



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 HEALTH SERVICES

City of Hospital: Lebanon

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

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

Person Completing the Report: Witham Hospital

Email Address: dburton@witham.org

Medicare Provider Number: 15-0104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$62298312
Outpatient Patient Service Revenue	\$252059354
Total Gross Patient Service Revenue	\$314357666

2. Deductions From Revenue

Contractual Allowance	\$185710310
Other Deductions	\$7915164
Total Deductions	\$193625474

3. Total Operating Revenue

Net Patient Service Revenue	\$120732192
Other Operating Revenue	\$7089632
Total Operating Revenue	\$127821824

4. Operating Expenses

Salaries and Wages	\$42083065	Employee Benefits	\$15362315
Depreciation and Amortization	\$5407507	Interest Expense	\$4538425
Bad Debt	\$14352439	Other Expenses	\$24189587
Total Operating Expenses	\$105933338		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7536047	Total Assets	\$162835364
Net Non-operating Gains over Loss	\$1663084	Total Liabilities	\$162835364
Total Net Gains	\$9199131		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$128076596.44	\$98048096.74	\$30028499.7
Medicaid	\$55264714.67	\$44930798.61	\$10333916.06
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$138105986.89	\$50646578.65	\$87459408.24
Total	\$321447298	\$193625474	\$127821824

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	\$168578.40	\$-168578.4
Hospital Patients	\$24377.86	\$215151.04	\$-190773.18
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	352
Number of Hospital Patients Educated	1049
Number of Citizens Exposed to Health Education Messages	4832

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3478614	
HCI Payments	\$0		
Subtotal	\$0	\$3478614	\$-3478614
Medicaid Shortfalls	\$5479757.52	\$43512337.08	
Subtotal	\$5479757.52	\$46990951.08	\$-41511193.56
DSH Payments	\$0		
Subtotal	\$5479757.52	\$46990951.08	\$-41511193.56
Medicare Shortfalls	\$25302242.88	\$102210885.12	
Other Government Programs	\$446074.08	\$21903.72	
Total	\$31228074.48	\$149223739.92	\$-117995665.44

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