

CR Hospital Analysis Report 2019

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	190,888,135.	
100002	BETHESDA HOSPITAL	00300	Total Charges	190,888,135.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	423,861,715.	
100080	JFK MEDICAL CENTER	00300	Total Charges	423,861,715.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	6,247,918.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	6,247,918.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	102,265,954.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	102,265,954.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	23,769,010.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	23,769,010.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	149,292,009.	
100176	PALM BEACH GARDENS	00300	Total Charges	149,292,009.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	73,414,908.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	73,414,908.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	300,513,311.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	300,513,311.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	117,307,538.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	117,307,538.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	92,775,680.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	92,775,680.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	169,528,397.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	169,528,397.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	180,686,678.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	180,686,678.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	188,713,828.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	188,713,828.	
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	59,772,730.	
102023	SSH - PALM BEACH LLC	00300	Total Charges	59,772,730.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	36,505,240.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	36,505,240.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Inpatient Charges	9,452,984.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00300	Total Charges	9,452,984.	
00200	Subprovider - IPF				
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	158,159,303.	
100080	JFK MEDICAL CENTER	00300	Total Charges	158,159,303.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	56,281,154.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	56,281,154.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	48,058,840.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	48,058,840.	
00300	Subprovider - IRF				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	22,128,522.	
100002	BETHESDA HOSPITAL	00300	Total Charges	22,128,522.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	43,700,937.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	43,700,937.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	16,863,308.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	16,863,308.	
01000	Worksheet G-2 Total General Inpatient Care Services				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	213,016,657.	
100002	BETHESDA HOSPITAL	00300	Total Charges	213,016,657.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	582,021,018.	
100080	JFK MEDICAL CENTER	00300	Total Charges	582,021,018.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	6,247,918.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	6,247,918.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	102,265,954.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	102,265,954.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	23,769,010.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	23,769,010.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	149,292,009.	
100176	PALM BEACH GARDENS	00300	Total Charges	149,292,009.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	73,414,908.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	73,414,908.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	400,495,402.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	400,495,402.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	117,307,538.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	117,307,538.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	92,775,680.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	92,775,680.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	169,528,397.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	169,528,397.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	180,686,678.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	180,686,678.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	253,635,976.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	253,635,976.	
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	59,772,730.	
102023	SSH - PALM BEACH LLC	00300	Total Charges	59,772,730.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	36,505,240.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	36,505,240.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Inpatient Charges	9,452,984.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00300	Total Charges	9,452,984.	
01100	Intensive Care Unit				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	43,706,876.	
100002	BETHESDA HOSPITAL	00300	Total Charges	43,706,876.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	110,078,605.	
100080	JFK MEDICAL CENTER	00300	Total Charges	110,078,605.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	1,381,319.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	1,381,319.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	13,306,207.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	10,084,000.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	13,306,207.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	10,084,000.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	3,096,187.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	2,231,500.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	3,096,187.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	2,231,500.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	94,600,373.	
100176	PALM BEACH GARDENS	00300	Total Charges	94,600,373.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	19,006,925.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	19,006,925.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	87,030,476.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	87,030,476.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	39,347,500.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	39,347,500.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	32,849,880.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	32,849,880.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	43,335,807.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	11,814,915.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	43,335,807.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	11,814,915.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	15,241,125.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	15,241,125.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	38,007,851.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	38,007,851.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	8,438,748.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	8,438,748.	
01200	Coronary Care Unit				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	35,725,657.	
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	1,426,365.	
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	23,241,033.	
100002	BETHESDA HOSPITAL	00300	Total Charges	35,725,657.	
100002	BETHESDA HOSPITAL	00300	Total Charges	1,426,365.	
100002	BETHESDA HOSPITAL	00300	Total Charges	23,241,033.	
01400	Surgical Intensive Care Unit				
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	9,688,061.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	9,688,061.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	2,031,232.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	2,031,232.	
