



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: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$218007043
Outpatient Patient Service Revenue	\$134609491
Total Gross Patient Service Revenue	\$352616534

2. Deductions From Revenue

Contractual Allowance	\$230257306
Other Deductions	\$850473
Total Deductions	\$231107779

3. Total Operating Revenue

Net Patient Service Revenue	\$121508755
Other Operating Revenue	\$2079042
Total Operating Revenue	\$123587797

4. Operating Expenses

Salaries and Wages	\$14383712	Employee Benefits	\$4587791
Depreciation and Amortization	\$2500519	Interest Expense	\$429392
Bad Debt	\$1624775	Other Expenses	\$47277681
Total Operating Expenses	\$70803870		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$52783927	Total Assets	\$73153919
Net Non-operating Gains over Loss	\$1603	Total Liabilities	\$12579524

Total Net Gains	\$52785530
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$158191952	\$133930417	\$24261535
Medicaid	\$27865163	\$23978800	\$3886363
Other Government	\$18459235	\$16025221	\$2434014
Other State	\$0	\$0	\$0
Other Payers	\$148100184	\$57173341	\$90926843
Total	\$352616534	\$231107779	\$121508755

Statement Three: Donations Statement

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

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	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$152668	
HCI Payments	\$0		
Subtotal	\$0	\$152668	\$-152668
Medicaid Shortfalls	\$3886363	\$5002075	
Subtotal	\$3886363	\$5002075	\$-1115712
DSH Payments	\$0		
Subtotal	\$3886363	\$5002075	\$-1115712
Medicare Shortfalls	\$24261535	\$28397037	
Other Government Programs	\$0	\$0	
Total	\$28147898	\$33399112	\$-5251214

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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