



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 LAGRANGE HOSPITAL

City of Hospital: LaGrange

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

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

Person Completing the Report: Patrick Dahm

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Medicare Provider Number: 15-1323

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20625750
Outpatient Patient Service Revenue	\$124995555
<b>Total Gross Patient Service Revenue</b>	<b>\$145621305</b>

2. Deductions From Revenue

Contractual Allowance	\$101086044
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$101086044</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$44535261
Other Operating Revenue	\$373622
<b>Total Operating Revenue</b>	<b>\$44908883</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4050775	697
Medicaid	\$570647	168
Commercial Insurance	\$3318043	490
Self-pay	\$11214	42
Any Other Category of Payer	\$241193	56
<b>Total</b>	<b>\$8191872</b>	<b>1453</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$11881627	24764
Medicaid	\$2718451	13337
Commercial Insurance	\$18490397	29263
Self-pay	\$372223	2440
Any Other Category of Payer	\$1374717	1477
Total	\$34837415	71281

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	\$15932402	25461
Medicaid	\$3289098	12505
Commercial Insurance	\$21808440	29753
Self-pay	\$383437	2482
Any Other Category of Payer	\$1615910	1533
Total	\$43029287	71734

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	\$4013578	554
Medicaid	\$556370	121
Commercial Insurance	\$3219776	360
Self-pay	\$10661	28
Any Other Category of Payer	\$237373	46
Total	\$8037758	1109

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	\$10980274	17422
Medicaid	\$2200252	7700
Commercial Insurance	\$16564313	17252
Self-pay	\$319269	1737
Any Other Category of Payer	\$1314518	1056
Total	\$31378626	45167

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	\$14993852	17976
Medicaid	\$2756622	7821
Commercial Insurance	\$19784088	17612
Self-pay	\$329931	1765
Any Other Category of Payer	\$1551891	1102
Total	\$39416384	46276

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	\$37197	143
Medicaid	\$14278	47
Commercial Insurance	\$98268	130
Self-pay	\$552	14
Any Other Category of Payer	\$3819	10
<b>Total</b>	<b>\$154114</b>	<b>344</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	\$901352	7342
Medicaid	\$518199	4637
Commercial Insurance	\$1926084	12011
Self-pay	\$52954	703
Any Other Category of Payer	\$60200	421
<b>Total</b>	<b>\$3458789</b>	<b>25114</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	\$938550	7485
Medicaid	\$532476	4684
Commercial Insurance	\$2024352	12141
Self-pay	\$53506	717
Any Other Category of Payer	\$64019	431
<b>Total</b>	<b>\$3612903</b>	<b>25458</b>

## 13. Operating Expenses

Salaries and Wages	\$10884036	Employee Benefits	\$3356747
Depreciation and Amortization	\$1028639	Interest Expense	\$514599
Bad Debt	\$2868022	Other Expenses	\$23986793
<b>Total Operating Expenses</b>	<b>\$42638836</b>		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$2270047	Total Assets	\$32304606
Net Non-operating Gains over Loss	\$-6390	Total Liabilities	\$15291233
<b>Total Net Gains</b>	<b>\$2263657</b>		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$57589143	\$41525867	\$16063276
Medicaid	\$24291398	\$21046654	\$3244744
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$63740764	\$41381545	\$22359219
<b>Total</b>	<b>\$145621305</b>	<b>\$103954066</b>	<b>\$41667239</b>

**Statement Three: Donations Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$54576	\$-54576

**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	\$16461	\$-16461
Hospital Patients	\$0	\$0	\$0
Community Education	\$2221	\$97928	\$-95707

Number of Medical Professionals Trained	8
Number of Hospital Patients Educated	18542
Number of Citizens Exposed to Health Education Messages	3975

**Statement Six: Charity Statement**

Hospital Charity Charges	\$3265219
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$749306	
HCI Payments	\$0		
Subtotal	\$0	\$749306	\$-749306
Medicaid Shortfalls	\$4156339	\$7631028	
Subtotal	\$4156339	\$8380334	\$-4223995
DSH Payments	\$0		
Subtotal	\$4156339	\$8380334	\$-4223995
Medicare Shortfalls	\$15820135	\$13215614	
Other Government Programs	\$0	\$0	
Total	\$19976474	\$21595948	\$-1619474

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	\$13482	\$-13482
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$110260	\$313423	\$-203163

### Comments

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

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