



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: WITHAM HEALTH SERVICES

City of Hospital: Lebanon

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

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

Person Completing the Report: Witham Hospital

Email Address: dburton@witham.org

Medicare Provider Number: 15-0104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$72610487
Outpatient Patient Service Revenue	\$272773147
Total Gross Patient Service Revenue	\$345383634

2. Deductions From Revenue

Contractual Allowance	\$210171745
Other Deductions	\$7968329
Total Deductions	\$218140074

3. Total Operating Revenue

Net Patient Service Revenue	\$127243559
Other Operating Revenue	\$7613461
Total Operating Revenue	\$134857020

4. Operating Expenses

Salaries and Wages	\$51543088	Employee Benefits	\$17750562
Depreciation and Amortization	\$5862038	Interest Expense	\$2025831
Bad Debt	\$12538290	Other Expenses	\$29955634
Total Operating Expenses	\$119675443		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2643288.14	Total Assets	\$164691778
Net Non-operating Gains over Loss	\$5460262	Total Liabilities	\$164691778

Total Net Gains	\$8103550.14
-----------------	--------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$143448459	\$108986179	\$34462280
Medicaid	\$45863939.71	\$37147500.89	\$8716438.82
Other Government	\$17302035.67	\$14953589.46	\$2348446.21
Other State	\$0	\$0	\$0
Other Payers	\$138769199.26	\$48622405.07	\$90146794.19
Total	\$345383633.64	\$209709674.42	\$135673959.22

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	\$157000	\$-157000
Hospital Patients	\$25387.99	\$226032.59	\$-200644.6
Community Education	\$0	\$645396	\$-645396

Number of Medical Professionals Trained	352
Number of Hospital Patients Educated	1027
Number of Citizens Exposed to Health Education Messages	10559

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$12252480
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$262303.94	\$3224267.58	
HCI Payments	\$0		
Subtotal	\$262303.94	\$3224267.58	\$-2961963.64
Medicaid Shortfalls	\$3653881.87	\$9406694.03	
Subtotal	\$3916185.81	\$12630961.61	\$-8714775.8
DSH Payments	\$482,185		
Subtotal	\$4398370.81	\$12630961.61	\$-8232590.8
Medicare Shortfalls	\$17756043	\$28086266.08	
Other Government Programs	\$1378416.13	\$3548547.52	
Total	\$23532829.94	\$44265775.21	\$-20732945.27

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$645396	\$-645396
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//