



## 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: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 150091

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$29522498
Outpatient Patient Service Revenue	\$69203154
Total Gross Patient Service Revenue	\$98725652

#### 2. Deductions From Revenue

Contractual Allowance	\$50257040
Other Deductions	\$3923387
Total Deductions	\$54180427

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$44545225
Other Operating Revenue	\$1193714
Total Operating Revenue	\$45738939

#### 4. Operating Expenses

Salaries and Wages	\$11099892	Employee Benefits	\$3457995
Depreciation and Amortization	\$1176095	Interest Expense	\$57370
Bad Debt	\$4689041	Other Expenses	\$14864844
Total Operating Expenses	\$35345237		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10393702	Total Assets	\$43816509
Net Non-operating Gains over Loss	\$-2336769	Total Liabilities	\$43816509
Total Net Gains	\$8056933		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$39814884	\$29166923	\$10647961
Medicaid	\$16461467	\$14780658	\$1680809
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42449301	\$10232846	\$32216455
Total	\$98725652	\$54180427	\$44545225

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$345511	\$-345511

### 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	\$2721	\$-2721
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$183022	\$-183022

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	40942
Number of Citizens Exposed to Health Education Messages	6585

### Statement Six: Charity Statement

Hospital Charity Charges	\$3923387
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1358669	
HCI Payments	\$0		
Subtotal	\$0	\$1358669	\$-1358669
Medicaid Shortfalls	\$1680809	\$5700606	
Subtotal	\$1680809	\$7059275	\$-5378466
DSH Payments	\$1,800,000		
Subtotal	\$3480809	\$7059275	\$-3578466
Medicare Shortfalls	\$10647961	\$13787894	
Other Government Programs	\$0	\$0	
Total	\$14128770	\$20847169	\$-6718399

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1125829	\$-1125829
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$163926	\$-163926