



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 RANDALLIA HOSPITAL

City of Hospital: Fort Wayne

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

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

Person Completing the Report: Paige Cayot

Email Address: paige.cayot@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2446777346
Outpatient Patient Service Revenue	\$2926558042
Total Gross Patient Service Revenue	\$5373335388

2. Deductions From Revenue

Contractual Allowance	\$3705644256
Other Deductions	\$66513360
Total Deductions	\$3772157616

3. Total Operating Revenue

Net Patient Service Revenue	\$1601177772
Other Operating Revenue	\$143586557
Total Operating Revenue	\$1744764329

4. Operating Expenses

Salaries and Wages	\$423886769	Employee Benefits	\$104608231
Depreciation and Amortization	\$60906168	Interest Expense	\$202040
Bad Debt	\$41577382	Other Expenses	\$972740333
Total Operating Expenses	\$1603920923		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$140843406	Total Assets	\$931075283
Net Non-operating Gains over Loss	\$2625887	Total Liabilities	\$239722012

Total Net Gains	\$143469293
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2486674333	\$2045932569	\$440741764
Medicaid	\$438539714	\$322836941	\$115702773
Other Government	\$123416810	\$102024343	\$21392467
Other State	\$499252561	\$387897969	\$111354592
Other Payers	\$1825451970	\$913465795	\$911986175
Total	\$5373335388	\$3772157617	\$1601177771

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1256344	\$-1256344

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$443339	\$1119420	\$-676081

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1969519	\$10135391	\$-8165872
Hospital Patients	\$0	\$0	\$0
Community Education	\$1947326	\$3689930	\$-1742604

Number of Medical Professionals Trained	2717
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	22573

Statement Six: Charity Statement

Hospital Charity Charges	\$84407393
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$19320852	
HCI Payments	\$0		
Subtotal	\$0	\$19320852	\$-19320852
Medicaid Shortfalls	\$88719902	\$136806060	
Subtotal	\$88719902	\$156126912	\$-67407010
DSH Payments	\$18,116,406		
Subtotal	\$106836308	\$156126912	\$-49290604
Medicare Shortfalls	\$374203619	\$486765196	
Other Government Programs	\$80173004	\$95225894	
Total	\$561212931	\$738118002	\$-176905071

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1350317	\$6818599	\$-5468282
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$66126463	\$79425417	\$-13298954

Comments