

Hospital Financial Report 2019

Wkst	Line	Line Description	Col Desc	Amount	Rank
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100002 BETHESDA HOSPITAL EAST BOYNTON BEACH, FL 33435

Nonprofit - Other		General Short Term	Revenue Rank	785
G20-001.00	Hospital	Inpatient Charges	190,888,135	1,071
G20-001.00	Hospital	Total Charges	190,888,135	1,071
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	22,128,522	247
G20-003.00	Subprovider - IRF	Total Charges	22,128,522	247
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0
G20-010.00	Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	213,016,657	1,049
G20-010.00	Total General Inpatient Care Services (Sum of line	Total Charges	213,016,657	1,049
G20-011.00	Intensive Care Unit	Inpatient Charges	43,706,876	1,109
G20-011.00	Intensive Care Unit - ICU	Total Charges	43,706,876	1,109
G20-012.00	Coronary Care Unit	Inpatient Charges	60,393,055	143
G20-012.00	Coronary Care Unit - CCU	Total Charges	60,393,055	143
G20-013.00	Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00	Burn Intensive Care Unit	Total Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00	Other Special Care	Inpatient Charges	0	0
G20-015.00	Other Special Care (Specify)	Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	104,099,931	807
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	104,099,931	807
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	317,116,588	997
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	317,116,588	997
G20-018.00		Ancillary Services	Inpatient Charges	993,043,830	662
G20-018.00		Ancillary Services	Outpatient Charges	682,033,897	1,076
G20-019.00		Outpatient Services	Inpatient Charges	52,473,380	2,033
G20-019.00		Outpatient Services	Outpatient Charges	154,232,164	814
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	6,245,460	1,345
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	1,368,879,258	1,534
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	836,266,061	2,670
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	2,205,145,319	772
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	325,284,201	842
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	1	935
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	1	935

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	325,284,202	849

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Nonprofit - Other		General Short Term	Revenue Rank	639
G20-001.00	Hospital	Inpatient Charges	102,265,954	1,999
G20-001.00	Hospital	Inpatient Charges	23,769,010	33
G20-001.00	Hospital	Total Charges	102,265,954	1,999
G20-001.00	Hospital	Total Charges	23,769,010	33
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	102,265,954	2,177
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	23,769,010	33
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	102,265,954	2,177
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	23,769,010	33
G20-011.00		Intensive Care Unit	Inpatient Charges	23,390,207	1,891
G20-011.00		Intensive Care Unit	Inpatient Charges	5,327,687	31
G20-011.00		Intensive Care Unit - ICU	Total Charges	23,390,207	1,891
G20-011.00		Intensive Care Unit - ICU	Total Charges	5,327,687	31
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	9,688,061	297
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	2,031,232	1
G20-014.00		Surgical Intensive Care Unit	Total Charges	9,688,061	297
G20-014.00		Surgical Intensive Care Unit	Total Charges	2,031,232	1
G20-015.00		Other Special Care	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	33,078,268	1,851
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	7,358,919	27
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	33,078,268	1,851
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	7,358,919	27
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	135,344,222	2,111
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	31,127,929	31
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	135,344,222	2,111
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	31,127,929	31
G20-018.00		Ancillary Services	Inpatient Charges	712,722,468	1,019
G20-018.00		Ancillary Services	Inpatient Charges	159,651,563	17
G20-018.00		Ancillary Services	Outpatient Charges	1,309,792,721	393
G20-018.00		Ancillary Services	Outpatient Charges	295,426,383	10
G20-019.00		Outpatient Services	Inpatient Charges	32,482,968	2,638
G20-019.00		Outpatient Services	Inpatient Charges	7,196,331	50
G20-019.00		Outpatient Services	Outpatient Charges	88,414,244	1,363
G20-019.00		Outpatient Services	Outpatient Charges	20,780,677	30
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	3,103,594	246
G20-022.00		Home Health Agency	Outpatient Charges	535,783	2
G20-023.00		Ambulance	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	14,897,245	862
G20-027.00		Other (specify)	Outpatient Charges	3,249,634	12
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	880,549,658	2,551
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	197,975,823	39
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	1,416,207,804	1,459
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	319,992,477	28
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	2,296,757,462	712
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	517,968,300	15
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	518,248,710	455
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	128,079,364	8
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	400,495,402	451
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	400,495,402	451
G20-011.00		Intensive Care Unit	Inpatient Charges	87,030,476	565
G20-011.00		Intensive Care Unit - ICU	Total Charges	87,030,476	565
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	87,030,476	927
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	87,030,476	927
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	487,525,878	581
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	487,525,878	581
G20-018.00		Ancillary Services	Inpatient Charges	2,221,017,758	132
G20-018.00		Ancillary Services	Outpatient Charges	988,128,490	666
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	2,708,543,636	540
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	988,128,490	2,258
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	3,696,672,126	282
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	359,662,245	747
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	2,772,950	188
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	2,772,950	188
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	356,889,295	760

