



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: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

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

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the Report: Dane Wheeler

Email Address: dwheeler@adamshospital.com

Medicare Provider Number: 15-1330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26631519
Outpatient Patient Service Revenue	\$61590755
Total Gross Patient Service Revenue	\$88222274

2. Deductions From Revenue

Contractual Allowance	\$41204030
Other Deductions	\$0
Total Deductions	\$41204030

3. Total Operating Revenue

Net Patient Service Revenue	\$37854480
Other Operating Revenue	\$1221076
Total Operating Revenue	\$39075556

4. Operating Expenses

Salaries and Wages	\$18016199	Employee Benefits	\$5598286
Depreciation and Amortization	\$2345738	Interest Expense	\$1572044
Bad Debt	\$8200893	Other Expenses	\$30044
Total Operating Expenses	\$35763204		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3312352	Total Assets	\$47641514
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$42001758
Total Net Gains	\$3312352		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$46927406	\$13285492	\$33641914
Medicaid	\$10428313	\$6651406	\$3776907
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46927406	\$21267132	\$25660274
Total	\$104283125	\$41204030	\$63079095

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3001	\$0	\$3001

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	\$25000	\$20000	\$5000

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	96274
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$365771.59
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$18894.37	\$384665.96	
HCI Payments	\$0		
Subtotal	\$18894.37	\$384665.96	\$-365771.59
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$18894.37	\$0	\$18894.37
DSH Payments	\$0		
Subtotal	\$18894.37	\$0	\$18894.37
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$18894.37	\$0	\$18894.37

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$12453	\$5000	\$7453
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$569719	\$0	\$569719
Other Allocations	\$0	\$0	\$0

