



## 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: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150146

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$28273785
Outpatient Patient Service Revenue	\$84670561
Total Gross Patient Service Revenue	\$112944346

#### 2. Deductions From Revenue

Contractual Allowance	\$59553464
Other Deductions	\$4189464
Total Deductions	\$63742928

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$49201418
Other Operating Revenue	\$1004368
Total Operating Revenue	\$50205786

#### 4. Operating Expenses

Salaries and Wages	\$11251471	Employee Benefits	\$3550367
Depreciation and Amortization	\$1005032	Interest Expense	\$0
Bad Debt	\$5877539	Other Expenses	\$19791150
Total Operating Expenses	\$41475559		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8730227	Total Assets	\$15808858
Net Non-operating Gains over Loss	\$18228	Total Liabilities	\$1993599
Total Net Gains	\$8748455		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$48516284	\$35027229	\$13489055
Medicaid	\$16263730	\$14352871	\$1910859
Other Government	\$0	\$0	\$0
Other State	\$1631866	\$1249520	\$382346
Other Payers	\$46532466	\$8923844	\$37608622
Total	\$112944346	\$59553464	\$53390882

### 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	\$39146	\$-39146
Hospital Patients	\$0	\$0	\$0
Community Education	\$800	\$65523	\$-64723

Number of Medical Professionals Trained	762
Number of Hospital Patients Educated	26409
Number of Citizens Exposed to Health Education Messages	30237

### Statement Six: Charity Statement

Hospital Charity Charges	\$4603826
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1212204	
HCI Payments	\$0		
Subtotal	\$0	\$1212204	\$-1212204
Medicaid Shortfalls	\$1910859	\$4282300	
Subtotal	\$1910859	\$5494504	\$-3583645
DSH Payments	\$683,558		
Subtotal	\$2594417	\$5494504	\$-2900087
Medicare Shortfalls	\$13489055	\$12774517	
Other Government Programs	\$382346	\$429676	
Total	\$16465818	\$18698697	\$-2232879

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

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$857471	\$-857471
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$1299228	\$-1299228