



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: Huntington

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

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

Medicare Provider Number: 150091

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$32459215
Outpatient Patient Service Revenue	\$77807479
Total Gross Patient Service Revenue	\$110266694

#### 2. Deductions From Revenue

Contractual Allowance	\$54377744
Other Deductions	\$3802469
Total Deductions	\$58180213

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$52086481
Other Operating Revenue	\$1198468
Total Operating Revenue	\$53284949

#### 4. Operating Expenses

Salaries and Wages	\$11024697	Employee Benefits	\$3494322
Depreciation and Amortization	\$1121037	Interest Expense	\$33571
Bad Debt	\$6330413	Other Expenses	\$19522544
Total Operating Expenses	\$41526584		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11758365	Total Assets	\$42803164
Net Non-operating Gains over Loss	\$-459955	Total Liabilities	\$42803164
Total Net Gains	\$11298410		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$43458875	\$31424979	\$12033896
Medicaid	\$17609389	\$15389354	\$2220035
Other Government	\$0	\$0	\$0
Other State	\$1218949	\$979443	\$239506
Other Payers	\$47979481	\$10386437	\$37593044
Total	\$110266694	\$58180213	\$52086481

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$220071.70	\$-220071.7

### 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	\$9627.66	\$-9627.66
Hospital Patients	\$0	\$0	\$0
Community Education	\$21535	\$96933.55	\$-75398.55

Number of Medical Professionals Trained	41
Number of Hospital Patients Educated	43079
Number of Citizens Exposed to Health Education Messages	33368

### Statement Six: Charity Statement

Hospital Charity Charges	\$3802469
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1008157	
HCI Payments	\$0		
Subtotal	\$0	\$1008157	\$-1008157
Medicaid Shortfalls	\$2220035	\$4668815	
Subtotal	\$2220035	\$5676972	\$-3456937
DSH Payments	\$2,193,086		
Subtotal	\$4413121	\$5676972	\$-1263851
Medicare Shortfalls	\$12033896	\$11522343	
Other Government Programs	\$0	\$0	
Total	\$16447017	\$17199315	\$-752298

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3078551.04	\$-3078551.04
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$43167.34	\$-43167.34