



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 LAGRANGE HOSPITAL

City of Hospital: LaGrange

Name of Charity Benefit Rep: Tai Felger

Telephone Number: (260) 373-7972 x_____

Year of Statement: 2010

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	06/28/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Original long-range hospital objectives for charity care	06/28/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Hospital Mission Statement	06/28/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
List of Communities Served	06/28/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No
Needs Assessment	06/28/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Copy of Charity Care Policy	06/28/2011	<input type="radio"/> Yes <input checked="" type="radio"/> No
Statement of Public Notice	06/28/2011	<input checked="" type="radio"/> Yes <input type="radio"/> No

III. Identification of New Objectives (optional)

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

List Last Three Years	2008	2009	2010
Person Served in twelve-month period	452	755	763
Charity Care Allocation	\$788,141	\$1,154,147	\$976,983

V. Annual Community Benefit Programs and Net Cost of Operation

Name of Program	Net Cost Of Program
1.)	

Medication Assistance Program	\$7,496
2.) Amish Health Education Program	\$10,696
3.) KennyBurkett Free Health Clinic	\$2,500
4.) LaGrange Council on Aging	\$10,000
5.) All other programs	\$1,312,529

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 email for required document in Section II.