100287 GOOD SAMARITAN MEDICAL CENTER WEST PALM BEACH, FL 33401

		Proprietary - Corporation	General Short Term	Revenue Rank	1355
G20-001.00	Hospital		Inpatient Charges	180,686,678	1,145
G20-001.00	Hospital		Total Charges	180,686,678	1,145
G20-002.00	Subprovider - IPF		Inpatient Charges	0	0
G20-002.00	Subprovider - IPF		Total Charges	0	0
G20-003.00	Subprovider - IRF		Inpatient Charges	0	0
G20-003.00	Subprovider - IRF		Total Charges	0	0
G20-004.00	Subprovider - Other		Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)		Total Charges	0	0
G20-005.00	Swing Bed - SNF		Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF		Total Charges	0	0
G20-006.00	Swing Bed - NF		Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-006.00		Swing Bed - NF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	180,686,678	1,269
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	180,686,678	1,269
G20-011.00		Intensive Care Unit	Inpatient Charges	15,241,125	2,461
G20-011.00		Intensive Care Unit - ICU	Total Charges	15,241,125	2,461
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	1,496,958	953
G20-015.00		Other Special Care (Specify)	Total Charges	1,496,958	953
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	16,738,083	2,627
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	16,738,083	2,627
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	197,424,761	1,573
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	197,424,761	1,573
G20-018.00		Ancillary Services	Inpatient Charges	827,842,288	847
G20-018.00		Ancillary Services	Outpatient Charges	991,404,205	663
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	2,654,904	1,916
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	1,027,921,953	2,162
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	991,404,205	2,249
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	2,019,326,158	885
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	176,976,962	1,444
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	15,587	806
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	15,587	806
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	176,992,549	1,460

100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

		Proprietary - Corporation	General Short Term	Revenue Rank	380
G20-001.00	Hospital		Inpatient Charges	423,861,715	359
G20-001.00	Hospital		Total Charges	423,861,715	359
G20-002.00	Subprovider - IPF		Inpatient Charges	158,159,303	17
G20-002.00	Subprovider - IPF		Total Charges	158,159,303	17
G20-003.00	Subprovider - IRF		Inpatient Charges	0	0
G20-003.00	Subprovider - IRF		Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-004.00		Subprovider - Other	Inpatient Charges	0	0
G20-004.00		Subprovider - (Other)	Total Charges	0	0
G20-005.00		Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00		Swing Bed - SNF	Total Charges	0	0
G20-006.00		Swing Bed - NF	Inpatient Charges	0	0
G20-006.00		Swing Bed - NF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	582,021,018	239
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	582,021,018	239
G20-011.00		Intensive Care Unit	Inpatient Charges	110,078,605	415
G20-011.00		Intensive Care Unit - ICU	Total Charges	110,078,605	415
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	110,078,605	743
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	110,078,605	743
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	692,099,623	347
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	692,099,623	347
G20-018.00		Ancillary Services	Inpatient Charges	2,781,236,097	67
G20-018.00		Ancillary Services	Outpatient Charges	1,840,887,782	202
G20-019.00		Outpatient Services	Inpatient Charges	147,016,310	847
G20-019.00		Outpatient Services	Outpatient Charges	303,902,973	354

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	3,620,352,030	295
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	2,144,790,755	810
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	5,765,142,785	96
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	528,642,272	439
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	227,731	402
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	227,731	402
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	528,414,541	454

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

Nonprofit - Other		General Short Term	Revenue Rank	1029
G20-001.00	Hospital	Inpatient Charges	73,414,908	2,613

