



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: DUNN MEMORIAL HOSPITAL

City of Hospital: Bedford

Year Begin: 01/01/2007 (mm/dd/yyyy format)

Year End: 12/31/2007 (mm/dd/yyyy format)

Medicare Provider Number: 15-1335

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22051890
Outpatient Patient Service Revenue	\$49728117
Total Gross Patient Service Revenue	\$71780007

2. Deductions From Revenue

Contractual Allowance	\$30656053
Other Deductions	\$538003
Total Deductions	\$31194056

3. Total Operating Revenue

Net Patient Service Revenue	\$40585952
Other Operating Revenue	\$958624
Total Operating Revenue	\$41544576

4. Operating Expenses

Salaries and Wages	\$19828657	Employee Benefits	\$3853048
Depreciation and Amortization	\$2782415	Interest Expense	\$509574
Bad Debt	\$3159522	Other Expenses	\$13893044
Total Operating Expenses	\$44026260		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2481684	Total Assets	\$33714033
Net Non-operating Gains over Loss	\$161521	Total Liabilities	\$14207000
Total Net Gains	\$-2320163		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$31173029	\$15963173	\$15209856
Medicaid	\$8255180	\$6719969	\$1535211
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$32351799	\$7972911	\$24378888
Total	\$71780008	\$30656053	\$41123955

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	\$538003
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$305048	
HCI Payments	\$259816		
Subtotal	\$259816	\$305048	\$-45232
Medicaid Shortfalls	\$1934495	\$4680687	
Subtotal	\$2194311	\$4985735	\$-2791424
DSH Payments	\$0		
Subtotal	\$2194311	\$4985735	\$-2791424
Medicare Shortfalls	\$14924445	\$17675107	
Other Government Programs	\$0	\$0	
Total	\$17118756	\$22660842	\$-5542086

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