



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PARKVIEW WHITLEY HOSPITAL

City of Hospital: Columbia City

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22732571
Outpatient Patient Service Revenue	\$53062727
Total Gross Patient Service Revenue	\$75795298

2. Deductions From Revenue

Contractual Allowance	\$35780426
Other Deductions	\$3000428
Total Deductions	\$38780854

3. Total Operating Revenue

Net Patient Service Revenue	\$37014443
Other Operating Revenue	\$2230075
Total Operating Revenue	\$39244518

4. Operating Expenses

Salaries and Wages	\$12170690	Employee Benefits	\$3800071
Depreciation and Amortization	\$1740585	Interest Expense	\$16203
Bad Debt	\$3824540	Other Expenses	\$18231395
Total Operating Expenses	\$39783484		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-538966	Total Assets	\$50954597
Net Non-operating Gains over Loss	\$-822085	Total Liabilities	\$3968190
Total Net Gains	\$-1361051		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$30542399	\$21079195	\$9463204
Medicaid	\$10700578	\$8180247	\$2520331
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$34552320	\$9521412	\$25030908
Total	\$75795297	\$38780854	\$37014443

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$132054	\$-132054

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	\$16755	\$-16755
Hospital Patients	\$0	\$0	\$0
Community Education	\$940	\$35623	\$-34683

Number of Medical Professionals Trained	16
Number of Hospital Patients Educated	50316
Number of Citizens Exposed to Health Education Messages	18917

Statement Six: Charity Statement

Hospital Charity Charges	\$3000428
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1335190	
HCI Payments	\$0		
Subtotal	\$0	\$1335190	\$-1335190
Medicaid Shortfalls	\$2798403	\$4761757	
Subtotal	\$2798403	\$6096947	\$-3298544
DSH Payments	\$0		
Subtotal	\$2798403	\$6096947	\$-3298544
Medicare Shortfalls	\$9367900	\$13591368	
Other Government Programs	\$0	\$0	
Total	\$12166303	\$19688315	\$-7522012

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$11453	\$74561	\$-63108
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$2214522	\$-2214522