



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 DEKALB HOSPITAL

City of Hospital: Auburn

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44548254
Outpatient Patient Service Revenue	\$191965792
Total Gross Patient Service Revenue	\$236514046

2. Deductions From Revenue

Contractual Allowance	\$162532896
Other Deductions	\$4005379
Total Deductions	\$166538275

3. Total Operating Revenue

Net Patient Service Revenue	\$69975771
Other Operating Revenue	\$9569729
Total Operating Revenue	\$79545500

4. Operating Expenses

Salaries and Wages	\$20095398	Employee Benefits	\$5485366
Depreciation and Amortization	\$1967983	Interest Expense	\$276192
Bad Debt	\$3359937	Other Expenses	\$38260905
Total Operating Expenses	\$69445781		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$10099719	Total Assets	\$71453037
Net Non-operating Gains over Loss	\$2631454	Total Liabilities	\$8662602

Total Net Gains	\$12731173
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$101307518	\$83249038	\$18058480
Medicaid	\$18877820	\$14676718	\$4201102
Other Government	\$0	\$0	\$0
Other State	\$26108206	\$20456536	\$5651670
Other Payers	\$90220502	\$48155983	\$42064519
Total	\$236514046	\$166538275	\$69975771

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$60203	\$-60203

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	\$146730	\$-146730
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	28
Number of Hospital Patients Educated	32066
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$4005378
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$839167	
HCI Payments	\$0		
Subtotal	\$0	\$839167	\$-839167
Medicaid Shortfalls	\$4137987	\$5282799	
Subtotal	\$4137987	\$6121966	\$-1983979
DSH Payments	\$0		
Subtotal	\$4137987	\$6121966	\$-1983979
Medicare Shortfalls	\$18058480	\$19588013	
Other Government Programs	\$5714785	\$6946144	
Total	\$27911252	\$32656123	\$-4744871

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4470944	\$6267546	\$-1796602
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments