



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: WOMEN'S HOSPITAL

City of Hospital: Newburgh

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (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	\$83591544
Outpatient Patient Service Revenue	\$99929102
Total Gross Patient Service Revenue	\$183520646

2. Deductions From Revenue

Contractual Allowance	\$79050431
Other Deductions	\$793820
Total Deductions	\$79844251

3. Total Operating Revenue

Net Patient Service Revenue	\$103676395
Other Operating Revenue	\$1518841
Total Operating Revenue	\$105195236

4. Operating Expenses

Salaries and Wages	\$38629911	Employee Benefits	\$9364547
Depreciation and Amortization	\$3169963	Interest Expense	\$429139
Bad Debt	\$2534890	Other Expenses	\$36683219
Total Operating Expenses	\$90811669		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14383567	Total Assets	\$31730782
Net Non-operating Gains over Loss	\$87613	Total Liabilities	\$31730782

Total Net Gains	\$14471180
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12951987	\$8603877	\$4348110
Medicaid	\$43688433	\$26539419	\$17149014
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$126880226	\$43907135	\$82973091
Total	\$183520646	\$79050431	\$104470215

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$793820
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$605,041		
Subtotal	\$605041	\$0	\$605041
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$605041	\$0	\$605041

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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