



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: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Linda Devine

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Medicare Provider Number: 155819

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$90607206
Outpatient Patient Service Revenue	\$389605786
Total Gross Patient Service Revenue	\$480212992

2. Deductions From Revenue

Contractual Allowance	\$301183270
Other Deductions	\$12320751
Total Deductions	\$313504021

3. Total Operating Revenue

Net Patient Service Revenue	\$166708971
Other Operating Revenue	\$-8094162
Total Operating Revenue	\$158614809

4. Operating Expenses

Salaries and Wages	\$65734438	Employee Benefits	\$22673315
Depreciation and Amortization	\$7298992	Interest Expense	\$298796
Bad Debt	\$10811194	Other Expenses	\$65987861
Total Operating Expenses	\$172804596		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1152803	Total Assets	\$0
Net Non-operating Gains over Loss	\$6854266	Total Liabilities	\$0

Total Net Gains	\$8007069
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23011311.64	\$171457096	\$-148445784.36
Medicaid	\$70355380.85	\$58149920	\$12205460.85
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$174472715.51	\$70960446	\$103512269.51
Total	\$267839408	\$300567462	\$-32728054

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$272558.75	\$-272558.75
Hospital Patients	\$91554	\$272558.75	\$-181004.75
Community Education	\$0	\$68275	\$-68275

Number of Medical Professionals Trained	445
Number of Hospital Patients Educated	186
Number of Citizens Exposed to Health Education Messages	232000

Statement Six: Charity Statement
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Hospital Charity Charges	\$2865530.09
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$6932835.80	\$7984267.15	
HCI Payments	\$0		
Subtotal	\$6932835.8	\$7984267.15	\$-1051431.35
Medicaid Shortfalls	\$19373692.64	\$31675829.01	
Subtotal	\$26306528.44	\$39660096.16	\$-13353567.72
DSH Payments	\$689,722		
Subtotal	\$26996250.44	\$39660096.16	\$-12663845.72
Medicare Shortfalls	\$43303822.39	\$73322067.38	
Other Government Programs	\$0	\$0	
Total	\$70300072.83	\$112982163.54	\$-42682090.71

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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