ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: SELECT SPECIALTY HOSPITAL (FORT WAYNE)

Provider #: 152016

City: Fort Wayne

County: Allen

Year: 2014

Person Completing the Report: Dave Huffman

Email Address: djhuffman@selectmedical.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☑ Acute License ☐ LTC Certification

Private Accreditation: ☑ JCAHO ☐ HFAP

CMS Specialized Hosp: ☐ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☐ Swing Bed

Number of Total Hospital Full Time Equivalents 0

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Medical/Surgical	0	0	0	$0
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	32	243	6110	$24,860,085
Neonatal Intermediate	0	0	0	$0
Normal Newborn	0	0	0	$0
Obstetrics	0	0	0	$0

Pediatric	0	0	0	$0
Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Bed Program	NA	0	0	$0
Extended Care	0	0	0	$0
Observation Beds	0	0	0	$0
All Other Services	0	0	0	NA
Total Acute	32	243	6110	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	0	HIV	0
Neoplasms	0	Endocrine	0
Diseases of Blood	0	Mental Disorders	0
Nervous	0	Circulatory	0
Respiratory	0	Digestive Diseases	0
Genitourinary	0	Pregnancy	0
Skin	0	Musculoskeletal	0
Congenital	0	Perinatal	0
All Injuries	0		
Other/Known	0	Total Encounters	0

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

Comments