



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PARKVIEW HOSPITAL

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0021

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$753207551
Outpatient Patient Service Revenue	\$562819980
Total Gross Patient Service Revenue	\$1316027531

#### 2. Deductions From Revenue

Contractual Allowance	\$750014480
Other Deductions	\$55210275
Total Deductions	\$805224755

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$510802776
Other Operating Revenue	\$20663917
Total Operating Revenue	\$531466693

#### 4. Operating Expenses

Salaries and Wages	\$149516735	Employee Benefits	\$46576384
Depreciation and Amortization	\$22051448	Interest Expense	\$299023
Bad Debt	\$32811875	Other Expenses	\$265483581
Total Operating Expenses	\$516739046		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14727647	Total Assets	\$356947276
Net Non-operating Gains over Loss	\$1709360	Total Liabilities	\$44680138
Total Net Gains	\$16437007		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$559073344	\$408609192	\$150464152
Medicaid	\$195235422	\$172041042	\$23194380
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$561718765	\$224574521	\$337144244
Total	\$1316027531	\$805224755	\$510802776

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$131984	\$1747679	\$-1615695

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$285011	\$1292767	\$-1007756

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1473144	\$5010580	\$-3537436
Hospital Patients	\$0	\$0	\$0
Community Education	\$400491	\$1437194	\$-1036703

Number of Medical Professionals Trained	12813
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	191267

### Statement Six: Charity Statement

Hospital Charity Charges	\$55210275
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$19262348	
HCI Payments	\$0		
Subtotal	\$0	\$19262348	\$-19262348
Medicaid Shortfalls	\$23194380	\$68115811	
Subtotal	\$23194380	\$87378159	\$-64183779
DSH Payments	\$0		
Subtotal	\$23194380	\$87378159	\$-64183779
Medicare Shortfalls	\$150464152	\$195055455	
Other Government Programs	\$0	\$0	
Total	\$173658532	\$282433614	\$-108775082

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$127988	\$2196368	\$-2068380
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$123573	\$12491586	\$-12368013