



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (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: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (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		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$2633799890	Contractual Allowance	\$4040415497
Outpatient Patient Service Revenue	\$3172799036	Other Deductions	\$57782038
Total Gross Patient Service Revenue	\$5806598926	Total Deductions	\$4098197535

3. Total Operating Revenue	
Net Patient Service Revenue	\$1708401391
Other Operating Revenue	\$227943177
Total Operating Revenue	\$1936344568

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$281533518	\$56413
Medicaid	\$114284947	\$31685
Commercial Insurance	\$370726977	\$31690
Self-pay	\$2055184	\$4399
Any Other Category of Payer	\$23811829	\$3931
Total	\$0	\$0

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$260275593	\$782985
Medicaid	\$93757597	\$398752
Commercial Insurance	\$624197640	\$918048
Self-pay	\$6454386	\$90631
Any Other Category of Payer	\$17491651	\$46057
Total	\$0	\$0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$541809111	\$839398
Medicaid	\$208042544	\$430437

Commercial Insurance	\$994924616	\$949738
Self-pay	\$8509571	\$95030
Any Other Category of Payer	\$41303480	\$49988
Total	\$0	\$0

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$261191350	\$20032
Medicaid	\$105479684	\$12322
Commercial Insurance	\$357969364	\$12897
Self-pay	\$1207204	\$1033
Any Other Category of Payer	\$22801697	\$1870
Total	\$0	\$0

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$178808360	\$282672
Medicaid	\$63405355	\$148334
Commercial Insurance	\$524902594	\$285031
Self-pay	\$2766718	\$20251
Any Other Category of Payer	\$13175038	\$12925
Total	\$0	\$0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$439999710	\$302704
Medicaid	\$168885039	\$160656
Commercial Insurance	\$882871957	\$297928
Self-pay	\$3973922	\$21284
Any Other Category of Payer	\$35976735	\$14795
Total	\$0	\$0

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$20342167	\$36381
Medicaid	\$8805263	\$19363
Commercial Insurance	\$12757613	\$18793
Self-pay	\$847980	\$3366
Any Other Category of Payer	\$1010132	\$2061
Total	\$0	\$0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$81467233	\$500313
Medicaid	\$30352242	\$250418
Commercial Insurance	\$99295046	\$633017
Self-pay	\$3687669	\$70380
Any Other Category of Payer	\$4316613	\$33132
Total	\$0	\$0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$101809400	\$536694

Medicaid	\$39157504	\$269781
Commercial Insurance	\$112052659	\$651810
Self-pay	\$4535649	\$73746
Any Other Category of Payer	\$5326744	\$35193
Total	\$0	\$0

## 13. Operating Expenses

Salaries and Wages	\$496241124	Employee Benefits	\$131066766
Depreciation and Amortization	\$62401042	Interest Expense	\$412387
Bad Debt	\$48431025	Other Expenses	\$1061372505
Total Operating Expenses	\$1799924849		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$136419719	Total Assets	\$952946248
Net Non-operating Gains over Loss	\$-3887917	Total Liabilities	\$138984641
Total Net Gains	\$132531802		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$2776034667	\$2302477909	\$473556758
Medicaid	\$477006594	\$361685104	\$115321490
Other Government	\$124855610	\$106845619	\$18009991
Other State	\$500760696	\$385927908	\$114832788
Other Payers	\$1927941359	\$941260995	\$986680364
Total	\$5806598926	\$4098197535	\$1708401391

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1176236	\$-1176236

## Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$712823	\$-712823

## Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$1829834	\$15928971	\$-14099137
Hospital Patients	\$0	\$0	\$0
Community Education	\$809485	\$3643478	\$-2833993

Number of Medical Professionals Trained	3488
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	17978

## Statement Six: Charity Statement

Hospital Charity Charges \$57745919

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13813501	
HCI Payments	\$0		
Subtotal	\$0	\$13813501	\$-13813501
Medicaid Shortfalls	\$115596154	\$171598295	
Subtotal	\$115596154	\$185411796	\$-69815642
DSH Payments	\$0		
Subtotal	\$115596154	\$185411796	\$-69815642
Medicare Shortfalls	\$473321017	\$591437467	
Other Government Programs	\$115840573	\$140562166	
Total	\$704757744	\$917411429	\$-212653685

## Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$191257	\$5352158	\$-5160901
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$66858074	\$88626327	\$-21768253

## Comments

Statement One 4-12 does not include prior year contractual adjustment and does include Hospital Assessment Fee in deductions.

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