



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: PARKVIEW DEKALB HOSPITAL

City of Hospital: DeKalb

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

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

Person Completing the Report: Kemuel Prince

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Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44271430
Outpatient Patient Service Revenue	\$255190749
<b>Total Gross Patient Service Revenue</b>	<b>\$299462179</b>

2. Deductions From Revenue

Contractual Allowance	\$216901228
Other Deductions	\$4911675
<b>Total Deductions</b>	<b>\$221812903</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$77719700
Other Operating Revenue	\$10342996
<b>Total Operating Revenue</b>	<b>\$88062696</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$6910935	1137
Medicaid	\$1972632	491
Commercial Insurance	\$5237819	622
Self-pay	\$50552	55
Any Other Category of Payer	\$397377	68
<b>Total</b>	<b>\$14569315</b>	<b>2373</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$16047956	65739
Medicaid	\$9146386	40853
Commercial Insurance	\$37661177	78838
Self-pay	\$600573	5967
Any Other Category of Payer	\$2017937	3562
Total	\$65474029	194959

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	\$22958891	66876
Medicaid	\$11119018	41344
Commercial Insurance	\$42898996	79460
Self-pay	\$651125	6022
Any Other Category of Payer	\$2415314	3630
Total	\$80043344	197332

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	\$6860778	910
Medicaid	\$1939151	338
Commercial Insurance	\$5182145	444
Self-pay	\$47561	33
Any Other Category of Payer	\$396014	57
Total	\$14425649	1782

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	\$12095075	38716
Medicaid	\$6467204	17591
Commercial Insurance	\$30992603	32672
Self-pay	\$390844	2479
Any Other Category of Payer	\$1822512	2299
Total	\$51768238	93757

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	\$18956853	39626
Medicaid	\$8406354	17929
Commercial Insurance	\$36174748	33116
Self-pay	\$438406	2512
Any Other Category of Payer	\$2218526	2356
Total	\$66194887	95539

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	\$50157	227
Medicaid	\$33481	153
Commercial Insurance	\$55674	178
Self-pay	\$2991	22
Any Other Category of Payer	\$1364	11
<b>Total</b>	<b>\$143667</b>	<b>591</b>

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	\$3951881	27023
Medicaid	\$2679182	23262
Commercial Insurance	\$6668574	46166
Self-pay	\$209728	3488
Any Other Category of Payer	\$195424	1263
<b>Total</b>	<b>\$13704789</b>	<b>101202</b>

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	\$4002038	27250
Medicaid	\$2712663	23415
Commercial Insurance	\$6724248	46344
Self-pay	\$212719	3510
Any Other Category of Payer	\$196788	1274
<b>Total</b>	<b>\$13848456</b>	<b>101793</b>

## 13. Operating Expenses

Salaries and Wages	\$20806496	Employee Benefits	\$6574156
Depreciation and Amortization	\$1710070	Interest Expense	\$28537
Bad Debt	\$4946449	Other Expenses	\$50771952
<b>Total Operating Expenses</b>	<b>\$84837660</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3225037	Total Assets	\$64906088
Net Non-operating Gains over Loss	\$-1659	Total Liabilities	\$3686357
<b>Total Net Gains</b>	<b>\$3223378</b>		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$131008874	\$110293948	\$20714926
Medicaid	\$58475143	\$32824038	\$25651105
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$109978162	\$73783243	\$36194919
Total	\$299462179	\$216901229	\$82560950

## Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$114639	\$-114639

## 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	\$116681	\$-116681
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	90
Number of Hospital Patients Educated	32866
Number of Citizens Exposed to Health Education Messages	90

## Statement Six: Charity Statement

Hospital Charity Charges	\$4911675
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1063296	
HCI Payments	\$0		
Subtotal	\$0	\$1063296	\$-1063296
Medicaid Shortfalls	\$11672482	\$16401275	
Subtotal	\$11672482	\$17464571	\$-5792089
DSH Payments	\$0		
Subtotal	\$11672482	\$17464571	\$-5792089
Medicare Shortfalls	\$20369388	\$24416975	
Other Government Programs	\$0	\$0	
Total	\$32041870	\$41881546	\$-9839676

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	\$2693671	\$2885083	\$-191412
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$78987	\$157634	\$-78647

### Comments

Net revenue on statement 2 does not tie to statement 1 due to charity being in other deductions and not in contractuals. For the detailed reporting, bad debt and charity are included as deduction in the charges according to GAAP principles and 990 reporting.

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