



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15382645
Outpatient Patient Service Revenue	\$66242572
Total Gross Patient Service Revenue	\$81625217

2. Deductions From Revenue

Contractual Allowance	\$36868070
Other Deductions	\$2541292
Total Deductions	\$39409362

3. Total Operating Revenue

Net Patient Service Revenue	\$42215855
Other Operating Revenue	\$1111180
Total Operating Revenue	\$43327035

4. Operating Expenses

Salaries and Wages	\$17791313	Employee Benefits	\$4838985
Depreciation and Amortization	\$1044291	Interest Expense	\$525959
Bad Debt	\$4729331	Other Expenses	\$18942964
Total Operating Expenses	\$47872843		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$183526	Total Assets	\$28015530
Net Non-operating Gains over Loss	\$-717220	Total Liabilities	\$28015530
Total Net Gains	\$-533694		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$21636048	\$15740241	\$5895807
Medicaid	\$9007373	\$7850222	\$1157151
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$40631398	\$10137405	\$30493993
Total	\$71274819	\$33727868	\$37546951

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	\$12948	\$4115	\$8833
Community Education	\$2718	\$0	\$2718

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	151
Number of Citizens Exposed to Health Education Messages	353

Statement Six: Charity Statement

Hospital Charity Charges	\$2356669
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2356669	
HCI Payments	\$0		
Subtotal	\$0	\$2356669	\$-2356669
Medicaid Shortfalls	\$1274941	\$3332728	
Subtotal	\$1274941	\$5689397	\$-4414456
DSH Payments	\$0		
Subtotal	\$1274941	\$5689397	\$-4414456
Medicare Shortfalls	\$6044865	\$8281465	
Other Government Programs	\$0	\$0	
Total	\$7319806	\$13970862	\$-6651056

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$516295	\$-516295
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$49485	\$-49485
Other Allocations	\$0	\$0	\$0