



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 HUNTINGTON HOSPITAL

City of Hospital: Huntington

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

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

Person Completing the Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 150091

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

Inpatient Patient Service Revenue	\$37927203
Outpatient Patient Service Revenue	\$84061520
Total Gross Patient Service Revenue	\$121988723

## 2. Deductions From Revenue

Contractual Allowance	\$67911285
Other Deductions	\$2418538
Total Deductions	\$70329823

## 3. Total Operating Revenue

Net Patient Service Revenue	\$51658900
Other Operating Revenue	\$4185429
Total Operating Revenue	\$55844329

## 4. Operating Expenses

Salaries and Wages	\$12256803	Employee Benefits	\$4210891
Depreciation and Amortization	\$1184986	Interest Expense	\$18519
Bad Debt	\$6516075	Other Expenses	\$22757802
Total Operating Expenses	\$46945076		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8899253	Total Assets	\$41619929
Net Non-operating Gains over Loss	\$2702604	Total Liabilities	\$41619929
Total Net Gains	\$11601857		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$48901622	\$36894198	\$12007424
Medicaid	\$21357735	\$16589662	\$4768073
Other Government	\$1426681	\$1190070	\$236611
Other State	\$0	\$0	\$0
Other Payers	\$50302690	\$15655893	\$34646797
Total	\$121988728	\$70329823	\$51658905

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$277236	\$-277236

## 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	\$32160	\$65438	\$-33278

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Number of Medical Professionals Trained	
Number of Hospital Patients Educated	40553
Number of Citizens Exposed to Health Education Messages	1449

Statement Six: Charity Statement
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Hospital Charity Charges	\$2418538
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$752507	
HCI Payments	\$0		
Subtotal	\$0	\$752507	\$-752507
Medicaid Shortfalls	\$3587755	\$5744035	
Subtotal	\$3587755	\$6496542	\$-2908787
DSH Payments	\$0		
Subtotal	\$3587755	\$6496542	\$-2908787
Medicare Shortfalls	\$28812402	\$13151798	
Other Government Programs	\$0	\$0	
Total	\$32400157	\$19648340	\$12751817

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2685586	\$-2685586
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



