



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: WITHAM HOSPITAL

City of Hospital: Lebanon

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Witham Hospital

Email Address: dburton@witham.org

Medicare Provider Number: 15-0104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$88500710
Outpatient Patient Service Revenue	\$354463767
Total Gross Patient Service Revenue	\$442964477

2. Deductions From Revenue

Contractual Allowance	\$277426645
Other Deductions	\$13623000
Total Deductions	\$291049645

3. Total Operating Revenue

Net Patient Service Revenue	\$151914832
Other Operating Revenue	\$6699977
Total Operating Revenue	\$158614809

4. Operating Expenses

Salaries and Wages	\$60233425	Employee Benefits	\$18058692
Depreciation and Amortization	\$6957013	Interest Expense	\$878051
Bad Debt	\$10198514	Other Expenses	\$56839750
Total Operating Expenses	\$153165445		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$5449364	Total Assets	\$200293659
Net Non-operating Gains over Loss	\$-222799	Total Liabilities	\$202293659
Total Net Gains	\$5226565		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$209318661	\$162301798	\$47016863
Medicaid	\$66810434	\$52620448	\$14189986
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$166835382	\$76127399	\$90707983
Total	\$442964477	\$291049645	\$151914832

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	\$885783	\$-885783
Hospital Patients	\$91554	\$272558.75	\$-181004.75
Community Education	\$0	\$65275	\$-65275

Number of Medical Professionals Trained	445
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Number of Hospital Patients Educated	186
Number of Citizens Exposed to Health Education Messages	230000

Statement Six: Charity Statement

Hospital Charity Charges	\$17466634
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$4317323	\$5604848	
HCI Payments	\$0		
Subtotal	\$4317323	\$5604848	\$-1287525
Medicaid Shortfalls	\$14189986	\$21439468	
Subtotal	\$18507309	\$27044316	\$-8537007
DSH Payments	\$2,758,886		
Subtotal	\$21266195	\$27044316	\$-5778121
Medicare Shortfalls	\$47016863	\$67170358	
Other Government Programs	\$0	\$0	
Total	\$68283058	\$94214674	\$-25931616

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

Comments

