



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 NOBLE HOSPITAL

City of Hospital: Kendallville

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Kemuel Prince

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$56384975
Outpatient Patient Service Revenue	\$184435278
Total Gross Patient Service Revenue	\$240820253

2. Deductions From Revenue

Contractual Allowance	\$161937540
Other Deductions	\$5356842
Total Deductions	\$167294382

3. Total Operating Revenue

Net Patient Service Revenue	\$73525871
Other Operating Revenue	\$2824119
Total Operating Revenue	\$76349990

4. Operating Expenses

Salaries and Wages	\$16654788	Employee Benefits	\$4826669
Depreciation and Amortization	\$1435600	Interest Expense	\$1748
Bad Debt	\$4801101	Other Expenses	\$33743686
Total Operating Expenses	\$61463592		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14886398	Total Assets	\$52459659
Net Non-operating Gains over Loss	\$-782217	Total Liabilities	\$9192431

Total Net Gains	\$14104181
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$109341126	\$84822924	\$24518202
Medicaid	\$19817137	\$15649985	\$4167152
Other Government	\$0	\$0	\$0
Other State	\$27442753	\$21591860	\$5850893
Other Payers	\$84219237	\$45229613	\$38989624
Total	\$240820253	\$167294382	\$73525871

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$43409	\$-43409

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	\$9368	\$-9368
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	19
Number of Hospital Patients Educated	30051
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5356842
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$988868	
HCI Payments	\$0		
Subtotal	\$0	\$988868	\$-988868
Medicaid Shortfalls	\$4202252	\$4950735	
Subtotal	\$4202252	\$5939603	\$-1737351
DSH Payments	\$0		
Subtotal	\$4202252	\$5939603	\$-1737351
Medicare Shortfalls	\$24518201	\$20184262	
Other Government Programs	\$5850893	\$6574805	
Total	\$34571346	\$32698670	\$1872676

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$4482800	\$6981928	\$-2499128
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments