



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Vickie Stanski

Email Address: vickie.stanski@parkview.com

Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$15595928
Outpatient Patient Service Revenue	\$48049628
Total Gross Patient Service Revenue	\$63645556

2. Deductions From Revenue

Contractual Allowance	\$33346540
Other Deductions	\$1382040
Total Deductions	\$34728580

3. Total Operating Revenue

Net Patient Service Revenue	\$28916976
Other Operating Revenue	\$1130241
Total Operating Revenue	\$30047217

4. Operating Expenses

Salaries and Wages	\$8195704	Employee Benefits	\$2823179
Depreciation and Amortization	\$1640914	Interest Expense	\$206789
Bad Debt	\$3299839	Other Expenses	\$14170405
Total Operating Expenses	\$30336830		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-289613	Total Assets	\$27385957
Net Non-operating Gains over Loss	\$-7510	Total Liabilities	\$27385957
Total Net Gains	\$-297123		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22474161	\$13165487	\$9308674
Medicaid	\$7380513	\$6675042	\$705471
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$33790882	\$14888051	\$18902831
Total	\$63645556	\$34728580	\$28916976

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$85019	\$-85019

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$6497	\$30750	\$-24253

--	--

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	12506
Number of Citizens Exposed to Health Education Messages	13505

Statement Six: Charity Statement

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$515736	
HCI Payments	\$0		
Subtotal	\$0	\$515736	\$-515736
Medicaid Shortfalls	\$932279	\$2754193	
Subtotal	\$932279	\$3269929	\$-2337650
DSH Payments	\$0		
Subtotal	\$932279	\$3269929	\$-2337650
Medicare Shortfalls	\$11710191	\$9283147	
Other Government Programs	\$0	\$0	
Total	\$12642470	\$12553076	\$89394

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1316381	\$-1316381
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$40780	\$-40780

Comments



