



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

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

Medicare Provider Number: 152016

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33717713
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$33717713

2. Deductions From Revenue

Contractual Allowance	\$17413339
Other Deductions	\$-424061
Total Deductions	\$16989278

3. Total Operating Revenue

Net Patient Service Revenue	\$16728435
Other Operating Revenue	\$10068
Total Operating Revenue	\$16738503

4. Operating Expenses

Salaries and Wages	\$5496911	Employee Benefits	\$1275307
Depreciation and Amortization	\$120838	Interest Expense	\$-2025
Bad Debt	\$358601	Other Expenses	\$8788437
Total Operating Expenses	\$16038069		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$700434	Total Assets	\$13140092
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$994455
Total Net Gains	\$700434		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service
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			Allowance
Medicare	\$20496616	\$11658564	\$8838052
Medicaid	\$1	\$0	\$1
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13221096	\$5758795	\$7462301
Total	\$33717713	\$17417359	\$16300354

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	\$691863	\$-691863
Other Allocations	\$0	\$0	\$0