



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 RANDALLIA HOSPITAL

City of Hospital: Fort Wayne

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Paige Cayot

Email Address: paige.cayot@parkview.com

Medicare Provider Number: 15-0021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2106471574
Outpatient Patient Service Revenue	\$2329974963
Total Gross Patient Service Revenue	\$4436446537

2. Deductions From Revenue

Contractual Allowance	\$3165441054
Other Deductions	\$190867
Total Deductions	\$3165631921

3. Total Operating Revenue

Net Patient Service Revenue	\$1270814616
Other Operating Revenue	\$63024302
Total Operating Revenue	\$1333838918

4. Operating Expenses

Salaries and Wages	\$298453115	Employee Benefits	\$98504830
Depreciation and Amortization	\$53664547	Interest Expense	\$290812
Bad Debt	\$20120	Other Expenses	\$739283546
Total Operating Expenses	\$1190216970		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$143642068	Total Assets	\$539121567
Net Non-operating Gains over Loss	\$2918236	Total Liabilities	\$99004863

Total Net Gains	\$146560304
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2074706945	\$1733652627	\$341054318
Medicaid	\$363821202	\$277076919	\$86744283
Other Government	\$81147444	\$64621729	\$16525715
Other State	\$302046005	\$233609276	\$68436729
Other Payers	\$1614724941	\$856671370	\$758053571
Total	\$4436446537	\$3165631921	\$1270814616

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1414205	\$-1414205

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$96000	\$1269039	\$-1173039

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1220504	\$7135959	\$-5915455
Hospital Patients	\$0	\$0	\$0
Community Education	\$1249955	\$2581790	\$-1331835

Number of Medical Professionals Trained	2192
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	50250

Statement Six: Charity Statement

Hospital Charity Charges	\$95669261
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$19294935	
HCI Payments	\$0		
Subtotal	\$0	\$19294935	\$-19294935
Medicaid Shortfalls	\$58879308	\$73239390	
Subtotal	\$58879308	\$92534325	\$-33655017
DSH Payments	\$0		
Subtotal	\$58879308	\$92534325	\$-33655017
Medicare Shortfalls	\$336266269	\$416462300	
Other Government Programs	\$61013140	\$60917771	
Total	\$456158717	\$569914396	\$-113755679

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$202823	\$2350303	\$-2147480
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$983716	\$2289888	\$-1306172

Comments

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