01500	Other Special Care				
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	39,291,780.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	5,781,189.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	39,291,780.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	5,781,189.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	13,945,767.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	13,945,767.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	1,496,958.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	1,496,958.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	82,236,260.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	82,236,260.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	104,099,931.	
100002	BETHESDA HOSPITAL	00300	Total Charges	104,099,931.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	110,078,605.	
100080	JFK MEDICAL CENTER	00300	Total Charges	110,078,605.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	1,381,319.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	1,381,319.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	33,078,268.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	33,078,268.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	7,358,919.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	7,358,919.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	94,600,373.	
100176	PALM BEACH GARDENS	00300	Total Charges	94,600,373.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	19,006,925.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	19,006,925.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	87,030,476.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	87,030,476.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	84,420,469.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	84,420,469.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	46,795,647.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	46,795,647.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	55,150,722.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	55,150,722.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	16,738,083.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	16,738,083.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	120,244,111.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	120,244,111.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	8,438,748.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	8,438,748.	
01700	Worksheet G-2 Total Inpatient Routine Care Services				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	317,116,588.	
100002	BETHESDA HOSPITAL	00300	Total Charges	317,116,588.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	692,099,623.	
100080	JFK MEDICAL CENTER	00300	Total Charges	692,099,623.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	7,629,237.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	7,629,237.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	135,344,222.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	135,344,222.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	31,127,929.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	31,127,929.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	243,892,382.	
100176	PALM BEACH GARDENS	00300	Total Charges	243,892,382.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	92,421,833.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	92,421,833.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	487,525,878.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	487,525,878.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	201,728,007.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	201,728,007.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	139,571,327.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	139,571,327.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	224,679,119.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	224,679,119.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	197,424,761.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	197,424,761.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	373,880,087.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	373,880,087.	
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	59,772,730.	
102023	SSH - PALM BEACH LLC	00300	Total Charges	59,772,730.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	44,943,988.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	44,943,988.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Inpatient Charges	9,452,984.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00300	Total Charges	9,452,984.	
01800	Ancillary Services				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	993,043,830.	
100002	BETHESDA HOSPITAL	00200	Outpatient Charges	682,033,897.	
100002	BETHESDA HOSPITAL	00300	Total Charges	1,675,077,727.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	2,781,236,097.	
100080	JFK MEDICAL CENTER	00200	Outpatient Charges	1,840,887,782.	
100080	JFK MEDICAL CENTER	00300	Total Charges	4,622,123,879.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	32,667,459.	
100130	LAKESIDE MEDICAL CENTER	00200	Outpatient Charges	63,592,655.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	96,260,114.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	712,722,468.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	1,309,792,721.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	2,022,515,189.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	159,651,563.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	295,426,383.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	455,077,946.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100176	PALM BEACH GARDENS	00100	Inpatient Charges	1,024,399,980.	
100176	PALM BEACH GARDENS	00200	Outpatient Charges	677,800,451.	
100176	PALM BEACH GARDENS	00300	Total Charges	1,702,200,431.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	468,200,156.	
100253	JUPITER MEDICAL CENTER	00200	Outpatient Charges	600,184,072.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	1,068,384,228.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	2,221,017,758.	
100258	DELRAY MEDICAL CENTER	00200	Outpatient Charges	988,128,490.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	3,209,146,248.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	594,562,029.	
100268	WEST BOCA MEDICAL CENTER	00200	Outpatient Charges	589,345,708.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	1,183,907,737.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	814,335,127.	
100269	PALMS WEST HOSPITAL	00200	Outpatient Charges	608,518,952.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	1,422,854,079.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	735,072,951.	
100275	WELLINGTON REGL MEDICAL CENTER	00200	Outpatient Charges	446,314,583.	
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	1,181,387,534.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	827,842,288.	
100287	GOOD SAMARITAN HOSPITAL	00200	Outpatient Charges	991,404,205.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	1,819,246,493.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	1,230,479,954.	
100288	ST MARYS MEDICAL CENTER	00200	Outpatient Charges	611,026,761.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	1,841,506,715.	
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	82,880,909.	
