



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: ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH

City of Hospital: Fort Wayne

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 12/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Ken Garmenn

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Medicare Provider Number: 150167

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$97001161
Outpatient Patient Service Revenue	\$478495968
<b>Total Gross Patient Service Revenue</b>	<b>\$575497129</b>

2. Deductions From Revenue

Contractual Allowance	\$406468486
Other Deductions	\$1093797
<b>Total Deductions</b>	<b>\$407562283</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$167934846
Other Operating Revenue	\$2068734
<b>Total Operating Revenue</b>	<b>\$170003580</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$11429375	425
Medicaid	\$2003943	38
Commercial Insurance	\$9964716	96
Self-pay	\$0	0
Any Other Category of Payer	\$1126745	42
<b>Total</b>	<b>\$24524779</b>	<b>601</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$33680922	6224
Medicaid	\$9606189	2214
Commercial Insurance	\$88885758	5863
Self-pay	\$59006	42
Any Other Category of Payer	\$6130865	1171
Total	\$138362740	15514

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	\$45110297	6649
Medicaid	\$11610132	2252
Commercial Insurance	\$98850474	5959
Self-pay	\$59006	42
Any Other Category of Payer	\$7257610	1213
Total	\$162887519	16115

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	\$11429375	425
Medicaid	\$2003943	38
Commercial Insurance	\$9964716	96
Self-pay	\$0	0
Any Other Category of Payer	\$1126745	42
Total	\$24524779	601

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	\$33680922	6224
Medicaid	\$9606189	2214
Commercial Insurance	\$88885758	5863
Self-pay	\$59006	42
Any Other Category of Payer	\$6130865	1171
Total	\$138362740	15514

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	\$45110297	6649
Medicaid	\$11610132	2252
Commercial Insurance	\$98850474	5959
Self-pay	\$59006	42
Any Other Category of Payer	\$7257610	1213
Total	\$162887519	16115

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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
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	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$17438651	Employee Benefits	\$5333035
Depreciation and Amortization	\$4080727	Interest Expense	\$638721
Bad Debt	\$2541467	Other Expenses	\$75921239
Total Operating Expenses	\$105953840		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$64049740	Total Assets	\$98883342
Net Non-operating Gains over Loss	\$191245	Total Liabilities	\$43724329
Total Net Gains	\$64240985		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$277033394	\$232544912	\$44488482
Medicaid	\$65065812	\$51762773	\$13303039
Other Government	\$30214418	\$20352516	\$9861902
Other State	\$0	\$0	\$0
Other Payers	\$203183505	\$102902082	\$100281423
Total	\$575497129	\$407562283	\$167934846

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	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

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	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$203988	
HCI Payments	\$0		
Subtotal	\$0	\$203988	\$-203988
Medicaid Shortfalls	\$13303039	\$13781149	
Subtotal	\$13303039	\$13985137	\$-682098
DSH Payments	\$0		
Subtotal	\$13303039	\$13985137	\$-682098
Medicare Shortfalls	\$44488482	\$51665535	
Other Government Programs	\$0	\$0	
Total	\$57791521	\$65650672	\$-7859151

Statement Seven: Subsidized Health Services for the Community
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	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

### Comments

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