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-001.00		Hospital	Total Charges	73,414,908	2,613
G20-002.00		Subprovider - IPF	Inpatient Charges	0	0
G20-002.00		Subprovider - IPF	Total Charges	0	0
G20-003.00		Subprovider - IRF	Inpatient Charges	0	0
G20-003.00		Subprovider - IRF	Total Charges	0	0
G20-004.00		Subprovider - Other	Inpatient Charges	0	0
G20-004.00		Subprovider - (Other)	Total Charges	0	0
G20-005.00		Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00		Swing Bed - SNF	Total Charges	0	0
G20-006.00		Swing Bed - NF	Inpatient Charges	0	0
G20-006.00		Swing Bed - NF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	73,414,908	2,815
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	73,414,908	2,815
G20-011.00		Intensive Care Unit	Inpatient Charges	19,006,925	2,199
G20-011.00		Intensive Care Unit - ICU	Total Charges	19,006,925	2,199
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	19,006,925	2,487
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	19,006,925	2,487
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	92,421,833	2,763

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	92,421,833	2,763
G20-018.00		Ancillary Services	Inpatient Charges	468,200,156	1,689
G20-018.00		Ancillary Services	Outpatient Charges	600,184,072	1,277
G20-019.00		Outpatient Services	Inpatient Charges	25,935,322	2,956
G20-019.00		Outpatient Services	Outpatient Charges	80,090,360	1,492
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	586,557,311	3,573
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	680,274,432	3,189
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	1,266,831,743	1,686
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	280,282,146	970
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	280,282,146	979

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Proprietary - Corporation		General Long Term	Revenue Rank	3679
G20-001.00	Hospital	Inpatient Charges	36,505,240	4,075
G20-001.00	Hospital	Total Charges	36,505,240	4,075
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0
G20-010.00	Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	36,505,240	4,359
G20-010.00	Total General Inpatient Care Services (Sum of line	Total Charges	36,505,240	4,359
G20-011.00	Intensive Care Unit	Inpatient Charges	8,438,748	3,227
G20-011.00	Intensive Care Unit - ICU	Total Charges	8,438,748	3,227
G20-012.00	Coronary Care Unit	Inpatient Charges	0	0
G20-012.00	Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00	Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00	Burn Intensive Care Unit	Total Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	8,438,748	3,415
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	8,438,748	3,415
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	44,943,988	4,211
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	44,943,988	4,211
G20-018.00		Ancillary Services	Inpatient Charges	89,644,783	4,266
G20-018.00		Ancillary Services	Outpatient Charges	466,547	9,332
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	134,588,771	7,449
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	466,547	15,922
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	135,055,318	7,436
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	25,499,081	3,865
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	25,499,081	3,875

100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Government - Hospital Dis		General Short Term	Revenue Rank	3831
G20-001.00	Hospital	Inpatient Charges	6,247,918	7,471
G20-001.00	Hospital	Total Charges	6,247,918	7,471
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0
G20-010.00	Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	6,247,918	7,999
G20-010.00	Total General Inpatient Care Services (Sum of line	Total Charges	6,247,918	7,999
G20-011.00	Intensive Care Unit	Inpatient Charges	1,381,319	4,869
G20-011.00	Intensive Care Unit - ICU	Total Charges	1,381,319	4,869
G20-012.00	Coronary Care Unit	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	1,381,319	5,081
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	1,381,319	5,081
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	7,629,237	7,795
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	7,629,237	7,795
G20-018.00		Ancillary Services	Inpatient Charges	32,667,459	5,692
G20-018.00		Ancillary Services	Outpatient Charges	63,592,655	4,766
G20-019.00		Outpatient Services	Inpatient Charges	2,546,638	5,382
G20-019.00		Outpatient Services	Outpatient Charges	24,519,129	3,030
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	42,843,334	10,798

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	88,111,784	8,564
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	130,955,118	7,534
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	53,454,038	2,835
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	53,454,038	2,840

