



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: 10/01/2014 (mm/dd/yyyy format)

Year End: 09/30/2015 (mm/dd/yyyy format)

Person Completing the Report: Tracy Hoefling

Email Address: tracy.silva@deaconess.com

Medicare Provider Number: 150175

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$99768446
Outpatient Patient Service Revenue	\$64392405
Total Gross Patient Service Revenue	\$164160851

2. Deductions From Revenue

Contractual Allowance	\$102275109
Other Deductions	\$1477366
Total Deductions	\$103752475

3. Total Operating Revenue

Net Patient Service Revenue	\$60408376
Other Operating Revenue	\$361933
Total Operating Revenue	\$60770309

4. Operating Expenses

Salaries and Wages	\$7575908	Employee Benefits	\$2676052
Depreciation and Amortization	\$1097907	Interest Expense	\$34047
Bad Debt	\$1423112	Other Expenses	\$31296569
Total Operating Expenses	\$44103595		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$16666716	Total Assets	\$23403225
Net Non-operating Gains over Loss	\$586	Total Liabilities	\$7908853
Total Net Gains	\$16667302		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$102607733	\$73833804	\$28773929
Medicaid	\$8206089	\$6848427	\$1357662
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$53347028	\$24493355	\$28853673
Total	\$164160850	\$105175586	\$58985264

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	~2500
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$1477366
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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	\$1327116	\$1834134	
Subtotal	\$1327116	\$1834134	\$-507018
DSH Payments	\$0		
Subtotal	\$1327116	\$1834134	\$-507018
Medicare Shortfalls	\$24522128	\$24993151	
Other Government Programs	\$0	\$0	
Total	\$25849244	\$26827285	\$-978041

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	\$186472	\$-186472
Other Allocations	\$0	\$0	\$0

Comments