



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 (FORT WAYNE)

City of Hospital: Fort Wayne

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: 152016

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33393930
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$33393930

2. Deductions From Revenue

Contractual Allowance	\$19908444.00
Other Deductions	\$554.00
Total Deductions	\$19908998

3. Total Operating Revenue

Net Patient Service Revenue	\$13484932.00
Other Operating Revenue	\$1449
Total Operating Revenue	\$13486381

4. Operating Expenses

Salaries and Wages	\$4736801.00	Employee Benefits	\$731657.00
Depreciation and Amortization	\$177651.00	Interest Expense	\$0
Bad Debt	\$128977	Other Expenses	\$6690287.00
Total Operating Expenses	\$12465373		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$1021008.00	Total Assets	\$21161284
Net Non-operating Gains over Loss	\$17314.00	Total Liabilities	\$1130637
Total Net Gains	\$1038322		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$21087225.00	\$13175312.00	\$7911913
Medicaid	\$1810645.00	\$1186158.00	\$624487
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$10496060.00	\$5547528.00	\$4948532
Total	\$33393930	\$19908998	\$13484932

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

Comments