



## 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 (EVANSVILLE)

*City of Hospital:* Evansville

*Year Begin:* 01/01/2011 (mm/dd/yyyy format)

*Year End:* 12/31/2011 (mm/dd/yyyy format)

*Medicare Provider Number:* 15-2014

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

|                                     |            |                       |            |
|-------------------------------------|------------|-----------------------|------------|
| Inpatient Patient Service Revenue   | \$50648482 | Contractual Allowance | \$27549758 |
| Outpatient Patient Service Revenue  | \$0        | Other Deductions      | \$0        |
| Total Gross Patient Service Revenue | \$50648482 | Total Deductions      | \$27549758 |

#### 2. Deductions From Revenue

#### 3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$23098724 |
| Other Operating Revenue     | \$126673   |
| Total Operating Revenue     | \$23225397 |

#### 4. Operating Expenses

|                               |            |                   |           |
|-------------------------------|------------|-------------------|-----------|
| Salaries and Wages            | \$8805903  | Employee Benefits | \$2436638 |
| Depreciation and Amortization | \$651447   | Interest Expense  | \$-209    |
| Bad Debt                      | \$334759   | Other Expenses    | \$9606029 |
| Total Operating Expenses      | \$21834567 |                   |           |

#### 5. Net Revenue and Expenses

|                                   |           |                   |           |
|-----------------------------------|-----------|-------------------|-----------|
| Excess Revenue over Expenses      | \$1390830 | Total Assets      | \$6236543 |
| Net Non-operating Gains over Loss | \$0       | Total Liabilities | \$1048107 |
| Total Net Gains                   | \$1390830 |                   |           |

### Statement Two: Contractual Allowance

|                |                       |                       |                               |
|----------------|-----------------------|-----------------------|-------------------------------|
| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|----------------|-----------------------|-----------------------|-------------------------------|

|                  |            |            |            |
|------------------|------------|------------|------------|
| Medicare         | \$35111309 | \$19067118 | \$16044191 |
| Medicaid         | \$0        | \$0        | \$0        |
| Other Government | \$0        | \$0        | \$0        |
| Other State      | \$0        | \$0        | \$0        |
| Other Payers     | \$15537173 | \$8482639  | \$7054534  |
| Total            | \$50648482 | \$27549757 | \$23098725 |

**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 |
|--------------------------|-----|

|                           | 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                     |