



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: THE WOMEN'S HOSPITAL (NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Lori Grimm

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Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$71928045
Outpatient Patient Service Revenue	\$56730042
Total Gross Patient Service Revenue	\$128658087

2. Deductions From Revenue

Contractual Allowance	\$59802983
Other Deductions	\$1001428
Total Deductions	\$60804411

3. Total Operating Revenue

Net Patient Service Revenue	\$67853676
Other Operating Revenue	\$553291
Total Operating Revenue	\$68406967

4. Operating Expenses

Salaries and Wages	\$24169212	Employee Benefits	\$6160821
Depreciation and Amortization	\$1208754	Interest Expense	\$130949
Bad Debt	\$2572672	Other Expenses	\$26122485
Total Operating Expenses	\$60364893		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8042074	Total Assets	\$17724522
Net Non-operating Gains over Loss	\$31538	Total Liabilities	\$17724522
Total Net Gains	\$8073612		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$5802480	\$4186209	\$1616271
Medicaid	\$44296979	\$36719032	\$7577947
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$78558628	\$18897742	\$59660886
Total	\$128658087	\$59802983	\$68855104

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	\$252063	\$-252063

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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	\$1001428
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$449641	
HCI Payments	\$0		
Subtotal	\$0	\$449641	\$-449641
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,702,035		
Subtotal	\$2702035	\$0	\$2702035
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2702035	\$0	\$2702035

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