102023	SSH - PALM BEACH LLC	00300	Total Charges	82,880,909.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	89,644,783.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00200	Outpatient Charges	466,547.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	90,111,330.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Inpatient Charges	61,376.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00200	Outpatient Charges	5,542,097.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00300	Total Charges	5,603,473.	
01900	Outpatient Services				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	52,473,380.	
100002	BETHESDA HOSPITAL	00200	Outpatient Charges	154,232,164.	
100002	BETHESDA HOSPITAL	00300	Total Charges	206,705,544.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	147,016,310.	
100080	JFK MEDICAL CENTER	00200	Outpatient Charges	303,902,973.	
100080	JFK MEDICAL CENTER	00300	Total Charges	450,919,283.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	2,546,638.	
100130	LAKESIDE MEDICAL CENTER	00200	Outpatient Charges	24,519,129.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	27,065,767.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	32,482,968.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	88,414,244.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	120,897,212.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	7,196,331.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	20,780,677.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	27,977,008.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	25,935,322.	
100253	JUPITER MEDICAL CENTER	00200	Outpatient Charges	80,090,360.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	106,025,682.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	45,378,522.	
100269	PALMS WEST HOSPITAL	00200	Outpatient Charges	110,204,635.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	155,583,157.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	40,733,814.	
100275	WELLINGTON REGL MEDICAL CENTER	00200	Outpatient Charges	128,867,428.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	169,601,242.	
02200	Home Health Agency				
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	3,103,594.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	3,103,594.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	535,783.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	535,783.	
02700	HOSPICE				
100002	BETHESDA HOSPITAL	00000	Text Information		
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	6,245,460.	
100002	BETHESDA HOSPITAL	00300	Total Charges	6,245,460.	
100168	BOCA RATON REGIONAL HOSPITAL	00000	Text Information		
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	14,897,245.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	14,897,245.	
100168	BOCA RATON REGIONAL HOSPITAL	00000	Text Information		
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	3,249,634.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	3,249,634.	
100268	WEST BOCA MEDICAL CENTER	00000	Text Information		
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	7,639,720.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	7,639,720.	
100287	GOOD SAMARITAN HOSPITAL	00000	Text Information		
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	2,654,904.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	2,654,904.	
100288	ST MARYS MEDICAL CENTER	00000	Text Information		
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	4,740,499.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	4,740,499.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)				
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	1,368,879,258.	
100002	BETHESDA HOSPITAL	00200	Outpatient Charges	836,266,061.	
100002	BETHESDA HOSPITAL	00300	Total Charges	2,205,145,319.	
100080	JFK MEDICAL CENTER	00100	Inpatient Charges	3,620,352,030.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100080	JFK MEDICAL CENTER	00200	Outpatient Charges	2,144,790,755.	
100080	JFK MEDICAL CENTER	00300	Total Charges	5,765,142,785.	
100130	LAKESIDE MEDICAL CENTER	00100	Inpatient Charges	42,843,334.	
100130	LAKESIDE MEDICAL CENTER	00200	Outpatient Charges	88,111,784.	
100130	LAKESIDE MEDICAL CENTER	00300	Total Charges	130,955,118.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	880,549,658.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	1,416,207,804.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	2,296,757,462.	
100168	BOCA RATON REGIONAL HOSPITAL	00100	Inpatient Charges	197,975,823.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Outpatient Charges	319,992,477.	
