



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: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

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

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

Person Completing the Report: Lisa Pepler

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Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$53669193
Outpatient Patient Service Revenue	\$277789739
<b>Total Gross Patient Service Revenue</b>	<b>\$331458932</b>

2. Deductions From Revenue

Contractual Allowance	\$233038806
Other Deductions	\$3188147
<b>Total Deductions</b>	<b>\$236226953</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$95231979
Other Operating Revenue	\$3020445
<b>Total Operating Revenue</b>	<b>\$98252424</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8956731	\$1113
Medicaid	\$2026863	\$732
Commercial Insurance	\$7935561	\$957
Self-pay	\$61887	\$107
Any Other Category of Payer	\$579276	\$106
<b>Total</b>	<b>\$0</b>	<b>\$0</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$16252803	\$84201
Medicaid	\$9795430	\$48429
Commercial Insurance	\$46419854	\$103902
Self-pay	\$720070	\$12155
Any Other Category of Payer	\$1786779	\$4801
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	\$25209534	\$85314
Medicaid	\$11822293	\$49161
Commercial Insurance	\$54355415	\$104859
Self-pay	\$781957	\$12262
Any Other Category of Payer	\$2366054	\$4907
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	\$8948256	\$1005
Medicaid	\$2001055	\$463
Commercial Insurance	\$7895477	\$649
Self-pay	\$58447	\$54
Any Other Category of Payer	\$578194	\$95
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	\$13242742	\$51383
Medicaid	\$7777017	\$22221
Commercial Insurance	\$40781055	\$44152
Self-pay	\$508283	\$3662
Any Other Category of Payer	\$1603498	\$2668
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	\$22190997	\$52388
Medicaid	\$9778072	\$22684
Commercial Insurance	\$48676532	\$44801
Self-pay	\$566729	\$3716
Any Other Category of Payer	\$2181692	\$2763
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	\$8475	\$108
Medicaid	\$25808	\$269
Commercial Insurance	\$40084	\$308
Self-pay	\$3441	\$53
Any Other Category of Payer	\$1081	\$11
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	\$3010061	\$32818
Medicaid	\$2018413	\$26208
Commercial Insurance	\$5638800	\$59750
Self-pay	\$211788	\$8493
Any Other Category of Payer	\$183281	\$2133
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	\$3018537	\$32926
Medicaid	\$2044221	\$26477
Commercial Insurance	\$5678884	\$60058
Self-pay	\$215228	\$8546
Any Other Category of Payer	\$184362	\$2144
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$25204791	Employee Benefits	\$7674777
Depreciation and Amortization	\$2571283	Interest Expense	\$33962
Bad Debt	\$7461003	Other Expenses	\$50701512
Total Operating Expenses	\$93647328		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$4605096	Total Assets	\$133927972
Net Non-operating Gains over Loss	\$-5570117	Total Liabilities	\$11089267
Total Net Gains	\$-965021		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$136373429	\$112819521	\$23553908
Medicaid	\$68614659	\$55512566	\$13102093
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$126470844	\$64706719	\$61764125
Total	\$331458932	\$233038806	\$98420126

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$60289	\$-60289

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	\$299137	\$-299137
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$21156	\$-21156

Number of Medical Professionals Trained	181
Number of Hospital Patients Educated	126349
Number of Citizens Exposed to Health Education Messages	49388

Statement Six: Charity Statement

Hospital Charity Charges	\$3188147
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$703574	
HCI Payments	\$0		
Subtotal	\$0	\$703574	\$-703574
Medicaid Shortfalls	\$13102093	\$18835091	
Subtotal	\$13102093	\$19538665	\$-6436572
DSH Payments	\$0		
Subtotal	\$13102093	\$19538665	\$-6436572
Medicare Shortfalls	\$23553907	\$28291486	
Other Government Programs	\$0	\$0	
Total	\$36656000	\$47830151	\$-11174151

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$10055	\$29770	\$-19715
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$5102996	\$-5102996

### Comments

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

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