



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: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$157802816
Outpatient Patient Service Revenue	\$69622061
Total Gross Patient Service Revenue	\$227424877

2. Deductions From Revenue

Contractual Allowance	\$131775354
Other Deductions	\$231148
Total Deductions	\$132006502

3. Total Operating Revenue

Net Patient Service Revenue	\$95418375
Other Operating Revenue	\$2543269
Total Operating Revenue	\$97961644

4. Operating Expenses

Salaries and Wages	\$6692628	Employee Benefits	\$2287672
Depreciation and Amortization	\$2150419	Interest Expense	\$1617003
Bad Debt	\$1460317	Other Expenses	\$35997989
Total Operating Expenses	\$50206028		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$47755616	Total Assets	\$92420768
Net Non-operating Gains over Loss	\$-18346	Total Liabilities	\$52258528
Total Net Gains	\$47737270		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$96230827	\$78612876	\$17617951
Medicaid	\$16008852	\$13836504	\$2172348
Other Government	\$2033389	\$1253485	\$779904
Other State	\$0	\$0	\$0
Other Payers	\$113151809	\$38303637	\$74848172
Total	\$227424877	\$132006502	\$95418375

Statement Three: Donations Statement

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

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$58087	
HCI Payments	\$0		
Subtotal	\$0	\$58087	\$-58087
Medicaid Shortfalls	\$2172351	\$4023025	
Subtotal	\$2172351	\$4081112	\$-1908761
DSH Payments	\$0		
Subtotal	\$2172351	\$4081112	\$-1908761
Medicare Shortfalls	\$17482119	\$24182807	
Other Government Programs	\$0	\$0	
Total	\$19654470	\$28263919	\$-8609449

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1326	\$-1326
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



