



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

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

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

Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$18069763
Outpatient Patient Service Revenue	\$36467083
Total Gross Patient Service Revenue	\$54536846

2. Deductions From Revenue

Contractual Allowance	\$25605326
Other Deductions	\$2156695
Total Deductions	\$27762021

3. Total Operating Revenue

Net Patient Service Revenue	\$26774825
Other Operating Revenue	\$747849
Total Operating Revenue	\$27522674

4. Operating Expenses

Salaries and Wages	\$7520864	Employee Benefits	\$2436366
Depreciation and Amortization	\$1984181	Interest Expense	\$844863
Bad Debt	\$2326699	Other Expenses	\$12364531
Total Operating Expenses	\$27477504		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-254830	Total Assets	\$33019265
Net Non-operating Gains over Loss	\$-43854	Total Liabilities	\$33019265
Total Net Gains	\$-298684		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$18880035	\$10112639	\$8767396
Medicaid	\$7296887	\$6277775	\$1019112
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$28359924	\$11371607	\$16988317
Total	\$54536846	\$27762021	\$26774825

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$71359	\$-71359

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	\$2860	\$-2860
Hospital Patients	\$0	\$0	\$0
Community Education	\$179099	\$237397	\$-58298

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	21718
Number of Citizens Exposed to Health Education Messages	28387

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	\$976983	
HCI Payments	\$0		
Subtotal	\$0	\$976983	\$-976983
Medicaid Shortfalls	\$985187	\$3305490	
Subtotal	\$985187	\$4282473	\$-3297286
DSH Payments	\$0		
Subtotal	\$985187	\$4282473	\$-3297286
Medicare Shortfalls	\$8515209	\$8552656	
Other Government Programs	\$0	\$0	
Total	\$9500396	\$12835129	\$-3334733

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1099732	\$-1099732
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$110972	\$-110972