



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: WOODLAWN HOSPITAL

City of Hospital: Rochester

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

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Carrie Bowers

Email Address: cbowers@woodlawnhospital.com

Medicare Provider Number: 151313

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$23791595
Outpatient Patient Service Revenue	\$81228845
Total Gross Patient Service Revenue	\$105020440

2. Deductions From Revenue

Contractual Allowance	\$51124008
Other Deductions	\$2883267
Total Deductions	\$54007275

3. Total Operating Revenue

Net Patient Service Revenue	\$51013165
Other Operating Revenue	\$2274322
Total Operating Revenue	\$53287487

4. Operating Expenses

Salaries and Wages	\$21110927	Employee Benefits	\$5848423
Depreciation and Amortization	\$1526958	Interest Expense	\$613227
Bad Debt	\$5348497	Other Expenses	\$17567463
Total Operating Expenses	\$52015495		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1271992	Total Assets	\$36655270
Net Non-operating Gains over Loss	\$57799	Total Liabilities	\$36655270
Total Net Gains	\$1329791		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$60520274	\$27780952	\$32739322
Medicaid	\$20595790	\$8564618	\$12031172
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$23904378	\$14778440	\$9125938
Total	\$105020442	\$51124010	\$53896432

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	\$1475	\$-1475
Hospital Patients	\$16377	\$23464	\$-7087
Community Education	\$1564	\$8388	\$-6824

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Number of Medical Professionals Trained	55
Number of Hospital Patients Educated	195
Number of Citizens Exposed to Health Education Messages	764

Statement Six: Charity Statement

Hospital Charity Charges	\$2883267
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2883267	
HCI Payments	\$0		
Subtotal	\$0	\$2883267	\$-2883267
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$921614	\$0	
Total	\$921614	\$0	\$921614

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$465344	\$-465344
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$42636	\$-42636
Other Allocations	\$0	\$0	\$0

Comments



