



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: WOMENS HOSPITAL, THE (DEACONESS)

City of Hospital: Newburgh

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Christina Cady

Email Address: christina.cady@deaconess.com

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$95215969
Outpatient Patient Service Revenue	\$119198209
Total Gross Patient Service Revenue	\$214414178

2. Deductions From Revenue

Contractual Allowance	\$96473369
Other Deductions	\$936121
Total Deductions	\$97409490

3. Total Operating Revenue

Net Patient Service Revenue	\$117004688
Other Operating Revenue	\$4464065
Total Operating Revenue	\$121468753

4. Operating Expenses

Salaries and Wages	\$43764271	Employee Benefits	\$9824626
Depreciation and Amortization	\$2977700	Interest Expense	\$365234
Bad Debt	\$3444152	Other Expenses	\$40606436
Total Operating Expenses	\$100982419		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$20486334	Total Assets	\$34161637
Net Non-operating Gains over Loss	\$85858	Total Liabilities	\$34161637

Total Net Gains	\$20572192
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$15510854	\$11458592	\$4052262
Medicaid	\$53330576	\$30633349	\$22697227
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$145572748	\$55317549	\$90255199
Total	\$214414178	\$97409490	\$117004688

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

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

Hospital Charity Charges	\$936121
--------------------------	----------

	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	\$3,773,200		
Subtotal	\$3773200	\$0	\$3773200
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$3773200	\$0	\$3773200

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

//