



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: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (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	\$25923342
Outpatient Patient Service Revenue	\$62396593
Total Gross Patient Service Revenue	\$88319935

2. Deductions From Revenue

Contractual Allowance	\$41694730
Other Deductions	\$3963045
Total Deductions	\$45657775

3. Total Operating Revenue

Net Patient Service Revenue	\$42662160
Other Operating Revenue	\$2182919
Total Operating Revenue	\$44845079

4. Operating Expenses

Salaries and Wages	\$12221123	Employee Benefits	\$3881851
Depreciation and Amortization	\$1538586	Interest Expense	\$12111
Bad Debt	\$3818745	Other Expenses	\$18621048
Total Operating Expenses	\$40093464		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4751615	Total Assets	\$27873065
Net Non-operating Gains over Loss	\$-1043710	Total Liabilities	\$2949464
Total Net Gains	\$3707905		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$35005386	\$24314356	\$10691030
Medicaid	\$12156175	\$9072227	\$3083948
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$41158374	\$12271192	\$28887182
Total	\$88319935	\$45657775	\$42662160

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$85439	\$-85439

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	\$12863	\$-12863
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$18070	\$-18070

Number of Medical Professionals Trained	180
Number of Hospital Patients Educated	52761
Number of Citizens Exposed to Health Education Messages	22881

Statement Six: Charity Statement

Hospital Charity Charges	\$3509750
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1318952	
HCI Payments	\$0		
Subtotal	\$0	\$1318952	\$-1318952
Medicaid Shortfalls	\$3083948	\$4568248	
Subtotal	\$3083948	\$5887200	\$-2803252
DSH Payments	\$0		
Subtotal	\$3083948	\$5887200	\$-2803252
Medicare Shortfalls	\$9799508	\$11335052	
Other Government Programs	\$0	\$0	
Total	\$12883456	\$17222252	\$-4338796

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$14145	\$160237	\$-146092
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$2640345	\$-2640345