



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: HEART HOSPITAL AT DEACONESS GATEWAY

City of Hospital: Newburgh

Year Begin: 10/01/2010 (mm/dd/yyyy format)

Year End: 09/30/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0175

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68622200	Contractual Allowance	\$76957849
Outpatient Patient Service Revenue	\$57584819	Other Deductions	\$2391518
Total Gross Patient Service Revenue	\$126207019	Total Deductions	\$79349367

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$46857652
Other Operating Revenue	\$70
Total Operating Revenue	\$46857722

4. Operating Expenses

Salaries and Wages	\$0	Employee Benefits	\$0
Depreciation and Amortization	\$527035	Interest Expense	\$4741
Bad Debt	\$1910757	Other Expenses	\$36115038
Total Operating Expenses	\$38557571		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8300151	Total Assets	\$23223754
Net Non-operating Gains over Loss	\$1136	Total Liabilities	\$23223754
Total Net Gains	\$8301287		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$70667526	\$50377335	\$20290191
Medicaid	\$4120721	\$4316793	\$-196072
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$47456340	\$22045469	\$25410871
Total	\$122244587	\$76739597	\$45504990

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	\$2931518
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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	\$465715	\$1011644	
Subtotal	\$465715	\$1011644	\$-545929
DSH Payments	\$0		
Subtotal	\$465715	\$1011644	\$-545929
Medicare Shortfalls	\$17263958	\$18954847	
Other Government Programs	\$0	\$0	
Total	\$17729673	\$19966491	\$-2236818

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