



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: WOODLAWN HOSPITAL

City of Hospital: Rochester

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

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

Person Completing the Report: Carrie Bowers

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Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23671080
Outpatient Patient Service Revenue	\$98925359
Total Gross Patient Service Revenue	\$122596439

2. Deductions From Revenue

Contractual Allowance	\$67586237
Other Deductions	\$0
Total Deductions	\$67586237

3. Total Operating Revenue

Net Patient Service Revenue	\$55010202
Other Operating Revenue	\$2587026
Total Operating Revenue	\$57597228

4. Operating Expenses

Salaries and Wages	\$24046355	Employee Benefits	\$7685713
Depreciation and Amortization	\$1612244	Interest Expense	\$647286
Bad Debt	\$4553608	Other Expenses	\$21601542
Total Operating Expenses	\$60146748		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2004088	Total Assets	\$35846827
Net Non-operating Gains over Loss	\$23586	Total Liabilities	\$35846827
Total Net Gains	\$2027674		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$28948829	\$29905798	\$-956969
Medicaid	\$13191682	\$11492132	\$1699550
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$71690511	\$13612272	\$58078239
Total	\$113831022	\$55010202	\$58820820

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	\$16062	\$2891	\$13171
Community Education	\$2739	\$0	\$2739

Number of Medical Professionals Trained	347
Number of Hospital Patients Educated	154
Number of Citizens Exposed to Health Education Messages	100

Statement Six: Charity Statement
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Hospital Charity Charges	\$1862465
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1862465	
HCI Payments	\$0		
Subtotal	\$0	\$1862465	\$-1862465
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$395,170		
Subtotal	\$395170	\$0	\$395170
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$1723049	\$0	
Total	\$2118219	\$0	\$2118219

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$315564	\$-315564
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$70546	\$-70546
Other Allocations	\$0	\$0	\$0

Comments