



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 HUNTINGTON HOSPITAL

City of Hospital: Huntington

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	06/16/2008	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	08/29/2003	<input type="radio"/> Yes <input checked="" type="radio"/> No
Hospital Mission Statement	07/30/2001	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	08/29/2002	<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	07/30/2001	<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	880	755	1219
Charity Care Allocation	\$665,010	\$1,033,003	\$1,108,261

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Parkview Huntington YMCA	\$429,000
2.) Huntington Un & Kids Kampus In-Kind Nurse	\$60,099
3.) Hutnington Free Clinic & Medical Assistance	\$30,847
4.) Huntington University Nursing Program	\$25,000
5.) All other programs	\$1,393,838

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

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 for Parkview Health.

