



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: 01/01/2015 (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: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$68060488
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$68060488</b>

2. Deductions From Revenue

Contractual Allowance	\$43691182.00
Other Deductions	\$7363.00
<b>Total Deductions</b>	<b>\$43698545</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$24361943.00
Other Operating Revenue	\$97271
<b>Total Operating Revenue</b>	<b>\$24459214</b>

4. Operating Expenses

Salaries and Wages	\$10312018.00	Employee Benefits	\$1676235.00
Depreciation and Amortization	\$410707.00	Interest Expense	\$34584.00
Bad Debt	\$415555.00	Other Expenses	\$11768504.00
<b>Total Operating Expenses</b>	<b>\$24617603</b>		

5. Net Revenue and Expenses

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Excess Revenue over Expenses	\$-158389.00	Total Assets	\$6683086
Net Non-operating Gains over Loss	\$6714.00	Total Liabilities	\$1899627
Total Net Gains	\$-151675		

Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$45310886.00	\$29597914.00	\$15712972
Medicaid	\$5728317.00	\$4268020.00	\$1460297
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17021285.00	\$9832611.00	\$7188674
Total	\$68060488	\$43698545	\$24361943

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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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
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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