



## 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 (FORT WAYNE)

*City of Hospital:* FORT WAYNE

*Year Begin:* 01/01/2010 (mm/dd/yyyy format)

*Year End:* 12/31/2010 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-2016

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$27918019	Contractual Allowance	\$14886842
Outpatient Patient Service Revenue	\$0	Other Deductions	\$0
Total Gross Patient Service Revenue	\$27918019	Total Deductions	\$14886842

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$13031178
Other Operating Revenue	\$4954
Total Operating Revenue	\$13036132

#### 4. Operating Expenses

Salaries and Wages	\$4415209	Employee Benefits	\$993355
Depreciation and Amortization	\$153056	Interest Expense	\$-22554
Bad Debt	\$126126	Other Expenses	\$6498068
Total Operating Expenses	\$12163260		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$872871	Total Assets	\$15731581
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1002354
Total Net Gains	\$872871		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$15812842	\$8901381	\$6911461
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12105177	\$5985460	\$6119717
Total	\$27918019	\$14886841	\$13031178

**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**

	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