



Hospital Fiscal Report
 State Form 49520 (R3/7-23)
 Indiana Department of Health
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Patrick Dahm

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$26414737	Contractual Allowance	\$-92177191
Outpatient Patient Service Revenue	\$110786701	Other Deductions	\$0
Total Gross Patient Service Revenue	\$137201438	Total Deductions	\$-92177191

3. Total Operating Revenue	
Net Patient Service Revenue	\$45024248
Other Operating Revenue	\$413706
Total Operating Revenue	\$45437954

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3387511	\$604
Medicaid	\$835267	\$283
Commercial Insurance	\$5335338	\$761
Self-pay	\$52913	\$62
Any Other Category of Payer	\$220224	\$41
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$10356593	\$22867
Medicaid	\$2258340	\$12349
Commercial Insurance	\$18036376	\$31562
Self-pay	\$417489	\$3943
Any Other Category of Payer	\$1542639	\$1860
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$13744105	\$23471
Medicaid	\$3093607	\$12632

Commercial Insurance	\$23371714	\$32323
Self-pay	\$470401	\$4005
Any Other Category of Payer	\$1762864	\$1901
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$3334318	\$446
Medicaid	\$811570	\$198
Commercial Insurance	\$5258003	\$575
Self-pay	\$51726	\$42
Any Other Category of Payer	\$219553	\$37
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$9497110	\$15399
Medicaid	\$1681587	\$6882
Commercial Insurance	\$15860206	\$16536
Self-pay	\$337960	\$1713
Any Other Category of Payer	\$1471514	\$1196
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$12831428	\$15845
Medicaid	\$2493157	\$7080
Commercial Insurance	\$21118209	\$17111
Self-pay	\$389686	\$1755
Any Other Category of Payer	\$1691066	\$1233
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$53193	\$158
Medicaid	\$23696	\$85
Commercial Insurance	\$77335	\$186
Self-pay	\$1187	\$20
Any Other Category of Payer	\$672	\$4
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$859483	\$7468
Medicaid	\$576753	\$5467
Commercial Insurance	\$2176170	\$15026
Self-pay	\$79528	\$2230
Any Other Category of Payer	\$71126	\$664
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$912677	\$7626

Medicaid	\$600450	\$5552
Commercial Insurance	\$2253504	\$15212
Self-pay	\$80715	\$2250
Any Other Category of Payer	\$71797	\$668
Total	\$3919143	\$31308

13. Operating Expenses

Salaries and Wages	\$11884438	Employee Benefits	\$3735854
Depreciation and Amortization	\$1525822	Interest Expense	\$248784
Bad Debt	\$2881491	Other Expenses	\$22071537
Total Operating Expenses	\$42347926		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3090027	Total Assets	\$31079374
Net Non-operating Gains over Loss	\$-3315	Total Liabilities	\$16334351
Total Net Gains	\$3086712		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51003316	\$36863486	\$14139830
Medicaid	\$23143337	\$18565719	\$4577618
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63054786	\$39629477	\$23425309
Total	\$137201439	\$95058682	\$42142757

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$48658	\$-48658

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	\$15228	\$-15228
Hospital Patients	\$0	\$0	\$0
Community Education	\$1560	\$50239	\$-48679

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	1517

Statement Six: Charity Statement

Hospital Charity Charges	\$2659087
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$695033	
HCI Payments	\$0		
Subtotal	\$0	\$695033	\$-695033
Medicaid Shortfalls	\$4577617	\$7919165	
Subtotal	\$4577617	\$7919165	\$-3341548
DSH Payments	\$0		
Subtotal	\$4577617	\$7919165	\$-3341548
Medicare Shortfalls	\$14139830	\$11983280	
Other Government Programs	\$0	\$0	
Total	\$18717447	\$19902445	\$-1184998

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$143785	\$-143785
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$1273067	\$2062737	\$-789670

Comments

Statement One 4-12 does not include prior year contractual adjustment and does include Hospital Assessment Fee in deductions.

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