



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: HEART HOSPITAL AT DEACONESS GATEWAY

City of Hospital: Newburgh

Year Begin: 10/01/2015 (mm/dd/yyyy format)

Year End: 09/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Tracy Hoefling

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Medicare Provider Number: 150175

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$91141995
Outpatient Patient Service Revenue	\$67030547
Total Gross Patient Service Revenue	\$158172542

2. Deductions From Revenue

Contractual Allowance	\$100438162
Other Deductions	\$1101240
Total Deductions	\$101539402

3. Total Operating Revenue

Net Patient Service Revenue	\$56633140
Other Operating Revenue	\$118675
Total Operating Revenue	\$56751815

4. Operating Expenses

Salaries and Wages	\$8464190	Employee Benefits	\$2233484
Depreciation and Amortization	\$1688111	Interest Expense	\$59207
Bad Debt	\$-253587	Other Expenses	\$30522898
Total Operating Expenses	\$42714303		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14037514	Total Assets	\$23825358
Net Non-operating Gains over Loss	\$15	Total Liabilities	\$7447750

Total Net Gains	\$14037529
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$100074185	\$72877393	\$27196792
Medicaid	\$8693570	\$6763905	\$1929665
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$49404788	\$21898104	\$27506684
Total	\$158172543	\$101539402	\$56633141

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	~2800
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$1101240
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$1839785	\$2152371	
Subtotal	\$1839785	\$2152371	\$-312586
DSH Payments	\$0		
Subtotal	\$1839785	\$2152371	\$-312586
Medicare Shortfalls	\$24755042	\$27276543	
Other Government Programs	\$0	\$0	
Total	\$26594827	\$29428914	\$-2834087

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	\$116460	\$-116460
Other Allocations	\$0	\$0	\$0

Comments

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