



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: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (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	\$821655015
Outpatient Patient Service Revenue	\$650400019
Total Gross Patient Service Revenue	\$1472055034

2. Deductions From Revenue

Contractual Allowance	\$837635664
Other Deductions	\$48304772
Total Deductions	\$885940436

3. Total Operating Revenue

Net Patient Service Revenue	\$586114598
Other Operating Revenue	\$36542191
Total Operating Revenue	\$622656789

4. Operating Expenses

Salaries and Wages	\$149710677	Employee Benefits	\$47351033
Depreciation and Amortization	\$20923992	Interest Expense	\$236646
Bad Debt	\$55265312	Other Expenses	\$280812858
Total Operating Expenses	\$554300518		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$68356271	Total Assets	\$357497468
Net Non-operating Gains over Loss	\$-202890	Total Liabilities	\$42676373
Total Net Gains	\$68153381		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$642159185	\$478151969	\$164007216
Medicaid	\$198047715	\$165230674	\$32817041
Other Government	\$0	\$0	\$0
Other State	\$12908513	\$9615002	\$3293511
Other Payers	\$618939621	\$232942791	\$385996830
Total	\$1472055034	\$885940436	\$586114598

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$63322	\$1383660.29	\$-1320338.29

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$324589	\$1332042.45	\$-1007453.45

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1419374	\$4226786.64	\$-2807412.64
Hospital Patients	\$0	\$0	\$0
Community Education	\$437924.12	\$1546488.13	\$-1108564.01

Number of Medical Professionals Trained	5363
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	20812

Statement Six: Charity Statement

Hospital Charity Charges	\$48304772
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13768443	
HCI Payments	\$0		
Subtotal	\$0	\$13768443	\$-13768443
Medicaid Shortfalls	\$32817041	\$56450090	
Subtotal	\$32817041	\$70218533	\$-37401492
DSH Payments	\$0		
Subtotal	\$32817041	\$70218533	\$-37401492
Medicare Shortfalls	\$165279598	\$186518832	
Other Government Programs	\$3293511	\$3679349	
Total	\$201390150	\$260416714	\$-59026564

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2060	\$2998838.61	\$-2996778.61
Community Assessment	\$0	\$12500	\$-12500
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$28590900.43	\$-28590900.43