



Hospital Fiscal Report

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

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (NORTHWEST INDIANA)

City of Hospital: Hammond

Year Begin: 01/01/2008 (mm/dd/yyyy format)

Year End: 12/31/2008 (mm/dd/yyyy format)

Medicare Provider Number: 152012

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$49278728
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$49278728

2. Deductions From Revenue

Contractual Allowance	\$27126459
Other Deductions	\$-263437
Total Deductions	\$26863022

3. Total Operating Revenue

Net Patient Service Revenue	\$22415706
Other Operating Revenue	\$5436
Total Operating Revenue	\$22421142

4. Operating Expenses

Salaries and Wages	\$6281105	Employee Benefits	\$1779689
Depreciation and Amortization	\$148071	Interest Expense	\$0
Bad Debt	\$802569	Other Expenses	\$12900253
Total Operating Expenses	\$21911687		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$509455	Total Assets	\$10922472
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2178203
Total Net Gains	\$509455		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$38998792	\$23069410	\$15929382
Medicaid	\$48318	\$118474	\$-70156
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10231618	\$3938777	\$6292841
Total	\$49278728	\$27126661	\$22152067

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	\$650259	\$-650259
Other Allocations	\$0	\$0	\$0