



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 NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44985716
Outpatient Patient Service Revenue	\$164659815
Total Gross Patient Service Revenue	\$209645531

2. Deductions From Revenue

Contractual Allowance	\$135878177
Other Deductions	\$0
Total Deductions	\$135878177

3. Total Operating Revenue

Net Patient Service Revenue	\$73767354
Other Operating Revenue	\$793475
Total Operating Revenue	\$74560829

4. Operating Expenses

Salaries and Wages	\$15252692	Employee Benefits	\$5138476
Depreciation and Amortization	\$1318459	Interest Expense	\$8664
Bad Debt	\$7822225	Other Expenses	\$37631455
Total Operating Expenses	\$67171971		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7388858	Total Assets	\$23659006
Net Non-operating Gains over Loss	\$-33279	Total Liabilities	\$2926298

Total Net Gains	\$7355579
-----------------	-----------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$98851900	\$79788106	\$19063794
Medicaid	\$16888675	\$16846619	\$42056
Other Government	\$0	\$0	\$0
Other State	\$18094842	\$14448595	\$3646247
Other Payers	\$75810114	\$24794857	\$51015257
Total	\$209645531	\$135878177	\$73767354

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$151768	\$-151768

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	\$12068	\$124650	\$-112582

Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	29309
Number of Citizens Exposed to Health Education Messages	34559

Statement Six: Charity Statement

Hospital Charity Charges	\$5572419
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1117861	
HCI Payments	\$0		
Subtotal	\$0	\$1117861	\$-1117861
Medicaid Shortfalls	\$6842383	\$9866489	
Subtotal	\$6842383	\$10984350	\$-4141967
DSH Payments	\$0		
Subtotal	\$6842383	\$10984350	\$-4141967
Medicare Shortfalls	\$19063794	\$19830284	
Other Government Programs	\$0	\$0	
Total	\$25906177	\$30814634	\$-4908457

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$56725	\$-56725
Community Assessment	\$0	\$2730	\$-2730
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$19139	\$-19139

Comments

//