



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: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (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	\$36783940
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$36783940

2. Deductions From Revenue

Contractual Allowance	\$19469953
Other Deductions	\$6273
Total Deductions	\$19476226

3. Total Operating Revenue

Net Patient Service Revenue	\$17307714
Other Operating Revenue	\$37525
Total Operating Revenue	\$17345239

4. Operating Expenses

Salaries and Wages	\$7046321	Employee Benefits	\$1107774
Depreciation and Amortization	\$338057	Interest Expense	\$-4952
Bad Debt	\$209307	Other Expenses	\$8671810
Total Operating Expenses	\$17368317		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-23078	Total Assets	\$16487939
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1403390
Total Net Gains	\$-23078		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25124939	\$13322274	\$11802665
Medicaid	\$277355	\$212674	\$64681
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$11381645	\$5941277	\$5440368
Total	\$36783939	\$19476225	\$17307714

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

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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	\$40026
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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

Comments