



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 HOSPITAL

City of Hospital: Fort Wayne, Indiana

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Shalini Agarwal

Email Address: shalini.agarwal@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses
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## 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1105965020
Outpatient Patient Service Revenue	\$866462728
Total Gross Patient Service Revenue	\$1972427748

## 2. Deductions From Revenue

Contractual Allowance	\$1173751296
Other Deductions	\$42594558
Total Deductions	\$1216345854

## 3. Total Operating Revenue

Net Patient Service Revenue	\$756081894
Other Operating Revenue	\$45016927
Total Operating Revenue	\$801098821

## 4. Operating Expenses

Salaries and Wages	\$185291873	Employee Benefits	\$63191664
Depreciation and Amortization	\$46634345	Interest Expense	\$361386
Bad Debt	\$77974076	Other Expenses	\$340413637
Total Operating Expenses	\$713866981		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$87231840	Total Assets	\$358072609
Net Non-operating Gains over Loss	\$1549968	Total Liabilities	\$48024606
Total Net Gains	\$88781808		

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$872465070	\$663407272	\$209057798
Medicaid	\$255884822	\$204214204	\$51670618
Other Government	\$0	\$0	\$0
Other State	\$12349479	\$10715291	\$1634188
Other Payers	\$831728377	\$338009087	\$493719290
Total	\$1972427748	\$1216345854	\$756081894

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$46767	\$1134634	\$-1087867

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$215834	\$2184530	\$-1968696

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2107691	\$4891539	\$-2783848
Hospital Patients	\$0	\$0	\$0
Community Education	\$288060	\$1293799	\$-1005739

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Number of Medical Professionals Trained	4019
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	123801

Statement Six: Charity Statement
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Hospital Charity Charges	\$42594558
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$11615536	
HCI Payments	\$0		
Subtotal	\$0	\$11615536	\$-11615536
Medicaid Shortfalls	\$51670618	\$69779791	
Subtotal	\$51670618	\$81395327	\$-29724709
DSH Payments	\$10,486,155		
Subtotal	\$62156773	\$81395327	\$-19238554
Medicare Shortfalls	\$209057798	\$237921224	
Other Government Programs	\$1634188	\$3367703	
Total	\$272848759	\$322684254	\$-49835495

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$2574408	\$-2574408
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$45911365	\$-45911365

Comments



