



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Lori Grimm

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Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$77192687
Outpatient Patient Service Revenue	\$80110591
Total Gross Patient Service Revenue	\$157303278

2. Deductions From Revenue

Contractual Allowance	\$71060116
Other Deductions	\$0
Total Deductions	\$71060116

3. Total Operating Revenue

Net Patient Service Revenue	\$86243162
Other Operating Revenue	\$1076521
Total Operating Revenue	\$87319683

4. Operating Expenses

Salaries and Wages	\$31287665	Employee Benefits	\$7357128
Depreciation and Amortization	\$2269923	Interest Expense	\$360106
Bad Debt	\$2506477	Other Expenses	\$30979998
Total Operating Expenses	\$74761297		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$12558386	Total Assets	\$30109509
Net Non-operating Gains over Loss	\$6166	Total Liabilities	\$30109509
Total Net Gains	\$12564552		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$8621813	\$4670729	\$3951084
Medicaid	\$39197375	\$26758284	\$12439091
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109484090	\$39631103	\$69852987
Total	\$157303278	\$71060116	\$86243162

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	\$324053
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$178229	
HCI Payments	\$0		
Subtotal	\$0	\$178229	\$-178229
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,383,245		
Subtotal	\$2383245	\$0	\$2383245
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2383245	\$0	\$2383245

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