



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 WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (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	\$55743747
Outpatient Patient Service Revenue	\$256983186
Total Gross Patient Service Revenue	\$312726933

2. Deductions From Revenue

Contractual Allowance	\$206176734
Other Deductions	\$4139442
Total Deductions	\$210316176

3. Total Operating Revenue

Net Patient Service Revenue	\$102410756
Other Operating Revenue	\$3814023
Total Operating Revenue	\$106224779

4. Operating Expenses

Salaries and Wages	\$21548300	Employee Benefits	\$6256124
Depreciation and Amortization	\$2838184	Interest Expense	\$119151
Bad Debt	\$7302048	Other Expenses	\$50248674
Total Operating Expenses	\$88312481		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$17912299	Total Assets	\$159376221
Net Non-operating Gains over Loss	\$7162063	Total Liabilities	\$23565490

Total Net Gains	\$25074362
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$124233869	\$99774441	\$24459428
Medicaid	\$62535712	\$54723909	\$7811803
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$125957352	\$51678384	\$74278968
Total	\$312726933	\$206176734	\$106550199

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$101132	\$-101132

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	\$144041	\$-144041
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$14374	\$-14374

Number of Medical Professionals Trained	65
Number of Hospital Patients Educated	123847
Number of Citizens Exposed to Health Education Messages	46981

Statement Six: Charity Statement

Hospital Charity Charges	\$4139442
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$815979	
HCI Payments	\$0		
Subtotal	\$0	\$815979	\$-815979
Medicaid Shortfalls	\$12256119	\$16131161	
Subtotal	\$12256119	\$16947140	\$-4691021
DSH Payments	\$0		
Subtotal	\$12256119	\$16947140	\$-4691021
Medicare Shortfalls	\$24418433	\$24490005	
Other Government Programs	\$0	\$0	
Total	\$36674552	\$41437145	\$-4762593

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$7060	\$48236	\$-41176
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$25860	\$-25860

Comments