



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: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (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	\$53734765
Outpatient Patient Service Revenue	\$208870310
Total Gross Patient Service Revenue	\$262605075

2. Deductions From Revenue

Contractual Allowance	\$147022929
Other Deductions	\$8862954
Total Deductions	\$155885883

3. Total Operating Revenue

Net Patient Service Revenue	\$106719192
Other Operating Revenue	\$6079148
Total Operating Revenue	\$112798340

4. Operating Expenses

Salaries and Wages	\$39244309	Employee Benefits	\$12335248
Depreciation and Amortization	\$5794222	Interest Expense	\$3468716
Bad Debt	\$15094440	Other Expenses	\$32594819
Total Operating Expenses	\$108531754		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4266585	Total Assets	\$163431479
Net Non-operating Gains over Loss	\$-1256458	Total Liabilities	\$163431479
Total Net Gains	\$3010127		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$103580632	\$77503133	\$26077499
Medicaid	\$42176386	\$35083686	\$7092700
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$116848057	\$43299064	\$73548993
Total	\$262605075	\$155885883	\$106719192

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	\$131723	\$-131723
Hospital Patients	\$26301	\$162641	\$-136340
Community Education	\$0	\$0	\$0

--	--

Number of Medical Professionals Trained	353
Number of Hospital Patients Educated	1049
Number of Citizens Exposed to Health Education Messages	4641

Statement Six: Charity Statement

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5672526	
HCI Payments	\$0		
Subtotal	\$0	\$5672526	\$-5672526
Medicaid Shortfalls	\$4916595	\$33547299	
Subtotal	\$4916595	\$39219825	\$-34303230
DSH Payments	\$631,699		
Subtotal	\$5548294	\$39219825	\$-33671531
Medicare Shortfalls	\$19974864	\$94306120	
Other Government Programs	\$13988	\$109038	
Total	\$25537146	\$133634983	\$-108097837

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



