



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 WABASH HOSPITAL**

City of Hospital: Wabash

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

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

Person Completing the Report: Angela Leichthy

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Medicare Provider Number: 151310

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$21102346
Outpatient Patient Service Revenue	\$212190756
<b>Total Gross Patient Service Revenue</b>	<b>\$233293102</b>

2. Deductions From Revenue

Contractual Allowance	\$-129578949
Other Deductions	\$-35921450
<b>Total Deductions</b>	<b>\$-165500399</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$67792703
Other Operating Revenue	\$368762
<b>Total Operating Revenue</b>	<b>\$68161465</b>

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

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$4811490	1155
Medicaid	\$802685	183
Commercial Insurance	\$1848850	172
Self-pay	\$16616	20
Any Other Category of Payer	\$190287	71
<b>Total</b>	<b>\$7669928</b>	<b>1601</b>

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

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$24590431	57897
Medicaid	\$58472220	31450
Commercial Insurance	\$26725440	48768
Self-pay	\$348629	4711
Any Other Category of Payer	\$2611055	2748
Total	\$60122775	145574

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	\$29401921	59052
Medicaid	\$6649549	31633
Commercial Insurance	\$28574647	48940
Self-pay	\$365245	4731
Any Other Category of Payer	\$2801341	2819
Total	\$67792703	147175

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	\$4773406	960
Medicaid	\$793329	123
Commercial Insurance	\$1832123	109
Self-pay	\$16381	16
Any Other Category of Payer	\$188872	59
Total	\$7604111	1267

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	\$20722919	33827
Medicaid	\$4198005	15226
Commercial Insurance	\$23181807	21746
Self-pay	\$207996	1940
Any Other Category of Payer	\$2400824	1501
Total	\$50711551	74240

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	\$25496325	34787
Medicaid	\$4991334	15349
Commercial Insurance	\$25013930	21855
Self-pay	\$224377	1956
Any Other Category of Payer	\$2589696	1560
Total	\$58315662	75507

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	\$38991	195
Medicaid	\$9000	60
Commercial Insurance	\$16177	63
Self-pay	\$235	4
Any Other Category of Payer	\$1414	12
Total	\$65817	334

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	\$3866605	24070
Medicaid	\$1649215	16224
Commercial Insurance	\$3544540	27022
Self-pay	\$140633	2771
Any Other Category of Payer	\$210231	1247
Total	\$9411224	71334

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	\$3904690	24265
Medicaid	\$1658571	16284
Commercial Insurance	\$3561267	27085
Self-pay	\$140868	2775
Any Other Category of Payer	\$211645	1259
Total	\$9477041	71668

## 13. Operating Expenses

Salaries and Wages	\$14545668	Employee Benefits	\$4563733
Depreciation and Amortization	\$2219801	Interest Expense	\$680161
Bad Debt	\$0	Other Expenses	\$42358580
Total Operating Expenses	\$64367943		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3793522	Total Assets	\$24615769
Net Non-operating Gains over Loss	\$-3417	Total Liabilities	\$29358902
Total Net Gains	\$3790105		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$0	\$0	\$0
Total	\$0	\$0	\$0

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$38071	\$-38071

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	\$98805	\$-98805
Hospital Patients	\$0	\$0	\$0
Community Education	\$33520	\$36796	\$-3276

Number of Medical Professionals Trained	130
Number of Hospital Patients Educated	23150
Number of Citizens Exposed to Health Education Messages	4282

Statement Six: Charity Statement

Hospital Charity Charges	\$3260618
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$831758	
HCI Payments	\$0		
Subtotal	\$0	\$831758	\$-831758
Medicaid Shortfalls	\$10597301	\$15466193	
Subtotal	\$10597301	\$16297951	\$-5700650
DSH Payments	\$0		
Subtotal	\$10597301	\$16297951	\$-5700650
Medicare Shortfalls	\$29149545	\$31026804	
Other Government Programs	\$0	\$0	
Total	\$39746846	\$47324755	\$-7577909

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	\$13251	\$39609	\$-26358
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$1335517	\$1599118	\$-263601

### Comments

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