



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 WOMENS HOSPITAL(NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (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

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$74340077
Outpatient Patient Service Revenue	\$67503593
Total Gross Patient Service Revenue	\$141843670

2. Deductions From Revenue

Contractual Allowance	\$58283596
Other Deductions	\$1364373
Total Deductions	\$59647969

3. Total Operating Revenue

Net Patient Service Revenue	\$79953574
Other Operating Revenue	\$841754
Total Operating Revenue	\$80795328

4. Operating Expenses

Salaries and Wages	\$27230199	Employee Benefits	\$6510167
Depreciation and Amortization	\$1479796	Interest Expense	\$180828
Bad Debt	\$2242127	Other Expenses	\$30557246
Total Operating Expenses	\$68200363		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14837092	Total Assets	\$25951612
Net Non-operating Gains over Loss	\$3550	Total Liabilities	\$25951612
Total Net Gains	\$14840642		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$6864863	\$3606697	\$3258166
Medicaid	\$44832902	\$23554539	\$21278363
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$90145905	\$47361316	\$42784589
Total	\$141843670	\$74522552	\$67321118

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

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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	\$450850
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$450850	
HCI Payments	\$0		
Subtotal	\$0	\$450850	\$-450850
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$1,328,604		
Subtotal	\$1328604	\$0	\$1328604
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1328604	\$0	\$1328604

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