



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: HEART HOSPITAL AT DEACONESS GATEWAY

City of Hospital: Newburgh

Year Begin: 10/01/2012 (mm/dd/yyyy format)

Year End: 09/30/2013 (mm/dd/yyyy format)

Person Completing the Report: Tracy Silva

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Medicare Provider Number: 150175

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$81059331
Outpatient Patient Service Revenue	\$54718286
Total Gross Patient Service Revenue	\$135777617

2. Deductions From Revenue

Contractual Allowance	\$82452560
Other Deductions	\$4946693
Total Deductions	\$87399253

3. Total Operating Revenue

Net Patient Service Revenue	\$49469887
Other Operating Revenue	\$1061141
Total Operating Revenue	\$50531028

4. Operating Expenses

Salaries and Wages	\$0	Employee Benefits	\$0
Depreciation and Amortization	\$612481	Interest Expense	\$1913
Bad Debt	\$1091523	Other Expenses	\$37249697
Total Operating Expenses	\$38955614		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11575414	Total Assets	\$21602641
Net Non-operating Gains over Loss	\$2568	Total Liabilities	\$7024869
Total Net Gains	\$11577982		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$84461506	\$63182073	\$21279433
Medicaid	\$5170199	\$2988398	\$2181801
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$46145912	\$16568672	\$29577240
Total	\$135777617	\$82739143	\$53038474

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

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Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	~2000
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement
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Hospital Charity Charges	\$3855170
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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	\$888440	\$1182388	
Subtotal	\$888440	\$1182388	\$-293948
DSH Payments	\$0		
Subtotal	\$888440	\$1182388	\$-293948
Medicare Shortfalls	\$20142494	\$21242871	
Other Government Programs	\$0	\$0	
Total	\$21030934	\$22425259	\$-1394325

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	\$219097	\$-219097
Other Allocations	\$0	\$0	\$0

Comments