100176 PALM BEACH GARDENS MEDICAL CENTER PALM BEACH GARDENS, FL 33410

Proprietary - Corporation		General Short Term	Revenue Rank	1218
G20-001.00	Hospital	Inpatient Charges	149,292,009	1,415
G20-001.00	Hospital	Total Charges	149,292,009	1,415
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	149,292,009	1,553
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	149,292,009	1,553
G20-011.00		Intensive Care Unit	Inpatient Charges	94,600,373	513
G20-011.00		Intensive Care Unit - ICU	Total Charges	94,600,373	513
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	94,600,373	873
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	94,600,373	873
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	243,892,382	1,317
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	243,892,382	1,317
G20-018.00		Ancillary Services	Inpatient Charges	1,024,399,980	625
G20-018.00		Ancillary Services	Outpatient Charges	677,800,451	1,087
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	1,268,292,362	1,682
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	677,800,451	3,196
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	1,946,092,813	939
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	204,733,276	1,289
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	35,800	783
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	35,800	783
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	204,769,076	1,303

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Proprietary - Corporation General Short Term Revenue Rank 1327

G20-001.00	Hospital	Inpatient Charges	92,775,680	2,215
G20-001.00	Hospital	Total Charges	92,775,680	2,215
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	92,775,680	2,373
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	92,775,680	2,373
G20-011.00		Intensive Care Unit	Inpatient Charges	32,849,880	1,473
G20-011.00		Intensive Care Unit - ICU	Total Charges	32,849,880	1,473
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	13,945,767	659
G20-015.00		Other Special Care (Specify)	Total Charges	13,945,767	659
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	46,795,647	1,465
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	46,795,647	1,465
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	139,571,327	2,061
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	139,571,327	2,061
G20-018.00		Ancillary Services	Inpatient Charges	814,335,127	861
G20-018.00		Ancillary Services	Outpatient Charges	608,518,952	1,256
G20-019.00		Outpatient Services	Inpatient Charges	45,378,522	2,210
G20-019.00		Outpatient Services	Outpatient Charges	110,204,635	1,101
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	999,284,976	2,226
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	718,723,587	3,053
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	1,718,008,563	1,141
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	144,470,830	1,662
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	54,556	496
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	54,556	496
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	144,416,274	1,681

102023 SELECT SPECIALTY HOSPITAL-PALM BEACH LAKE WORTH, FL 33461

Proprietary - Corporation		General Long Term	Revenue Rank	3507
G20-001.00	Hospital	Inpatient Charges	59,772,730	3,065
G20-001.00	Hospital	Total Charges	59,772,730	3,065
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-005.00		Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00		Swing Bed - SNF	Total Charges	0	0
G20-006.00		Swing Bed - NF	Inpatient Charges	0	0
G20-006.00		Swing Bed - NF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	59,772,730	3,305
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	59,772,730	3,305
G20-011.00		Intensive Care Unit	Inpatient Charges	0	0
G20-011.00		Intensive Care Unit - ICU	Total Charges	0	0
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	0	0
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	59,772,730	3,679
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	59,772,730	3,679
G20-018.00		Ancillary Services	Inpatient Charges	82,880,909	4,385
G20-018.00		Ancillary Services	Outpatient Charges	0	0
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	142,653,639	7,273
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	142,653,639	7,273
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	31,612,304	3,536
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	2	664
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	2	664
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	31,612,302	3,548

100288 ST MARY'S MEDICAL CENTER WEST PALM BEACH, FL 33407

		Proprietary - Corporation	General Short Term	Revenue Rank	811
G20-001.00	Hospital		Inpatient Charges	188,713,828	1,085
G20-001.00	Hospital		Total Charges	188,713,828	1,085
G20-002.00	Subprovider - IPF		Inpatient Charges	48,058,840	201

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-002.00		Subprovider - IPF	Total Charges	48,058,840	201
G20-003.00		Subprovider - IRF	Inpatient Charges	16,863,308	349
G20-003.00		Subprovider - IRF	Total Charges	16,863,308	349
G20-004.00		Subprovider - Other	Inpatient Charges	0	0
G20-004.00		Subprovider - (Other)	Total Charges	0	0
G20-005.00		Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00		Swing Bed - SNF	Total Charges	0	0
G20-006.00		Swing Bed - NF	Inpatient Charges	0	0
G20-006.00		Swing Bed - NF	Total Charges	0	0
G20-007.00		Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00		Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00		Nursing Facility	Inpatient Charges	0	0
G20-008.00		Nursing Facility	Total Charges	0	0
G20-009.00		Other Long Term Care	Inpatient Charges	0	0
G20-009.00		Other Long Term Care	Total Charges	0	0
G20-010.00		Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	253,635,976	867
G20-010.00		Total General Inpatient Care Services (Sum of line	Total Charges	253,635,976	867
G20-011.00		Intensive Care Unit	Inpatient Charges	38,007,851	1,309
G20-011.00		Intensive Care Unit - ICU	Total Charges	38,007,851	1,309
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	82,236,260	197
G20-015.00		Other Special Care (Specify)	Total Charges	82,236,260	197
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	120,244,111	687
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	120,244,111	687
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	373,880,087	805
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	373,880,087	805
G20-018.00		Ancillary Services	Inpatient Charges	1,230,479,954	440

