



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW DEKALB HOSPITAL

City of Hospital: Auburn

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$49458873	Contractual Allowance	\$198300509
Outpatient Patient Service Revenue	\$221525904	Other Deductions	\$2913396
<b>Total Gross Patient Service Revenue</b>	<b>\$270984777</b>	<b>Total Deductions</b>	<b>\$201213905</b>

3. Total Operating Revenue	
Net Patient Service Revenue	\$69770871
Other Operating Revenue	\$9237953
<b>Total Operating Revenue</b>	<b>\$79008824</b>

4. Net Patient Revenue and Total Number of Paid Claims for <b>Inpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

5. Net Patient Revenue and Total Number of Paid Claims for <b>Outpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

6. <b>Total</b> Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)		
	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0

Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$7748490	\$871
Medicaid	\$2244251	\$431
Commercial Insurance	\$6235755	\$542
Self-pay	\$54918	\$33
Any Other Category of Payer	\$300316	\$63
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11034737	\$36874
Medicaid	\$5971428	\$17983
Commercial Insurance	\$28471007	\$31605
Self-pay	\$399427	\$2730
Any Other Category of Payer	\$1489919	\$2193
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$18783228	\$37745
Medicaid	\$8215679	\$18414
Commercial Insurance	\$34706763	\$32147
Self-pay	\$454346	\$2763
Any Other Category of Payer	\$1790232	\$2256
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$69331	\$284
Medicaid	\$34549	\$232
Commercial Insurance	\$50055	\$258
Self-pay	\$5497	\$38
Any Other Category of Payer	\$1694	\$10
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3217874	\$24862
Medicaid	\$2515934	\$23781
Commercial Insurance	\$5817434	\$45529
Self-pay	\$306703	\$8062
Any Other Category of Payer	\$154502	\$1281
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3287204	\$25146

Medicaid	\$2550483	\$24013
Commercial Insurance	\$5867489	\$45787
Self-pay	\$312200	\$8100
Any Other Category of Payer	\$156196	\$1291
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$23341122	Employee Benefits	\$6684795
Depreciation and Amortization	\$2380036	Interest Expense	\$14649
Bad Debt	\$4446958	Other Expenses	\$45312290
Total Operating Expenses	\$82179850		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2988667	Total Assets	\$61778950
Net Non-operating Gains over Loss	\$-3706214	Total Liabilities	\$3675129
Total Net Gains	\$-6694881		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$119629397	\$100456406	\$19172991
Medicaid	\$23120736	\$18438623	\$4682113
Other Government	\$0	\$0	\$0
Other State	\$30150659	\$24504580	\$5646079
Other Payers	\$98083985	\$54900900	\$43183085
Total	\$270984777	\$198300509	\$72684268

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$122286	\$-122286

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$148753	\$-148753
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	31
Number of Hospital Patients Educated	32788
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2913396
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$702644	
HCI Payments	\$0		
Subtotal	\$0	\$702644	\$-702644
Medicaid Shortfalls	\$4490717	\$6471231	
Subtotal	\$4490717	\$7173875	\$-2683158
DSH Payments	\$0		
Subtotal	\$4490717	\$7173875	\$-2683158
Medicare Shortfalls	\$19172991	\$25313580	
Other Government Programs	\$5837475	\$9276297	
Total	\$29501183	\$41763752	\$-12262569

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2002805	\$2296172	\$-293367
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$5786396	\$9122197	\$-3335801

Comments

Statements One 4-12 do not include prior year contractual adjustments. They do include Hospital Assessment Fee in deductions.

//