100168	BOCA RATON REGIONAL HOSPITAL	00300	Total Charges	517,968,300.	
100176	PALM BEACH GARDENS	00100	Inpatient Charges	1,268,292,362.	
100176	PALM BEACH GARDENS	00200	Outpatient Charges	677,800,451.	
100176	PALM BEACH GARDENS	00300	Total Charges	1,946,092,813.	
100253	JUPITER MEDICAL CENTER	00100	Inpatient Charges	586,557,311.	
100253	JUPITER MEDICAL CENTER	00200	Outpatient Charges	680,274,432.	
100253	JUPITER MEDICAL CENTER	00300	Total Charges	1,266,831,743.	
100258	DELRAY MEDICAL CENTER	00100	Inpatient Charges	2,708,543,636.	
100258	DELRAY MEDICAL CENTER	00200	Outpatient Charges	988,128,490.	
100258	DELRAY MEDICAL CENTER	00300	Total Charges	3,696,672,126.	
100268	WEST BOCA MEDICAL CENTER	00100	Inpatient Charges	803,929,756.	
100268	WEST BOCA MEDICAL CENTER	00200	Outpatient Charges	589,345,708.	
100268	WEST BOCA MEDICAL CENTER	00300	Total Charges	1,393,275,464.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	999,284,976.	
100269	PALMS WEST HOSPITAL	00200	Outpatient Charges	718,723,587.	
100269	PALMS WEST HOSPITAL	00300	Total Charges	1,718,008,563.	
100275	WELLINGTON REGL MEDICAL CENTER	00100	Inpatient Charges	1,000,485,884.	
100275	WELLINGTON REGL MEDICAL CENTER	00200	Outpatient Charges	575,182,011.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100275	WELLINGTON REGL MEDICAL CENTER	00300	Total Charges	1,575,667,895.	
100287	GOOD SAMARITAN HOSPITAL	00100	Inpatient Charges	1,027,921,953.	
100287	GOOD SAMARITAN HOSPITAL	00200	Outpatient Charges	991,404,205.	
100287	GOOD SAMARITAN HOSPITAL	00300	Total Charges	2,019,326,158.	
100288	ST MARYS MEDICAL CENTER	00100	Inpatient Charges	1,609,100,540.	
100288	ST MARYS MEDICAL CENTER	00200	Outpatient Charges	611,026,761.	
100288	ST MARYS MEDICAL CENTER	00300	Total Charges	2,220,127,301.	
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	142,653,639.	
102023	SSH - PALM BEACH LLC	00300	Total Charges	142,653,639.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00100	Inpatient Charges	134,588,771.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00200	Outpatient Charges	466,547.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00300	Total Charges	135,055,318.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Inpatient Charges	9,514,360.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00200	Outpatient Charges	5,542,097.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00300	Total Charges	15,056,457.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)				
100002	BETHESDA HOSPITAL	00200	Operating Expense	325,284,201.	
100080	JFK MEDICAL CENTER	00200	Operating Expense	528,642,272.	
100130	LAKESIDE MEDICAL CENTER	00200	Operating Expense	53,454,038.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Operating Expense	518,248,710.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Operating Expense	128,079,364.	
100176	PALM BEACH GARDENS	00200	Operating Expense	204,733,276.	
100253	JUPITER MEDICAL CENTER	00200	Operating Expense	280,282,146.	
100258	DELRAY MEDICAL CENTER	00200	Operating Expense	359,662,245.	
100268	WEST BOCA MEDICAL CENTER	00200	Operating Expense	172,092,951.	
100269	PALMS WEST HOSPITAL	00200	Operating Expense	144,470,830.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100275	WELLINGTON REGL MEDICAL CENTER	00200	Operating Expense	234,249,269.	
100287	GOOD SAMARITAN HOSPITAL	00200	Operating Expense	176,976,962.	
100288	ST MARYS MEDICAL CENTER	00200	Operating Expense	309,663,358.	
102023	SSH - PALM BEACH LLC	00200	Operating Expense	31,612,304.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00200	Operating Expense	25,499,081.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00200	Operating Expense	22,791,512.	
