



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 HUNTINGTON HOSPITAL**

City of Hospital: Huntington

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

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

Person Completing the Report: Sonya Foraker

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Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$41260566
Outpatient Patient Service Revenue	\$109968668
Total Gross Patient Service Revenue	\$151229234

2. Deductions From Revenue

Contractual Allowance	\$88774533
Other Deductions	\$2177563
Total Deductions	\$90952096

3. Total Operating Revenue

Net Patient Service Revenue	\$60277138
Other Operating Revenue	\$2103604
Total Operating Revenue	\$62380742

4. Operating Expenses

Salaries and Wages	\$13332705	Employee Benefits	\$3980752
Depreciation and Amortization	\$819396	Interest Expense	\$-1953
Bad Debt	\$7340468	Other Expenses	\$23179764
Total Operating Expenses	\$48651132		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13729610	Total Assets	\$42445212
Net Non-operating Gains over Loss	\$-1159298	Total Liabilities	\$42445212

Total Net Gains	\$12570312
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$61019313	\$48082829	\$12936484
Medicaid	\$27713840	\$23067539	\$4646301
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$62496081	\$19801728	\$42694353
Total	\$151229234	\$90952096	\$60277138

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$386198	\$-386198

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	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$37520	\$104582	\$-67062

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	24137
Number of Citizens Exposed to Health Education Messages	27471

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$536934	
HCI Payments	\$0		
Subtotal	\$0	\$536934	\$-536934
Medicaid Shortfalls	\$4961295	\$6820418	
Subtotal	\$4961295	\$7357352	\$-2396057
DSH Payments	\$0		
Subtotal	\$4961295	\$7357352	\$-2396057
Medicare Shortfalls	\$13290931	\$14999589	
Other Government Programs	\$0	\$0	
Total	\$18252226	\$22356941	\$-4104715

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$44128	\$-44128

Comments

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