



## Annual Nonprofit Hospital Community Benefit Statement

State Form 50654 (10-01)  
 Indiana State Department of Health  
 Indiana Code 16-21-9

### I. Identification of Nonprofit Hospital

*Hospital Name:* PARKVIEW HOSPITAL

*City of Hospital:* Fort Wayne

*Name of Charity Benefit Rep:* Jill McAllister

*Telephone Number:* (260) 373-7982 x\_\_\_\_

*Year of Statement:* 2009

Eligibility Statement Has the CEO identified your hospital as a "Nonprofit Hospital"?  Yes  No

### II. Documentation of Previously Filed Information

Name of Document	Date Filed With ISDH	Any Changes
Community Benefit Plan		<input checked="" type="radio"/> Yes <input type="radio"/> No
Original long-range hospital objectives for charity care	08/26/2002	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	06/01/1999	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	08/26/2002	<input type="radio"/> Yes <input checked="" type="radio"/> No
Needs Assessment	06/16/2008	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy		<input checked="" type="radio"/> Yes <input type="radio"/> No
Statement of Public Notice	08/26/2002	<input type="radio"/> Yes <input checked="" type="radio"/> No

### III. Identification of New Objectives (optional)

### IV. Allocation of Dollars and Person Served Under Adopted Charity Policy

List Last Three Years	2007	2008	2009
Person Served in twelve-month period	6832	4638	8115
Charity Care Allocation	\$10,411,067	\$15,446,924	\$16,632,006

### V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Community Nursing Outreach Program	\$1,103,890
2.) Indigent/uninsured Clinics & Medication Assistance	\$732,614
3.) Support of University Nursing Programs	\$950,545
4.) Mobile Mammography Program	\$169,593
5.) All other programs	\$24,871,069

Will hospital file additional paper document to provide more details or descriptions of projects that were funded to support community services?

Yes  No

If applicable, address of hospital web site that contains information on community benefits. [www.parkview.com](http://www.parkview.com)

### VI. Identification of Additional Non-Hospital Charity Costs

Organization Providing Charity Care	Street Address	Net Costs of Charity Care
		\$0
		\$0

**Comments**

Please see the attached revised charity care policy and community benefit plan.

