



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: WITHAM HEALTH SERVICES

City of Hospital: Lebanon

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

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

Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$48839593
Outpatient Patient Service Revenue	\$181754651
Total Gross Patient Service Revenue	\$230594244

2. Deductions From Revenue

Contractual Allowance	\$126934853
Other Deductions	\$11016923
Total Deductions	\$137951776

3. Total Operating Revenue

Net Patient Service Revenue	\$92642469
Other Operating Revenue	\$6264567
Total Operating Revenue	\$98907036

4. Operating Expenses

Salaries and Wages	\$32610610	Employee Benefits	\$10744694
Depreciation and Amortization	\$6238909	Interest Expense	\$3839740
Bad Debt	\$11132933	Other Expenses	\$30018851
Total Operating Expenses	\$94585737		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4321300	Total Assets	\$144141174
Net Non-operating Gains over Loss	\$196061	Total Liabilities	\$144141174
Total Net Gains	\$4517361		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$89774692	\$64198418	\$25576274
Medicaid	\$36064291	\$31013116	\$5051175
Other Government	\$996044	\$68121	\$927923
Other State	\$0	\$0	\$0
Other Payers	\$103759217	\$31655198	\$72104019
Total	\$230594244	\$126934853	\$103659391

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	\$104085	\$-104085
Hospital Patients	\$26093	\$79048	\$-52955
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	385
Number of Hospital Patients Educated	790
Number of Citizens Exposed to Health Education Messages	2868

Statement Six: Charity Statement

Hospital Charity Charges	\$5747059
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5212872	
HCI Payments	\$0		
Subtotal	\$0	\$5212872	\$-5212872
Medicaid Shortfalls	\$3505618	\$29343685	
Subtotal	\$3505618	\$34556557	\$-31050939
DSH Payments	\$1,556,000		
Subtotal	\$5061618	\$34556557	\$-29494939
Medicare Shortfalls	\$19361585	\$61784401	
Other Government Programs	\$43376	\$84849	
Total	\$24466579	\$96425807	\$-71959228

Statement Seven: Subsidized Health Services for the Community
--

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6720	\$387613	\$-380893
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0