



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: Evansville

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$57865872
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$57865872

2. Deductions From Revenue

Contractual Allowance	\$37522807
Other Deductions	\$11252
Total Deductions	\$37534059

3. Total Operating Revenue

Net Patient Service Revenue	\$20331813
Other Operating Revenue	\$108189
Total Operating Revenue	\$20440002

4. Operating Expenses

Salaries and Wages	\$9407219	Employee Benefits	\$1742242
Depreciation and Amortization	\$388153	Interest Expense	\$15013
Bad Debt	\$410593	Other Expenses	\$10908914
Total Operating Expenses	\$22872134		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2432132	Total Assets	\$6567907
Net Non-operating Gains over Loss	\$121	Total Liabilities	\$4263766

Total Net Gains	\$-2432011
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35116321	\$22785390	\$12330931
Medicaid	\$8460740	\$6207081	\$2253659
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14288811	\$8541588	\$5747223
Total	\$57865872	\$37534059	\$20331813

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
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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

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