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-018.00		Ancillary Services	Outpatient Charges	611,026,761	1,247
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	4,740,499	1,531
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	1,609,100,540	1,245
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	611,026,761	3,466
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	2,220,127,301	759
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	309,663,358	879
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	19,270	547
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	19,270	547
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	309,644,088	887

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Wkst	Line	Line Description	Col Desc	Amount	Rank
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104008 THE JEROME GOLDEN CENTER FOR BEHAVIORAL HEALTH, IN WEST PALM BEACH, FL 33407

	Nonprofit - Other	Psychiatric	Revenue Rank	4528
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G20-001.00	Hospital	Inpatient Charges	9,452,984	6,759
G20-001.00	Hospital	Total Charges	9,452,984	6,759
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0
G20-010.00	Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	9,452,984	7,183
G20-010.00	Total General Inpatient Care Services (Sum of line	Total Charges	9,452,984	7,183
G20-011.00	Intensive Care Unit	Inpatient Charges	0	0
G20-011.00	Intensive Care Unit - ICU	Total Charges	0	0
G20-012.00	Coronary Care Unit	Inpatient Charges	0	0
G20-012.00	Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00	Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00	Burn Intensive Care Unit	Total Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00	Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00	Other Special Care	Inpatient Charges	0	0
G20-015.00	Other Special Care (Specify)	Total Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	0	0
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	9,452,984	7,393
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	9,452,984	7,393
G20-018.00		Ancillary Services	Inpatient Charges	61,376	9,527
G20-018.00		Ancillary Services	Outpatient Charges	5,542,097	7,942
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	9,514,360	14,170
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	5,542,097	14,880
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	15,056,457	13,449
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	22,791,512	4,066
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	0	0
G20-015.00		Other Special Care (Specify)	Total Charges	0	0
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	55,150,722	1,327
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	55,150,722	1,327
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	224,679,119	1,417
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	224,679,119	1,417
G20-018.00		Ancillary Services	Inpatient Charges	735,072,951	980
G20-018.00		Ancillary Services	Outpatient Charges	446,314,583	1,759
G20-019.00		Outpatient Services	Inpatient Charges	40,733,814	2,357
G20-019.00		Outpatient Services	Outpatient Charges	128,867,428	963
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0
G20-027.00		Other - Discription Not Available	Inpatient Charges	0	0
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	1,000,485,884	2,222
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	575,182,011	3,633
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	1,575,667,895	1,281

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	234,249,269	1,155
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	0	0
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	48,269,178	41
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	48,269,178	41
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	185,980,091	1,401

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Proprietary - Corporation		General Short Term	Revenue Rank	1330
G20-001.00	Hospital	Inpatient Charges	117,307,538	1,773
G20-001.00	Hospital	Total Charges	117,307,538	1,773
G20-002.00	Subprovider - IPF	Inpatient Charges	0	0
G20-002.00	Subprovider - IPF	Total Charges	0	0
G20-003.00	Subprovider - IRF	Inpatient Charges	0	0
G20-003.00	Subprovider - IRF	Total Charges	0	0
G20-004.00	Subprovider - Other	Inpatient Charges	0	0
G20-004.00	Subprovider - (Other)	Total Charges	0	0
G20-005.00	Swing Bed - SNF	Inpatient Charges	0	0
G20-005.00	Swing Bed - SNF	Total Charges	0	0
G20-006.00	Swing Bed - NF	Inpatient Charges	0	0
G20-006.00	Swing Bed - NF	Total Charges	0	0
G20-007.00	Skilled Nursing Facility	Inpatient Charges	0	0
G20-007.00	Skilled Nursing Facility - SNF	Total Charges	0	0
G20-008.00	Nursing Facility	Inpatient Charges	0	0
G20-008.00	Nursing Facility	Total Charges	0	0
G20-009.00	Other Long Term Care	Inpatient Charges	0	0
G20-009.00	Other Long Term Care	Total Charges	0	0
G20-010.00	Worksheet G-2 Total General Inpatient Care Service	Inpatient Charges	117,307,538	1,937
G20-010.00	Total General Inpatient Care Services (Sum of line	Total Charges	117,307,538	1,937

