



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 NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43251321
Outpatient Patient Service Revenue	\$128377729
Total Gross Patient Service Revenue	\$171629050

2. Deductions From Revenue

Contractual Allowance	\$106193294
Other Deductions	\$2193894
Total Deductions	\$108387188

3. Total Operating Revenue

Net Patient Service Revenue	\$63241862
Other Operating Revenue	\$1484219
Total Operating Revenue	\$64726081

4. Operating Expenses

Salaries and Wages	\$14031184	Employee Benefits	\$4161515
Depreciation and Amortization	\$845233	Interest Expense	\$0
Bad Debt	\$9050873	Other Expenses	\$24248288
Total Operating Expenses	\$52337093		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12388988	Total Assets	\$15488250
Net Non-operating Gains over Loss	\$-11641	Total Liabilities	\$1615133

Total Net Gains	\$12377347
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$72364641	\$57978797	\$14385844
Medicaid	\$30144508	\$25991384	\$4153124
Other Government	\$1572131	\$1431927	\$140204
Other State	\$0	\$0	\$0
Other Payers	\$67547770	\$22985080	\$44562690
Total	\$171629050	\$108387188	\$63241862

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$160653	\$-160653

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	\$122944	\$-122944

Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	28536
Number of Citizens Exposed to Health Education Messages	40837

Statement Six: Charity Statement

Hospital Charity Charges	\$2179434
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$470464	
HCI Payments	\$0		
Subtotal	\$0	\$470464	\$-470464
Medicaid Shortfalls	\$4168231	\$6507144	
Subtotal	\$4168231	\$6977608	\$-2809377
DSH Payments	\$0		
Subtotal	\$4168231	\$6977608	\$-2809377
Medicare Shortfalls	\$14419856	\$15620993	
Other Government Programs	\$0	\$0	
Total	\$18588087	\$22598601	\$-4010514

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$49936	\$174361	\$-124425
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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