



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 LAGRANGE HOSPITAL

City of Hospital: LaGrange

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

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

Person Completing the Report: Vickie Stanski

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$17926644
Outpatient Patient Service Revenue	\$64011771
Total Gross Patient Service Revenue	\$81938415

2. Deductions From Revenue

Contractual Allowance	\$45882221
Other Deductions	\$1476536
Total Deductions	\$47358757

3. Total Operating Revenue

Net Patient Service Revenue	\$34579658
Other Operating Revenue	\$1001092
Total Operating Revenue	\$35580750

4. Operating Expenses

Salaries and Wages	\$9499328	Employee Benefits	\$2791649
Depreciation and Amortization	\$1496341	Interest Expense	\$134837
Bad Debt	\$4434778	Other Expenses	\$15524409
Total Operating Expenses	\$33881342		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1699408	Total Assets	\$25462440
Net Non-operating Gains over Loss	\$-1216	Total Liabilities	\$25462440

Total Net Gains	\$1698192
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29693934	\$18659697	\$11034237
Medicaid	\$10039971	\$8212371	\$1827600
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$42204510	\$20486689	\$21717821
Total	\$81938415	\$47358757	\$34579658

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$75178	\$-75178

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	\$6685	\$41159	\$-34474

Number of Medical Professionals Trained	105
Number of Hospital Patients Educated	14208
Number of Citizens Exposed to Health Education Messages	30380

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	\$468699	
HCI Payments	\$0		
Subtotal	\$0	\$468699	\$-468699
Medicaid Shortfalls	\$1993037	\$886628	
Subtotal	\$1993037	\$1355327	\$637710
DSH Payments	\$0		
Subtotal	\$1993037	\$1355327	\$637710
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$1058239	\$514484	
Total	\$3051276	\$1869811	\$1181465

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	\$0	\$0

Comments

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