



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: THE WOMENS HOSPITAL(NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Lori Grimm

Email Address: lori.grimm@deaconess.com

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88014686
Outpatient Patient Service Revenue	\$89408370
Total Gross Patient Service Revenue	\$177423056

2. Deductions From Revenue

Contractual Allowance	\$80730236
Other Deductions	\$0
Total Deductions	\$80730236

3. Total Operating Revenue

Net Patient Service Revenue	\$94616231
Other Operating Revenue	\$2677011
Total Operating Revenue	\$97293242

4. Operating Expenses

Salaries and Wages	\$34268144	Employee Benefits	\$8566567
Depreciation and Amortization	\$2739549	Interest Expense	\$384445
Bad Debt	\$2546756	Other Expenses	\$31473083
Total Operating Expenses	\$79978544		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17314698	Total Assets	\$30461888
Net Non-operating Gains over Loss	\$13782	Total Liabilities	\$30461888

Total Net Gains	\$17328480
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12051270	\$6408509	\$5642761
Medicaid	\$54051226	\$31411169	\$22640057
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$111320560	\$42910558	\$68410002
Total	\$177423056	\$80730236	\$96692820

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$656180
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$314966	
HCI Payments	\$0		
Subtotal	\$0	\$314966	\$-314966
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,126,347		
Subtotal	\$1126347	\$0	\$1126347
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1126347	\$0	\$1126347

Statement Seven: Subsidized Health Services for the Community
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	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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