



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PARKVIEW NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

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

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26912690
Outpatient Patient Service Revenue	\$72952284
Total Gross Patient Service Revenue	\$99864974

2. Deductions From Revenue

Contractual Allowance	\$52517580
Other Deductions	\$4605854
Total Deductions	\$57123434

3. Total Operating Revenue

Net Patient Service Revenue	\$42741540
Other Operating Revenue	\$711442
Total Operating Revenue	\$43452982

4. Operating Expenses

Salaries and Wages	\$11588892	Employee Benefits	\$3604815
Depreciation and Amortization	\$2112195	Interest Expense	\$0
Bad Debt	\$4801232	Other Expenses	\$17677782
Total Operating Expenses	\$39784916		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3668066	Total Assets	\$33372223
Net Non-operating Gains over Loss	\$95456	Total Liabilities	\$1964345
Total Net Gains	\$3763522		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$40334403	\$29211204	\$11123199
Medicaid	\$16628371	\$15046722	\$1581649
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42902200	\$8170265	\$34731935
Total	\$99864974	\$52428191	\$47436783

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$204624	\$-204624

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	\$35062	\$-35062
Hospital Patients	\$0	\$0	\$0
Community Education	\$800	\$65523	\$-64723

Number of Medical Professionals Trained	740
Number of Hospital Patients Educated	48575
Number of Citizens Exposed to Health Education Messages	25656

Statement Six: Charity Statement

Hospital Charity Charges	\$4605854
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1581190	
HCI Payments	\$0		
Subtotal	\$0	\$1581190	\$-1581190
Medicaid Shortfalls	\$1581649	\$5708520	
Subtotal	\$1581649	\$7289710	\$-5708061
DSH Payments	\$0		
Subtotal	\$1581649	\$7289710	\$-5708061
Medicare Shortfalls	\$11123199	\$13846801	
Other Government Programs	\$0	\$0	
Total	\$12704848	\$21136511	\$-8431663

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$717089	\$-717089
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1448771	\$-1448771