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 (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 15-2016

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$24860085
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$24860085

2. Deductions From Revenue

Contractual Allowance	$14227413
Other Deductions	$455
Total Deductions	$14227868

3. Total Operating Revenue

Net Patient Service Revenue	$10632217
Other Operating Revenue	$10400
Total Operating Revenue	$10642617

4. Operating Expenses

Salaries and Wages	$4015512	Employee Benefits	$710197
Depreciation and Amortization	$191864	Interest Expense	$0
Bad Debt	$188954	Other Expenses	$5511857
Total Operating Expenses	$10618384		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$24233	Total Assets	$19543120
Net Non-operating Gains over Loss	$6729	Total Liabilities	$550795
Total Net Gains	$30962		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$13417140	$7961369	$5455771
Medicaid	$0	$0	$0
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$11442945	$6266487	$5176458
Total	$24860085	$14227856	$10632229

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	
Number of Hospital Patients Educated	

Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	$0

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	$0	$0	
HCI Payments	$0		
Subtotal	$0	$0	$0
Medicaid Shortfalls	$0	$0	
Subtotal	$0	$0	$0
DSH Payments	$0		
Subtotal	$0	$0	$0
Medicare Shortfalls	$0	$0	
Other Government Programs	$0	$0	
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	$0	$0
Community Assessment	$0	$0	$0
Provision of Taxes	$0	$0	$0
Other Allocations	$0	$0	$0

Comments