



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital:

Year Begin: (mm/dd/yyyy format)

Year End: (mm/dd/yyyy format)

Person Completing the Report:

Email Address:

Medicare Provider Number:

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue		Contractual Allowance	
Outpatient Patient Service Revenue		Other Deductions	
		Total Deductions	\$39064964
Total Gross Patient Service Revenue	\$64250996		

3. Total Operating Revenue	
Net Patient Service Revenue	
Other Operating Revenue	
Total Operating Revenue	\$25286674

4. Operating Expenses			
Salaries and Wages		Employee Benefits	
Depreciation and Amortization		Interest Expense	
Bad Debt		Other Expenses	
Total Operating Expenses	\$24429496		

5. Net Revenue and Expenses			

Excess Revenue over Expenses		Total Assets	
Net Non-operating Gains over Loss		Total Liabilities	
Total Net Gains	\$857363		

**Statement Two: Contractual Allowance**

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare			\$16622392
Medicaid			\$1425644
Other Government			\$0
Other State			\$0
Other Payers			\$7137996
Total	\$64250996	\$39064964	\$25186032

**Statement Three: Donations Statement**

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

**Statement Four: Research Statement**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research			\$0

**Statement Five: Education Statement**

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals			\$0
Hospital Patients			\$0
Community Education			\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	

**Statement Six: Charity Statement**

Hospital Charity Charges
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care			
HCI Payments			
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls			
Subtotal	\$0	\$0	\$0
DSH Payments			
Subtotal	\$0	\$0	\$0
Medicare Shortfalls			
Other Government Programs			
Total	\$0	\$0	\$0

**Statement Seven: Subsidized Health Services for the Community**

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs			\$0
Community Assessment			\$0
Provision of Taxes			\$0
Other Allocations			\$0

Comments