



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 WHITLEY HOSPITAL

City of Hospital: COLUMBIA CITY

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

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

Person Completing the Report: Lisa Peppler

Email Address: fp09pepp@embarqmail.com

Medicare Provider Number: 15-0101

Statement One: Summary of Revenue and Expenses
--

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$26505600
Outpatient Patient Service Revenue	\$81167916
Total Gross Patient Service Revenue	\$107673516

2. Deductions From Revenue

Contractual Allowance	\$57718440
Other Deductions	\$2282985
Total Deductions	\$60001425

3. Total Operating Revenue

Net Patient Service Revenue	\$47672092
Other Operating Revenue	\$3490314
Total Operating Revenue	\$51162406

4. Operating Expenses

Salaries and Wages	\$13403335	Employee Benefits	\$4595719
Depreciation and Amortization	\$1373655	Interest Expense	\$14916
Bad Debt	\$4651584	Other Expenses	\$24053449
Total Operating Expenses	\$48092658		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3069748	Total Assets	\$25148706
Net Non-operating Gains over Loss	\$3789975	Total Liabilities	\$1324764
Total Net Gains	\$6859723		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$43943962	\$31824149	\$12119813
Medicaid	\$15443546	\$12338208	\$3105338
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$48286010	\$13556083	\$34729927
Total	\$107673518	\$57718440	\$49955078

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$109082	\$-109082

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	\$31138	\$-31138
Hospital Patients	\$0	\$0	\$0
Community Education	\$16740	\$60461	\$-43721

--	--

Number of Medical Professionals Trained	161
Number of Hospital Patients Educated	61279
Number of Citizens Exposed to Health Education Messages	29151

Statement Six: Charity Statement

Hospital Charity Charges	\$2282985
--------------------------	-----------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$763661	
HCI Payments	\$0		
Subtotal	\$0	\$763661	\$-763661
Medicaid Shortfalls	\$3001223	\$5165881	
Subtotal	\$3001223	\$5929542	\$-2928319
DSH Payments	\$0		
Subtotal	\$3001223	\$5929542	\$-2928319
Medicare Shortfalls	\$12027279	\$14699299	
Other Government Programs	\$0	\$0	
Total	\$15028502	\$20628841	\$-5600339

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$110067	\$-110067
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$2635654	\$-2635654

Comments



