



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 WABASH HOSPITAL

City of Hospital: Wabash

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Angela Leichty

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Medicare Provider Number: 151310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$21194481	Contractual Allowance	\$134789424
Outpatient Patient Service Revenue	\$177551521	Other Deductions	\$2648148
Total Gross Patient Service Revenue	\$198746002	Total Deductions	\$137437572

3. Total Operating Revenue	
Net Patient Service Revenue	\$59781203
Other Operating Revenue	\$449116
Total Operating Revenue	\$60230319

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4164066	\$900
Medicaid	\$1109677	\$257
Commercial Insurance	\$2745555	\$291
Self-pay	\$17261	\$34
Any Other Category of Payer	\$280323	\$64
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	\$22280058	\$53412
Medicaid	\$5315374	\$29457
Commercial Insurance	\$23363337	\$47942
Self-pay	\$410293	\$2770
Any Other Category of Payer	\$2017737	\$1751
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	\$26444124	\$54312
Medicaid	\$6425051	\$29714

Commercial Insurance	\$26108892	\$48233
Self-pay	\$427554	\$2804
Any Other Category of Payer	\$2298060	\$1815
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	\$4138243	\$773
Medicaid	\$1098179	\$211
Commercial Insurance	\$2710301	\$229
Self-pay	\$16794	\$24
Any Other Category of Payer	\$278029	\$57
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	\$21681638	\$47938
Medicaid	\$4985591	\$26442
Commercial Insurance	\$22632962	\$42687
Self-pay	\$364516	\$1835
Any Other Category of Payer	\$1972922	\$1359
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	\$25819880	\$47938
Medicaid	\$6083770	\$26442
Commercial Insurance	\$25343263	\$42687
Self-pay	\$381310	\$5007
Any Other Category of Payer	\$2250950	\$2068
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	\$25823	\$127
Medicaid	\$11498	\$46
Commercial Insurance	\$35254	\$62
Self-pay	\$467	\$10
Any Other Category of Payer	\$2294	\$7
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	\$598420	\$5474
Medicaid	\$329783	\$3015
Commercial Insurance	\$730375	\$5255
Self-pay	\$45777	\$935
Any Other Category of Payer	\$44815	\$392
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	\$624242	\$5601

Medicaid	\$341281	\$3061
Commercial Insurance	\$765630	\$5317
Self-pay	\$46244	\$945
Any Other Category of Payer	\$47109	\$399
Total	\$0	\$0

13. Operating Expenses

Salaries and Wages	\$15092236	Employee Benefits	\$4636761
Depreciation and Amortization	\$3561023	Interest Expense	\$707270
Bad Debt	\$2832337	Other Expenses	\$33924919
Total Operating Expenses	\$60754546		

14. Net Revenue and Expenses

Excess Revenue over Expenses	\$442342	Total Assets	\$21336609
Net Non-operating Gains over Loss	\$-1333	Total Liabilities	\$29821243
Total Net Gains	\$441009		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$101594444	\$75238697	\$26355747
Medicaid	\$16202569	\$12777769	\$3424800
Other Government	\$3178813	\$3993711	\$-814898
Other State	\$21190882	\$15661066	\$5529816
Other Payers	\$56579294	\$27118181	\$29461113
Total	\$198746002	\$134789424	\$63956578

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$23920	\$-23920

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	\$75661	\$-75661
Hospital Patients	\$0	\$0	\$0
Community Education	\$13251	\$60029	\$-46778

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	\$3704201
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1033205	
HCI Payments	\$0		
Subtotal	\$0	\$1033205	\$-1033205
Medicaid Shortfalls	\$0	\$4743291	
Subtotal	\$0	\$5776496	\$-5776496
DSH Payments	\$0		
Subtotal	\$0	\$5776496	\$-5776496
Medicare Shortfalls	\$0	\$1981788	
Other Government Programs	\$0	\$0	
Total	\$0	\$7758284	\$-7758284

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13251	\$60029	\$-46778
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$4187009	\$6173477	\$-1986468

Comments

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

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