



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: WITHAM HEALTH SERVICES

City of Hospital: Lebanon

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47325174
Outpatient Patient Service Revenue	\$162960539
Total Gross Patient Service Revenue	\$210285713

2. Deductions From Revenue

Contractual Allowance	\$113997873
Other Deductions	\$8533395
Total Deductions	\$122531268

3. Total Operating Revenue

Net Patient Service Revenue	\$87754445
Other Operating Revenue	\$5506478
Total Operating Revenue	\$93260923

4. Operating Expenses

Salaries and Wages	\$30975593	Employee Benefits	\$10422689
Depreciation and Amortization	\$5911610	Interest Expense	\$3392258
Bad Debt	\$12127586	Other Expenses	\$29818234
Total Operating Expenses	\$92647970		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$612953	Total Assets	\$144507415
Net Non-operating Gains over Loss	\$125295	Total Liabilities	\$144507415
Total Net Gains	\$738248		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$83435791	\$60853869	\$22581922
Medicaid	\$31468755	\$25955791	\$5512964
Other Government	\$623359	\$48686	\$574673
Other State	\$0	\$0	\$0
Other Payers	\$94757808	\$27139527	\$67618281
Total	\$210285713	\$113997873	\$96287840

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	\$104167	\$-104167
Hospital Patients	\$14782	\$77709	\$-62927
Community Education	\$0	\$109211	\$-109211

Number of Medical Professionals Trained	269
Number of Hospital Patients Educated	339
Number of Citizens Exposed to Health Education Messages	7610

Statement Six: Charity Statement

Hospital Charity Charges	\$5719098
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5152917	
HCI Payments	\$0		
Subtotal	\$0	\$5152917	\$-5152917
Medicaid Shortfalls	\$3108134	\$25386176	
Subtotal	\$3108134	\$29775573	\$-26667439
DSH Payments	\$1,673,339		
Subtotal	\$4781473	\$29775573	\$-24994100
Medicare Shortfalls	\$15012726	\$54934941	
Other Government Programs	\$59649	\$124872	
Total	\$19853848	\$84835386	\$-64981538

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$8602	\$338982	\$-330380
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0