



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 LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Beau Bradtmiller

Email Address: beau.bradtmiller@parkview.com

Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20877912
Outpatient Patient Service Revenue	\$97664573
Total Gross Patient Service Revenue	\$118542485

2. Deductions From Revenue

Contractual Allowance	\$73621614
Other Deductions	\$2186787
Total Deductions	\$75808401

3. Total Operating Revenue

Net Patient Service Revenue	\$42734084
Other Operating Revenue	\$856910
Total Operating Revenue	\$43590994

4. Operating Expenses

Salaries and Wages	\$10452736	Employee Benefits	\$3544123
Depreciation and Amortization	\$1659711	Interest Expense	\$365079
Bad Debt	\$5543511	Other Expenses	\$20924884
Total Operating Expenses	\$42490044		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1100950	Total Assets	\$22747813
Net Non-operating Gains over Loss	\$-3719	Total Liabilities	\$18209042

Total Net Gains	\$1097231
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43707076	\$31871617	\$11835459
Medicaid	\$16706618	\$14847947	\$1858671
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$58128791	\$29088837	\$29039954
Total	\$118542485	\$75808401	\$42734084

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$19594	\$-19594

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$-19594

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	\$1100	\$36480	\$-35380

Number of Medical Professionals Trained	273
Number of Hospital Patients Educated	15638
Number of Citizens Exposed to Health Education Messages	16870

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	\$515632	
HCI Payments	\$0		
Subtotal	\$0	\$515632	\$-515632
Medicaid Shortfalls	\$1858670	\$4422710	
Subtotal	\$1858670	\$4938342	\$-3079672
DSH Payments	\$0		
Subtotal	\$1858670	\$4938342	\$-3079672
Medicare Shortfalls	\$11835459	\$11570487	
Other Government Programs	\$0	\$0	
Total	\$13694129	\$16508829	\$-2814700

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

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