



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: WOODLAWN HOSPITAL

City of Hospital: Rochester

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

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Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23950406
Outpatient Patient Service Revenue	\$99626386
Total Gross Patient Service Revenue	\$123576792

2. Deductions From Revenue

Contractual Allowance	\$71343521
Other Deductions	\$0
Total Deductions	\$71343521

3. Total Operating Revenue

Net Patient Service Revenue	\$52233271
Other Operating Revenue	\$4038964
Total Operating Revenue	\$56272235

4. Operating Expenses

Salaries and Wages	\$24713724	Employee Benefits	\$7458540
Depreciation and Amortization	\$1748235	Interest Expense	\$622735
Bad Debt	\$3341196	Other Expenses	\$17770699
Total Operating Expenses	\$55655129		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$617106	Total Assets	\$36786446
Net Non-operating Gains over Loss	-\$73473	Total Liabilities	\$36786446

Total Net Gains	\$543633
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$31791260	\$31156891	\$634369
Medicaid	\$13598360	\$12446414	\$1151946
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$78187172	\$27740216	\$50446956
Total	\$123576792	\$71343521	\$52233271

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	\$18154	\$3268	\$14886
Community Education	\$2333	\$0	\$2333

Number of Medical Professionals Trained	348
Number of Hospital Patients Educated	194
Number of Citizens Exposed to Health Education Messages	68

Statement Six: Charity Statement

Hospital Charity Charges	\$1152040
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1152040	
HCI Payments	\$0		
Subtotal	\$0	\$1152040	\$-1152040
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$730,847		
Subtotal	\$730847	\$0	\$730847
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$3185068	\$0	
Total	\$3915915	\$0	\$3915915

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$289153	\$-289153
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$68427	\$-68427
Other Allocations	\$0	\$0	\$0

Comments

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