



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: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (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	\$43915853
Outpatient Patient Service Revenue	\$152559041
Total Gross Patient Service Revenue	\$196474894

2. Deductions From Revenue

Contractual Allowance	\$124747631
Other Deductions	\$2139152
Total Deductions	\$126886783

3. Total Operating Revenue

Net Patient Service Revenue	\$69588111
Other Operating Revenue	\$1442048
Total Operating Revenue	\$71030159

4. Operating Expenses

Salaries and Wages	\$14711721	Employee Benefits	\$4492932
Depreciation and Amortization	\$948983	Interest Expense	\$0
Bad Debt	\$7979518	Other Expenses	\$27282536
Total Operating Expenses	\$55415690		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15614469	Total Assets	\$15989529
Net Non-operating Gains over Loss	\$-27756	Total Liabilities	\$2156412

Total Net Gains	\$15586713
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$81724260	\$65728847	\$15995413
Medicaid	\$37096797	\$32040067	\$5056730
Other Government	\$2488026	\$1602638	\$885388
Other State	\$0	\$0	\$0
Other Payers	\$75165811	\$27515231	\$47650580
Total	\$196474894	\$126886783	\$69588111

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$182564	\$-182564

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	\$263	\$-263
Hospital Patients	\$0	\$0	\$0
Community Education	\$44566	\$81986	\$-37420

Number of Medical Professionals Trained	30
Number of Hospital Patients Educated	61992
Number of Citizens Exposed to Health Education Messages	68521

Statement Six: Charity Statement

Hospital Charity Charges	\$2943648
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$592857	
HCI Payments	\$0		
Subtotal	\$0	\$592857	\$-592857
Medicaid Shortfalls	\$5087880	\$8736460	
Subtotal	\$5087880	\$9329317	\$-4241437
DSH Payments	\$0		
Subtotal	\$5087880	\$9329317	\$-4241437
Medicare Shortfalls	\$15668605	\$19246424	
Other Government Programs	\$0	\$0	
Total	\$20756485	\$28575741	\$-7819256

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$52350	\$316165	\$-263815
Community Assessment	\$0	\$8320	\$-8320
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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