



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

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Paige Zoucha

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Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1408925359
Outpatient Patient Service Revenue	\$1243503388
Total Gross Patient Service Revenue	\$2652428747

2. Deductions From Revenue

Contractual Allowance	\$1708287650
Other Deductions	\$40632372
Total Deductions	\$1748920022

3. Total Operating Revenue

Net Patient Service Revenue	\$903508725
Other Operating Revenue	\$39014494
Total Operating Revenue	\$942523219

4. Operating Expenses

Salaries and Wages	\$209583622	Employee Benefits	\$63274476
Depreciation and Amortization	\$45139146	Interest Expense	\$22543
Bad Debt	\$72950898	Other Expenses	\$406803356
Total Operating Expenses	\$797774041		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$144794263	Total Assets	\$355975587
Net Non-operating Gains over Loss	-\$794658	Total Liabilities	\$51638203

Total Net Gains	\$143999605
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1169474443	\$920035993	\$249438450
Medicaid	\$269422209	\$237718082	\$31704127
Other Government	\$0	\$0	\$0
Other State	\$151144948	\$115981251	\$35163697
Other Payers	\$1062387147	\$475184696	\$587202451
Total	\$2652428747	\$1748920022	\$903508725

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$3382782	\$-3382782

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$107323	\$290709	\$-183386

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1856863	\$4697867	\$-2841004
Hospital Patients	\$0	\$0	\$0
Community Education	\$84223	\$797501	\$-713278

Number of Medical Professionals Trained	4678
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	90124

Statement Six: Charity Statement
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Hospital Charity Charges	\$40632372
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9437909	
HCI Payments	\$0		
Subtotal	\$0	\$9437909	\$-9437909
Medicaid Shortfalls	\$31704127	\$62580208	
Subtotal	\$31704127	\$72018117	\$-40313990
DSH Payments	\$0		
Subtotal	\$31704127	\$72018117	\$-40313990
Medicare Shortfalls	\$249438450	\$271640391	
Other Government Programs	\$35163697	\$35107285	
Total	\$316306274	\$378765793	\$-62459519

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	\$4107	\$2687305	\$-2683198
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$857261	\$-857261

Comments

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