



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: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

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

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

Person Completing the Report: Lisa Peppler

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Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31296891
Outpatient Patient Service Revenue	\$110298543
Total Gross Patient Service Revenue	\$141595434

2. Deductions From Revenue

Contractual Allowance	\$82706034
Other Deductions	\$2683080
Total Deductions	\$85389114

3. Total Operating Revenue

Net Patient Service Revenue	\$56206320
Other Operating Revenue	\$1824568
Total Operating Revenue	\$58030888

4. Operating Expenses

Salaries and Wages	\$13056006	Employee Benefits	\$3941086
Depreciation and Amortization	\$1028665	Interest Expense	\$92821
Bad Debt	\$6163775	Other Expenses	\$26242777
Total Operating Expenses	\$50525130		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7505758	Total Assets	\$50437346
Net Non-operating Gains over Loss	\$-1772722	Total Liabilities	\$14627485

Total Net Gains	\$5733036
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$54856693	\$43313153	\$11543540
Medicaid	\$23043144	\$21078712	\$1964432
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63695597	\$20997249	\$42698348
Total	\$141595434	\$85389114	\$56206320

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$115263	\$-115263

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	\$30251	\$-30251
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$11482	\$-11482

Number of Medical Professionals Trained	121
Number of Hospital Patients Educated	75758
Number of Citizens Exposed to Health Education Messages	35819

Statement Six: Charity Statement

Hospital Charity Charges	\$1917820
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$484148	
HCI Payments	\$0		
Subtotal	\$0	\$484148	\$-484148
Medicaid Shortfalls	\$3154897	\$5809607	
Subtotal	\$3154897	\$6293755	\$-3138858
DSH Payments	\$0		
Subtotal	\$3154897	\$6293755	\$-3138858
Medicare Shortfalls	\$11592866	\$13847457	
Other Government Programs	\$0	\$0	
Total	\$14747763	\$20141212	\$-5393449

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$66444	\$102477	\$-36033
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$73969	\$-73969

Comments

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