



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:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	
Outpatient Patient Service Revenue	
<b>Total Gross Patient Service Revenue</b>	<b>\$275512264</b>

2. Deductions From Revenue

Contractual Allowance	
Other Deductions	
<b>Total Deductions</b>	<b>\$162091342</b>

3. Total Operating Revenue

Net Patient Service Revenue	
Other Operating Revenue	
<b>Total Operating Revenue</b>	<b>\$115712610</b>

4. Operating Expenses

Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
<b>Total Operating Expenses</b>	<b>\$52968812</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses		Total Assets	
		Total Liabilities	

Net Non-operating Gains over Loss		
Total Net Gains	\$62732260	

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$17954889
Medicaid			\$2070429
Other Government			\$1215303
Other State			\$0
Other Payers			\$92180301
<b>Total</b>	<b>\$275512264</b>	<b>\$162091342</b>	<b>\$113420922</b>

**Statement Three: Donations Statement**

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

**Statement Four: Research Statement**

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

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$0
Hospital Patients			\$0
Community Education			\$0

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

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$110392	\$-110392
Medicaid Shortfalls			
Subtotal	\$2070429	\$2993747	\$-923318
DSH Payments			
Subtotal	\$2070429	\$2993747	\$-923318
Medicare Shortfalls			
Other Government Programs			
Total	\$20025318	\$25120268	\$-5094950

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$-152794
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments