



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

Email Address: kenneth.garmenn@parkview.com

Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$189490858
Outpatient Patient Service Revenue	\$101512015
Total Gross Patient Service Revenue	\$291002873

2. Deductions From Revenue

Contractual Allowance	\$176027194
Other Deductions	\$238331
Total Deductions	\$176265525

3. Total Operating Revenue

Net Patient Service Revenue	\$114737348
Other Operating Revenue	\$2496311
Total Operating Revenue	\$117233659

4. Operating Expenses

Salaries and Wages	\$11661948	Employee Benefits	\$3438596
Depreciation and Amortization	\$2390510	Interest Expense	\$915769
Bad Debt	\$1469400	Other Expenses	\$41671851
Total Operating Expenses	\$61548074		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$55685586	Total Assets	\$60327950
Net Non-operating Gains over Loss	-\$72618	Total Liabilities	\$35020482

Total Net Gains	\$55612968
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$123238399	\$101791827	\$21446572
Medicaid	\$20459191	\$18242378	\$2216813
Other Government	\$3534698	\$2713570	\$821128
Other State	\$0	\$0	\$0
Other Payers	\$143770585	\$53517750	\$90252835
Total	\$291002873	\$176265525	\$114737348

Statement Three: Donations Statement

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

Statement Four: Research Statement

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

Statement Five: Education Statement

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

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$45974	
HCI Payments	\$0		
Subtotal	\$0	\$45974	\$-45974
Medicaid Shortfalls	\$2216813	\$3946578	
Subtotal	\$2216813	\$3992552	\$-1775739
DSH Payments	\$0		
Subtotal	\$2216813	\$3992552	\$-1775739
Medicare Shortfalls	\$21446572	\$23772687	
Other Government Programs	\$0	\$0	
Total	\$23663385	\$27765239	\$-4101854

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$147000	\$2446131	\$-2299131
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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