

Line No.	(1)	
1	Health Care Institution (Legal Name)	WEST ANAHEIM MEDICAL CENTER
2	HCAI Facility Number	106301379
3	D.B.A. (Doing Business As) Name	WEST ANAHEIM MEDICAL CENTER
4	Hospital Business Phone Number	714-827-3000
5	Medi-Cal Contract Provider Number	
6	Medi-Cal Non-Contract Provider Number	ZZT30426F
7	Medicare Provider Number	05-0426
8	Street Address	3033 ORANGE AVENUE
9	City	ANAHEIM
10	ZIP Code	92804
11	Mailing Address (if different) - Street or P.O. Box	
12	City	
13	ZIP Code	
14	Chief Executive Officer	AYMAN MOUSA
15	Title	CEO
16	Hospital Web Site Address	WWW.WESTANAHEIMMEDCTR.COM
17	Name of Owner	PRIME HEALTHCARE SERVICES, INC
18	Previous Name of Institution (if changed since previous report)	
23	Person Completing Report	JEFFREY N. BROWN
24	Organization Name	HOSPITAL MANAGEMENT SERVICES
25	Phone Number	714-992-1525
26	FAX Phone Number	714-992-0620
28	Mailing Address - Street or P.O. Box	2655 FIRST STREET, SUITE 200
29	City	SIMI VALLEY
30	State	CA
31	ZIP Code	93065
36	Report Period From Date	01/01/2021
37	Report Period Through Date	12/31/2021
38	Medi-Cal Contract From Date	
39	Medi-Cal Contract Through Date	
40	Was this disclosure report completed after an independent financial audit?	1
41	Are audit adjustments made by the independent auditor reflected in this report?	1

Section I			
Line No.	Acct No.	(1) Current Year	(2) Prior Year
Operating Revenues			
5	Daily Hospital Services	142,022,288	141,969,950
10	Ambulatory Services	69,683,537	66,428,280
15	Ancillary Services	341,088,637	306,418,271
30	GROSS PATIENT REVENUE (sum of Lns 5 thru 15)	552,794,462	514,816,501
105	DEDUCTIONS FROM REVENUE (From Ln 395) (a)	413,353,072	390,130,084
107	CAPITATION PREMIUM REVENUE (From Ln 450) (b)		
110	NET PATIENT REVENUE (Lns 30 - 105 + 107)	139,441,390	124,686,417
135	TOTAL OTHER OPERATING REVENUE	4,125,360	2,449,984
140	TOTAL OPERATING REVENUE (sum of Lns 110 and 135)	143,566,750	127,136,401
Operating Expenses			
146	Daily Hospital Services	30,239,457	26,877,494
151	Ambulatory Services	7,589,227	7,520,740
156	Ancillary Services	25,601,311	25,565,376
161	Research Costs		
166	Education Costs	2,082,233	1,593,473
171	General Services	15,577,820	13,983,212
176	Fiscal Services	3,010,973	2,872,330
181	Administrative Services	30,063,605	30,308,728
186	Unassigned Costs	7,510,986	7,077,813
190	Purchased Inpatient Services		
195	Purchased Outpatient Services		
200	TOTAL OPERATING EXPENSES (sum of Lns 146 thru 195)	121,675,612	115,799,166
205	NET FROM OPERATIONS (Ln 140 - Ln 200)	21,891,138	11,337,235
210	NET NON-OPERATING REVENUE AND EXPENSE (From Ln 700) (c)	-188,392	-74,101
215	NET INCOME BEFORE TAXES AND EXTRAORDINARY ITEMS (sum of Lns 205 and 210)	21,702,746	11,263,134
Provision for Income Taxes			
220	Current		
225	Deferred		
230	NET INCOME BEFORE EXTRAORDINARY ITEMS (Ln 215 - Lns 220 and 225)	21,702,746	11,263,134