03000	ROUNDING				
100002	BETHESDA HOSPITAL	00000	Text Information		
100002	BETHESDA HOSPITAL	00000	Text Information		
100002	BETHESDA HOSPITAL	00100	Inpatient Charges	1.	
100176	PALM BEACH GARDENS	00000	Text Information		
100176	PALM BEACH GARDENS	00100	Operating Expense	35,800.	
100268	WEST BOCA MEDICAL CENTER	00000	Text Information		
100268	WEST BOCA MEDICAL CENTER	00100	Operating Expense	7,700.	
100287	GOOD SAMARITAN HOSPITAL	00000	Text Information		
100287	GOOD SAMARITAN HOSPITAL	00100	Operating Expense	15,587.	
03600	Total Additions to Operating Expense (Lines 30 to 35)				
100002	BETHESDA HOSPITAL	00200	Operating Expense	1.	
100176	PALM BEACH GARDENS	00200	Operating Expense	35,800.	
100268	WEST BOCA MEDICAL CENTER	00200	Operating Expense	7,700.	
100287	GOOD SAMARITAN HOSPITAL	00200	Operating Expense	15,587.	
03700	REVENUE IN EXPENSE				
100080	JFK MEDICAL CENTER	00000	Text Information		
100080	JFK MEDICAL CENTER	00100	Operating Expense	227,731.	
100258	DELRAY MEDICAL CENTER	00000	Text Information		
100258	DELRAY MEDICAL CENTER	00100	Operating Expense	2,772,950.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
100269	PALMS WEST HOSPITAL	00000	Text Information		
100269	PALMS WEST HOSPITAL	00000	Text Information		
100269	PALMS WEST HOSPITAL	00000	Text Information		
100269	PALMS WEST HOSPITAL	00000	Text Information		
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	1,320.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	9,925.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	27.	
100269	PALMS WEST HOSPITAL	00100	Inpatient Charges	43,284.	
100275	WELLINGTON REGL MEDICAL CENTER	00000	Text Information		
100275	WELLINGTON REGL MEDICAL CENTER	00100	Operating Expense	48,269,178.	
100288	ST MARYS MEDICAL CENTER	00000	Text Information		
100288	ST MARYS MEDICAL CENTER	00100	Operating Expense	19,270.	
102023	SSH - PALM BEACH LLC	00000	Text Information		
102023	SSH - PALM BEACH LLC	00100	Inpatient Charges	2.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00000	Text Information		
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00100	Operating Expense	2,676,157.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)				
100080	JFK MEDICAL CENTER	00200	Operating Expense	227,731.	
100258	DELRAY MEDICAL CENTER	00200	Operating Expense	2,772,950.	
100269	PALMS WEST HOSPITAL	00200	Operating Expense	54,556.	
100275	WELLINGTON REGL MEDICAL CENTER	00200	Operating Expense	48,269,178.	
100288	ST MARYS MEDICAL CENTER	00200	Operating Expense	19,270.	
102023	SSH - PALM BEACH LLC	00200	Operating Expense	2.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00200	Operating Expense	2,676,157.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)				
100002	BETHESDA HOSPITAL	00200	Operating Expense	325,284,202.	
100080	JFK MEDICAL CENTER	00200	Operating Expense	528,414,541.	

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Provider	Provider Name	Col	Column Desc	Amount	Type
100130	LAKESIDE MEDICAL CENTER	00200	Operating Expense	53,454,038.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Operating Expense	518,248,710.	
100168	BOCA RATON REGIONAL HOSPITAL	00200	Operating Expense	128,079,364.	
100176	PALM BEACH GARDENS	00200	Operating Expense	204,769,076.	
100253	JUPITER MEDICAL CENTER	00200	Operating Expense	280,282,146.	
100258	DELRAY MEDICAL CENTER	00200	Operating Expense	356,889,295.	
100268	WEST BOCA MEDICAL CENTER	00200	Operating Expense	172,100,651.	
100269	PALMS WEST HOSPITAL	00200	Operating Expense	144,416,274.	
100275	WELLINGTON REGL MEDICAL CENTER	00200	Operating Expense	185,980,091.	
100287	GOOD SAMARITAN HOSPITAL	00200	Operating Expense	176,992,549.	
100288	ST MARYS MEDICAL CENTER	00200	Operating Expense	309,644,088.	
102023	SSH - PALM BEACH LLC	00200	Operating Expense	31,612,302.	
102025	KINDRED HOSPITAL THE PALM BEACHES	00200	Operating Expense	25,499,081.	
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL	00200	Operating Expense	20,115,355.	