



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 NOBLE HOSPITAL

City of Hospital: Kendallville

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

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

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

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

Inpatient Patient Service Revenue	\$33438885
Outpatient Patient Service Revenue	\$103144069
Total Gross Patient Service Revenue	\$136582954

2. Deductions From Revenue

Contractual Allowance	\$79406004
Other Deductions	\$2837835
Total Deductions	\$82243839

3. Total Operating Revenue

Net Patient Service Revenue	\$47122279
Other Operating Revenue	\$2534574
Total Operating Revenue	\$49656853

4. Operating Expenses

Salaries and Wages	\$12565036	Employee Benefits	\$4304177
Depreciation and Amortization	\$889103	Interest Expense	\$0
Bad Debt	\$7216836	Other Expenses	\$23472099
Total Operating Expenses	\$48447251		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8426439	Total Assets	\$14816829
Net Non-operating Gains over Loss	\$-30203	Total Liabilities	\$980337
Total Net Gains	\$8396236		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58831046	\$45430917	\$13400129
Medicaid	\$19464200	\$17098250	\$2365950
Other Government	\$1306531	\$1076160	\$230371
Other State	\$0	\$0	\$0
Other Payers	\$56981174	\$18638512	\$38342662
Total	\$136582951	\$82243839	\$54339112

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$212383	\$-212383

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	\$23120	\$-23120
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$30081	\$-30081

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Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	54828
Number of Citizens Exposed to Health Education Messages	10696

Statement Six: Charity Statement

Hospital Charity Charges	\$2906750
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$857525	
HCI Payments	\$0		
Subtotal	\$0	\$857525	\$-857525
Medicaid Shortfalls	\$1661908	\$5742164	
Subtotal	\$1661908	\$6599689	\$-4937781
DSH Payments	\$0		
Subtotal	\$1661908	\$6599689	\$-4937781
Medicare Shortfalls	\$13345048	\$17355839	
Other Government Programs	\$0	\$0	
Total	\$15006956	\$23955528	\$-8948572

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$19065	\$2661386	\$-2642321
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments



