



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

*Hospital Name:* ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

*City of Hospital:* Fort Wayne

*Year Begin:* 01/01/2010 (mm/dd/yyyy format)

*Year End:* 12/31/2010 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-0167

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$109252499
Outpatient Patient Service Revenue	\$31109103
Total Gross Patient Service Revenue	\$140361602

#### 2. Deductions From Revenue

Contractual Allowance	\$79851533
Other Deductions	\$301283
Total Deductions	\$80152816

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$60208786
Other Operating Revenue	\$878213
Total Operating Revenue	\$61086999

#### 4. Operating Expenses

Salaries and Wages	\$5365469	Employee Benefits	\$1663777
Depreciation and Amortization	\$1181674	Interest Expense	\$463251
Bad Debt	\$99628	Other Expenses	\$32633528
Total Operating Expenses	\$41407327		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$19679673	Total Assets	\$59069493
Net Non-operating Gains over Loss	\$-16655	Total Liabilities	\$22557937
Total Net Gains	\$19663018		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$63849864	\$49308588	\$14541276
Medicaid	\$11395922	\$9569668	\$1826254
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$65115816	\$21274560	\$43841256
Total	\$140361602	\$80152816	\$60208786

### 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	\$52199	\$-33905	\$86104
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	6
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

### Statement Six: Charity Statement

Hospital Charity Charges	\$301283
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$86781	
HCI Payments	\$0		
Subtotal	\$0	\$86781	\$-86781
Medicaid Shortfalls	\$1826254	\$3282459	
Subtotal	\$1826254	\$3369240	\$-1542986
DSH Payments	\$0		
Subtotal	\$1826254	\$3369240	\$-1542986
Medicare Shortfalls	\$14541276	\$18391192	
Other Government Programs	\$0	\$0	
Total	\$16367530	\$21760432	\$-5392902

**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