



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: PARKVIEW LAGRANGE HOSPITAL

City of Hospital: LaGrange

Year Begin: 01/31/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-1323

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16783002
Outpatient Patient Service Revenue	\$40002543
Total Gross Patient Service Revenue	\$56785545

#### 2. Deductions From Revenue

Contractual Allowance	\$26682428
Other Deductions	\$2682963
Total Deductions	\$29365391

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$27420154
Other Operating Revenue	\$798093
Total Operating Revenue	\$28218247

#### 4. Operating Expenses

Salaries and Wages	\$7631543	Employee Benefits	\$2418239
Depreciation and Amortization	\$1879439	Interest Expense	\$305817
Bad Debt	\$2926895	Other Expenses	\$12239487
Total Operating Expenses	\$27401420		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$816827	Total Assets	\$31819567
Net Non-operating Gains over Loss	\$1950	Total Liabilities	\$31819567
Total Net Gains	\$818777		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$19882125	\$11270423	\$8611702
Medicaid	\$6810259	\$5646129	\$1164130
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$30093161	\$12448839	\$17644322
Total	\$56785545	\$29365391	\$27420154

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$30376.66	\$-30376.66

**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	\$6472	\$-6472
Hospital Patients	\$0	\$0	\$0
Community Education	\$1020	\$40343	\$-39323

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	21718
Number of Citizens Exposed to Health Education Messages	2802

**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	\$983399	
HCI Payments	\$0		
Subtotal	\$0	\$983399	\$-983399
Medicaid Shortfalls	\$1226421	\$2496197	
Subtotal	\$1226421	\$3479596	\$-2253175
DSH Payments	\$0		
Subtotal	\$1226421	\$3479596	\$-2253175
Medicare Shortfalls	\$8095898	\$7681713	
Other Government Programs	\$0	\$0	
Total	\$9322319	\$11161309	\$-1838990

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1043222	\$-1043222
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$65113	\$-65113