



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, INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 152013

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$44915994
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$44915994

2. Deductions From Revenue

Contractual Allowance	\$24463771
Other Deductions	\$5331
Total Deductions	\$24469102

3. Total Operating Revenue

Net Patient Service Revenue	\$20446892
Other Operating Revenue	\$37386
Total Operating Revenue	\$20484278

4. Operating Expenses

Salaries and Wages	\$8572071.00	Employee Benefits	\$1321179.00
Depreciation and Amortization	\$378437.00	Interest Expense	\$0
Bad Debt	\$426040.00	Other Expenses	\$9023927
Total Operating Expenses	\$19721654		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$762624.00	Total Assets	\$17484435
Net Non-operating Gains over Loss	\$12739.00	Total Liabilities	\$1624523
Total Net Gains	\$775363		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26406526.00	\$14943363.00	\$11463163
Medicaid	\$3692600.00	\$2010421.00	\$1682179
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14816868.00	\$7515318.00	\$7301550
Total	\$44915994	\$24469102	\$20446892

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
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Hospital Charity Charges	\$7928
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	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
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	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