Hospital Fiscal Report
State Form 49520 (R3/7-23)
Indiana Department of Health
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name:	WOODLAWN HOSPITAL
City of Hospital:	Rochester
Year Begin:	01/01/2023 (mm/dd/yyyy format)
Year End:	12/31/2023 (mm/dd/yyyy format)
Person Completing the Report:	Carrie Bowers
Email Address:	cbowers@woodlawnhospital.com
Medicare Provider Number:	151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$12164480
Outpatient Patient Service Revenue	$166760427
Total Gross Patient Service Revenue	$178924907

2. Deductions From Revenue

Contractual Allowance	$112364131
Other Deductions	$4668744
Total Deductions	$117032875

3. Total Operating Revenue

Net Patient Service Revenue	$61892031
Other Operating Revenue	$3742793
Total Operating Revenue	$65634824

4. Net Patient Revenue and Total Number of Paid Claims for _Inpatient_ Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$2884201	448
Medicaid	$1446847	656
Commercial Insurance	$1412742	350
Self-pay	$115904	120
Any Other Category of Payer	$0	0
Total	$5859694	1574

5. Net Patient Revenue and Total Number of Paid Claims for _Outpatient_ Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	$9378114	26581
Medicaid	$6683921	24217
Commercial Insurance	$17635486	32026
Self-pay	$2621955	14158
Any Other Category of Payer	$0	0
Total	$36319476	96982

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	$12262315	27029
Medicaid	$8130768	24873
Commercial Insurance	$19048228	32376
Self-pay	$2737859	14278
Any Other Category of Payer	$0	0
Total	$42179170	98556

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$2875670	448
Medicaid	$1439100	638
Commercial Insurance	$1404705	334
Self-pay	$115904	120
Any Other Category of Payer	$0	0
Total	$5835379	1540

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$8217517	25023
Medicaid	$5575726	21274
Commercial Insurance	$16540058	29487
Self-pay	$2582307	14058
Any Other Category of Payer	$0	0
Total	$32915608	89842

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	$19310704	25471
Medicaid	$7014826	21912
Commercial Insurance	$17944763	26135
Self-pay	$2698211	14178
Any Other Category of Payer	$0	0
Total	$46968504	87696

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$8531	0
Medicaid	$7747	18
Commercial Insurance	$8037	16
Self-pay	$0	0
Any Other Category of Payer	$0	0
Total	$24315	34

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$1160597	1558
Medicaid	$1108195	2943
Commercial Insurance	$1095428	2539
Self-pay	$39648	100
Any Other Category of Payer	$0	0
Total	$3403868	7140

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	$1169128	1558
Medicaid	$1115942	2961
Commercial Insurance	$1103465	2556
Self-pay	$39648	100
Any Other Category of Payer	$0	0
Total	$3428183	7175

13. Operating Expenses

Salaries and Wages	$26824696	Employee Benefits	$5499215
Depreciation and Amortization	$1833165	Interest Expense	$372004
Bad Debt	$3235035	Other Expenses	$28738074
Total Operating Expenses	$66502189		

14. Net Revenue and Expenses

Excess Revenue over Expenses	$-867365	Total Assets	$50234666
Net Non-operating Gains over Loss	$3835213	Total Liabilities	$50234666
Total Net Gains	$2967848		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$70836097	$59039066	$11797031
Medicaid	$33029472	$28877408	$4152064
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$54797193	$28837624	$25959569
Total	$158662762	$116754098	$41908664

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	$0	$4010	$-4010

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	$21153	$-21153
Hospital Patients	$22477	$36704	$-14227
Community Education	$1748	$82885	$-81137

Number of Medical Professionals Trained	420
Number of Hospital Patients Educated	165
Number of Citizens Exposed to Health Education Messages	100

Statement Six: Charity Statement

Hospital Charity Charges	$278778

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$278778	
HCI Payments	$0		
Subtotal	$0	$278778	$-278778
Medicaid Shortfalls	$0	$0	
Subtotal	$0	$0	$0
DSH Payments	$790,339		
Subtotal	$790339	$0	$790339
Medicare Shortfalls	$0	$0	
Other Government Programs	$2759010	$0	
Total	$3549349	$0	$3549349

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	$87809	$-87809
Other Allocations	$0	$0	$0

Comments