



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

*City of Hospital:* Fort Wayne

*Year Begin:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0167

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$117383515	Contractual Allowance	\$86211673
Outpatient Patient Service Revenue	\$31359704	Other Deductions	\$170017
Total Gross Patient Service Revenue	\$148743219	Total Deductions	\$86381690

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$62361529
Other Operating Revenue	\$1826875
Total Operating Revenue	\$64188404

#### 4. Operating Expenses

Salaries and Wages	\$5159697	Employee Benefits	\$1611564
Depreciation and Amortization	\$1832547	Interest Expense	\$1188583
Bad Debt	\$503790	Other Expenses	\$31228307
Total Operating Expenses	\$41524488		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22663916	Total Assets	\$57255804
Net Non-operating Gains over Loss	\$-7544	Total Liabilities	\$22352875
Total Net Gains	\$22656372		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$66412477	\$52896487	\$13515990
Medicaid	\$12015197	\$10044321	\$1970876
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$70315545	\$23440882	\$46874663
Total	\$148743219	\$86381690	\$62361529

**Statement Three: Donations Statement**

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

**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	\$28935	\$0	\$28935
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

**Statement Six: Charity Statement**

Hospital Charity Charges	\$170017
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$50328	
HCI Payments	\$0		
Subtotal	\$0	\$50328	\$-50328
Medicaid Shortfalls	\$1970876	\$3556690	
Subtotal	\$1970876	\$3607018	\$-1636142
DSH Payments	\$0		
Subtotal	\$1970876	\$3607018	\$-1636142
Medicare Shortfalls	\$13515690	\$19659150	
Other Government Programs	\$0	\$0	
Total	\$15486566	\$23266168	\$-7779602

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

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