\$4180146
Bad Debt	\$6825996	Other Expenses	\$43578094
Total Operating Expenses	\$101713725		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$27563879	Total Assets	\$360802224
Net Non-operating Gains over Loss	\$20911550	Total Liabilities	\$99917079
Total Net Gains	\$48475429		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$170439334	\$129870485	\$40568849
Medicaid	\$60640649	\$44307966	\$16332683
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109042171	\$39852308	\$69189863
Total	\$340122154	\$214030759	\$126091395

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$20797	\$-20797

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	\$43605	\$196911	\$-153306
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	\$474545	
HCI Payments	\$0		
Subtotal	\$0	\$474545	\$-474545
Medicaid Shortfalls	\$14317545	\$18134621	
Subtotal	\$14317545	\$18609166	\$-4291621
DSH Payments	\$2,015,138		

Subtotal	\$16332683	\$18609166	\$-2276483
Medicare Shortfalls	\$40568849	\$50969980	
Other Government Programs	\$0	\$0	
Total	\$56901532	\$69579146	\$-12677614

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$55864	\$435693	\$-379829
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$32631	\$-32631
Other Allocations	\$0	\$0	\$0

Comments