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-011.00		Intensive Care Unit	Inpatient Charges	39,347,500	1,265
G20-011.00		Intensive Care Unit - ICU	Total Charges	39,347,500	1,265
G20-012.00		Coronary Care Unit	Inpatient Charges	0	0
G20-012.00		Coronary Care Unit - CCU	Total Charges	0	0
G20-013.00		Burn Intensive Care Unit	Inpatient Charges	0	0
G20-013.00		Burn Intensive Care Unit	Total Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Inpatient Charges	0	0
G20-014.00		Surgical Intensive Care Unit	Total Charges	0	0
G20-015.00		Other Special Care	Inpatient Charges	45,072,969	335
G20-015.00		Other Special Care (Specify)	Total Charges	45,072,969	335
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Inpatient Charges	84,420,469	951
G20-016.00		Worksheet G-2 Total Intensive Care Type Inpatient	Total Charges	84,420,469	951
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Inpatient Charges	201,728,007	1,547
G20-017.00		Worksheet G-2 Total Inpatient Routine Care Service	Total Charges	201,728,007	1,547
G20-018.00		Ancillary Services	Inpatient Charges	594,562,029	1,294
G20-018.00		Ancillary Services	Outpatient Charges	589,345,708	1,309
G20-019.00		Outpatient Services	Inpatient Charges	0	0
G20-019.00		Outpatient Services	Outpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Inpatient Charges	0	0
G20-020.00		Rural Health Clinic (RHC)	Outpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Inpatient Charges	0	0
G20-021.00		Federally Qualified Health Center (FQHC)	Outpatient Charges	0	0
G20-022.00		Home Health Agency	Inpatient Charges	0	0
G20-022.00		Home Health Agency	Outpatient Charges	0	0
G20-023.00		Ambulance	Inpatient Charges	0	0
G20-023.00		Ambulance	Outpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Inpatient Charges	0	0
G20-024.00		Outpatient Rehabilitation Providers	Outpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ACS)	Inpatient Charges	0	0
G20-025.00		Ambulatory Surgical Center (ASC)	Outpatient Charges	0	0
G20-026.00		Hospice	Inpatient Charges	0	0
G20-026.00		Hospice	Outpatient Charges	0	0

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Wkst	Line	Line Description	Col Desc	Amount	Rank
G20-027.00		Other - Discription Not Available	Inpatient Charges	7,639,720	1,218
G20-027.00		Other (specify)	Outpatient Charges	0	0
G20-028.00		Worksheet G-2 Total Patient Charges (Transfer to G	Inpatient Charges	803,929,756	2,761
G20-028.00		Worksheet G-2 Total Outpatient Charges (Transfer t	Outpatient Charges	589,345,708	3,563
G20-028.00		Worksheet G-2 Total Patient Charges	Total Charges	1,393,275,464	1,490
G20-029.00		Operating Expenses (Worksheet A Column 3 Line 200)	Operating Expenses	0	0
G20-029.00		Operating Expense (Wkst A Column 03 Line 200)	Operating Expenses	172,092,951	1,473
G20-030.00		Add Operating Expenses - (Specify)	Operating Expenses	7,700	820
G20-036.00		Total Additions to Operating Expense (Lines 30 to	Operating Expenses	0	0
G20-036.00		Total Additions to Operating Expense (Line 30 to 3	Operating Expenses	7,700	820
G20-037.00		Deduct Operating Expenses - (Specify)	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expenses (Lines 37 t	Operating Expenses	0	0
G20-042.00		Total Deductions to Operating Expense (Line 37 to	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Lines 29 a	Operating Expenses	0	0
G20-043.00		Worksheet G-2 Total Operating Expenses (Line 29,36	Operating Expenses	172,100,651	1,494

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