



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$101050487	Contractual Allowance	\$364482572
Outpatient Patient Service Revenue	\$416240886	Other Deductions	\$221709
Total Gross Patient Service Revenue	\$517291373	Total Deductions	\$364704281

3. Total Operating Revenue

Net Patient Service Revenue	\$152587092
Other Operating Revenue	\$0
Total Operating Revenue	\$152587092

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11103655	\$441
Medicaid	\$1827786	\$45
Commercial Insurance	\$13575997	\$133
Self-pay	\$0	\$0
Any Other Category of Payer	\$1093602	\$41
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$28444797	\$6036
Medicaid	\$7715765	\$1951
Commercial Insurance	\$79901764	\$5388
Self-pay	\$187132	\$29
Any Other Category of Payer	\$5003067	\$934
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39548452	\$6477
Medicaid	\$9543551	\$1996

Commercial Insurance	\$93477761	\$5521
Self-pay	\$187132	\$29
Any Other Category of Payer	\$6096669	\$975
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11103655	\$441
Medicaid	\$1827786	\$45
Commercial Insurance	\$13575997	\$133
Self-pay	\$0	\$0
Any Other Category of Payer	\$1093602	\$41
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$28444797	\$6036
Medicaid	\$7715765	\$1951
Commercial Insurance	\$79901764	\$5388
Self-pay	\$187132	\$29
Any Other Category of Payer	\$5003067	\$934
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$39548452	\$6477
Medicaid	\$9543551	\$1996
Commercial Insurance	\$93477761	\$5521
Self-pay	\$187132	\$29
Any Other Category of Payer	\$6096669	\$975
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0
Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	\$0

Medicaid	\$0	\$0
Commercial Insurance	\$0	\$0
Self-pay	\$0	\$0
Any Other Category of Payer	\$0	\$0
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$16017930	Employee Benefits	\$5130789
Depreciation and Amortization	\$2644171	Interest Expense	\$218841
Bad Debt	\$365216	Other Expenses	\$70893402
Total Operating Expenses	\$95270349		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$63951314	Total Assets	\$75522498
Net Non-operating Gains over Loss	\$-43350	Total Liabilities	\$17984977
Total Net Gains	\$63907964		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$252811495	\$213110882	\$39700613
Medicaid	\$56941184	\$44605516	\$12335668
Other Government	\$32239246	\$26470724	\$5768522
Other State	\$0	\$0	\$0
Other Payers	\$175299448	\$80517159	\$94782289
Total	\$517291373	\$364704281	\$152587092

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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$41997	
HCI Payments	\$0		
Subtotal	\$0	\$41997	\$-41997
Medicaid Shortfalls	\$12335668	\$12754404	
Subtotal	\$12335668	\$12796401	\$-460733
DSH Payments	\$0		
Subtotal	\$12335668	\$12796401	\$-460733
Medicare Shortfalls	\$39700613	\$47888856	
Other Government Programs	\$0	\$0	
Total	\$52036281	\$60685257	\$-8648976

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

Comments

Statement One 4-12 does not include prior year contractual adjustment and does include Hospital Assessment Fee in deductions

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