



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: THE WOMEN'S HOSPITAL (NEWBURGH)

City of Hospital: Newburgh

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

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$55991103
Outpatient Patient Service Revenue	\$38483622
Total Gross Patient Service Revenue	\$94474725

2. Deductions From Revenue

Contractual Allowance	\$40543018
Other Deductions	\$0
Total Deductions	\$40543018

3. Total Operating Revenue

Net Patient Service Revenue	\$53931707
Other Operating Revenue	\$1442615
Total Operating Revenue	\$55374322

4. Operating Expenses

Salaries and Wages	\$17990654	Employee Benefits	\$4985029
Depreciation and Amortization	\$1252126	Interest Expense	\$152758
Bad Debt	\$1285190	Other Expenses	\$21297493
Total Operating Expenses	\$46963250		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8411072	Total Assets	\$17151051
Net Non-operating Gains over Loss	\$-17310	Total Liabilities	\$17151051
Total Net Gains	\$8393762		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$3631009	\$2529366	\$1101643
Medicaid	\$27525752	\$17443726	\$10082026
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63317964	\$20569926	\$42748038
Total	\$94474725	\$40543018	\$53931707

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$204301	
HCI Payments	\$0		
Subtotal	\$0	\$204301	\$-204301
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$6,505,618		
Subtotal	\$6505618	\$0	\$6505618
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$6505618	\$0	\$6505618

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