



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: Fort Wayne

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$253521068
Outpatient Patient Service Revenue	\$160473822
Total Gross Patient Service Revenue	\$413994890

2. Deductions From Revenue

Contractual Allowance	\$274625054
Other Deductions	\$780304
Total Deductions	\$275405358

3. Total Operating Revenue

Net Patient Service Revenue	\$138589532
Other Operating Revenue	\$2011765
Total Operating Revenue	\$140601297

4. Operating Expenses

Salaries and Wages	\$12923603	Employee Benefits	\$4133166
Depreciation and Amortization	\$2382256	Interest Expense	\$186863
Bad Debt	\$-39529	Other Expenses	\$50497769
Total Operating Expenses	\$70084128		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$70517169	Total Assets	\$31424917
Net Non-operating Gains over Loss	\$-27222	Total Liabilities	\$14176330
Total Net Gains	\$70489947		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$199010593	\$170305077	\$28705516
Medicaid	\$33362769	\$26212912	\$7149857
Other Government	\$19149313	\$15755401	\$3393912
Other State	\$0	\$0	\$0
Other Payers	\$162472215	\$63131968	\$99340247
Total	\$413994890	\$275405358	\$138589532

Statement Three: Donations Statement

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

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	\$0	\$0

Number of Medical Professionals Trained

\$0

Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$125190	
HCI Payments	\$0		
Subtotal	\$0	\$125190	\$-125190
Medicaid Shortfalls	\$5662651	\$5392656	
Subtotal	\$5662651	\$5517846	\$144805
DSH Payments	\$0		
Subtotal	\$5662651	\$5517846	\$144805
Medicare Shortfalls	\$28705516	\$31928862	
Other Government Programs	\$0	\$0	
Total	\$34368167	\$37446708	\$-3078541

Statement Seven: Subsidized Health Services for the Community

	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

