



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: WABASH COUNTY HOSPITAL

City of Hospital: Wabash

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

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

Person Completing the Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 15-1310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9818768
Outpatient Patient Service Revenue	\$71339529
Total Gross Patient Service Revenue	\$81158297

2. Deductions From Revenue

Contractual Allowance	\$43359507
Other Deductions	\$812856
Total Deductions	\$44172363

3. Total Operating Revenue

Net Patient Service Revenue	\$36985934
Other Operating Revenue	\$818949
Total Operating Revenue	\$37804883

4. Operating Expenses

Salaries and Wages	\$9534233	Employee Benefits	\$2932354
Depreciation and Amortization	\$5030093	Interest Expense	\$9909
Bad Debt	\$3546009	Other Expenses	\$17965733
Total Operating Expenses	\$39018331		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1213448	Total Assets	\$6794347
Net Non-operating Gains over Loss	\$37405957	Total Liabilities	\$6794347

Total Net Gains	\$36192509
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$44897189	\$25802979	\$19094210
Medicaid	\$9635660	\$7694017	\$1941643
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26625448	\$10675367	\$15950081
Total	\$81158297	\$44172363	\$36985934

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$23683	\$-23683

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

Statement Five: Education Statement
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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	\$6479	\$130669	\$-124190

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	9554
Number of Citizens Exposed to Health Education Messages	9693

Statement Six: Charity Statement
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Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$281401	
HCI Payments	\$0		
Subtotal	\$0	\$281401	\$-281401
Medicaid Shortfalls	\$1689329	\$3326132	
Subtotal	\$1689329	\$3607533	\$-1918204
DSH Payments	\$0		
Subtotal	\$1689329	\$3607533	\$-1918204
Medicare Shortfalls	\$8294514	\$10463491	
Other Government Programs	\$0	\$0	
Total	\$9983843	\$14071024	\$-4087181

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	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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