235	Extraordinary Items (specify):			
240				
245	NET INCOME (Ln 230 - Lns 235 and 240)		21,702,746	11,263,134

Section II				
Line No.		Acct No.	(1) Current Year	(2) Prior Year
Deductions from Revenue				
300	Provision for Bad Debts	5800	10,004,484	13,681,849
305	Contractual Adjustments - Medicare - Traditional	5811	97,507,483	124,634,552
310	Contractual Adjustments - Medicare - Managed Care	5812	72,780,950	73,437,766
315	Contractual Adjustments - Medi-Cal - Traditional	5821	41,461,260	38,572,141
320	Contractual Adjustments - Medi-Cal - Managed Care	5822	149,570,110	102,771,119
	Disproportionate Share Payments for Medi-Cal Patient Days (SB		-1,291,600	
325	855) (credit balance) (d)	5830		
	Contractual Adjustments - County Indigent Programs - Traditional			
330		5841		
	Contractual Adjustments - County Indigent Programs - Managed			
335	Care	5842		
340	Contractual Adjustments - Other Third Parties - Traditional	5851	21,913,465	20,127,497
345	Contractual Adjustments - Other Third Parties - Managed Care	5852	15,303,172	12,393,024
350	Charity Discounts - Hill Burton	5860		
355	Charity Discounts - Other	5870	3,655,184	1,550,916
	Restricted Donations and Subsidies for Indigent Care (credit			
360	balance)	5880		
365	Teaching Allowances (Teaching Hospitals Only)	5890		
	Support for Clinical Teaching (credit balance) (Teaching Hospitals			
370	Only)	5910		
375	Policy Discounts	5920	3,911	16
380	Administrative Adjustments	5930	294,573	950,653
385	Other Deductions from Revenue	5940	2,150,080	2,010,551
395	TOTAL DEDUCTIONS FROM REVENUE (sum of Lns 300 thru 385)		413,353,072	390,130,084
Capitation Premium Revenue				
430	Capitation Premium Revenue - Medicare (credit balance)	5960		
435	Capitation Premium Revenue - Medi-Cal (credit balance)	5970		

440	Capitation Premium Revenue - County Indigent Programs (credit balance)	5980
445	Capitation Premium Revenue - Other Third Parties (credit balance)	5990
450	TOTAL CAPITATION PREMIUM REVENUE (sum of Lns 430 thru 445)	

Section III

Line No.

Acct No.

**(1)
Current Year**

**(2)
Prior Year**

Non-Operating Revenues

500	Gains on sale of hospital property	9010	
505	Maintenance of restricted funds revenue	9030	
510	Unrestricted contributions	9040	
515	Donated services	9050	
520	Income, gains and losses from unrestricted investments	9060	
525	Unrestricted income from endowment funds	9070	
530	Unrestricted income from other restricted funds	9080	
535	Term endowment funds becoming unrestricted	9090	
540	Transfers from restricted funds for non-operating expenses	9100	
545	Assessment revenue (e)	9150	
550	County allocation of taxes revenue (e)	9160	
555	Special district augmentation revenue (e)	9170	
560	Debt service taxes revenue (e)	9180	
565	State homeowner's property tax relief (e)	9190	
570	State appropriation	9200	
575	County appropriation - Realignment funds	9210	
580	County appropriation - County general funds	9220	
585	County appropriation - Other county funds	9230	
590	Physicians' offices and other rentals - revenue	9250	
595	Medical office building revenue	9260	19,200
600	Child care services revenue (non-employees)	9270	
605	Family housing revenue	9280	
610	Retail operations revenue	9290	
615	Other non-operating revenue	9400	
625	TOTAL NON-OPERATING REVENUE (sum of Lns 500 thru 615)		19,200

Non-Operating Expenses

640	Losses on sale of hospital property	9020		
645	Maintenance of restricted funds expense	9030		
650	Physicians' offices and other rentals expense	9510		
655	Medical office building expense	9520	73,069	74,005
660	Child care services expense (non-employees)	9530		
665	Family housing expense	9540		
670	Retail operations expense	9550		
675	Other non-operating expense	9800	134,523	96
685	TOTAL NON-OPERATING EXPENSE (sum of Lns 640 thru 675)		207,592	74,101
700	NET NON-OPERATING REVENUE AND EXPENSE (Ln 625 - Ln 685)		-188,392	-74,101
705	Interest on long-term debt (e)			