



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: THE WOMEN'S HOSPITAL (NEWBURGH)

City of Hospital: Newburgh

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$53635328	Contractual Allowance	\$45251606
Outpatient Patient Service Revenue	\$41405159	Other Deductions	\$0
Total Gross Patient Service Revenue	\$95040487	Total Deductions	\$45251606

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$49788881
Other Operating Revenue	\$1497272
Total Operating Revenue	\$51286153

4. Operating Expenses

Salaries and Wages	\$18789598	Employee Benefits	\$5340599
Depreciation and Amortization	\$1154675	Interest Expense	\$123352
Bad Debt	\$1246561	Other Expenses	\$21672546
Total Operating Expenses	\$48327331		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2958822	Total Assets	\$13815853
Net Non-operating Gains over Loss	\$11060	Total Liabilities	\$13815853
Total Net Gains	\$2969882		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
----------------	-----------------------	-----------------------	-------------------------------

Medicare	\$3436451	\$2512388	\$924063
Medicaid	\$25828051	\$20911956	\$4916095
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$65775985	\$21827262	\$43948723
Total	\$95040487	\$45251606	\$49788881

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	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$231152	
HCI Payments	\$0		
Subtotal	\$0	\$231152	\$-231152
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,443,285		
Subtotal	\$2443285	\$0	\$2443285
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$2443285	\$0	\$2443285

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