



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* PARKVIEW HOSPITAL

*City of Hospital:* Fort Wayne

*Name of Charity Benefit Rep:* Jill McAllister

*Telephone Number:* (260) 373-7982 x\_\_\_\_\_

*Year of Statement:* 2010

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan	06/29/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	06/29/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement	06/29/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	06/29/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Needs Assessment	06/29/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	06/29/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	06/29/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No

### III. Identification of New Objectives (optional)

### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2008	2009	2010
Person Served in twelve-month period	4638	8115	8640
Charity Care Allocation	\$15,446,924	\$17,533,598	\$19,362,761

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Nursing Outreach Program	\$1,012,021
2.) Indigent/uninsured Clinics & Medication Assistance	\$684,592
3.) Support of University Nursing Programs	\$850,546
4.) Mobile Mammography Program	\$186,710
5.) All other programs	\$22,470,644

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits. [www.parkview.com](http://www.parkview.com)

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

**Comments**

Please note that all required documents for section II will be submitted via email.

