ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

Provider #: 153028

City: INDIANAPOLIS

County: MARION

Year: 2013

Person Completing the Report: Joseph Saffa

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LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☑ Acute License ☐ LTC Certification

Private Accreditation: ☑ JCAHO ☐ HFAP

CMS Specialized Hosp: ☐ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☑ Rehab ☐ Swing Bed

Number of Total Hospital Full Time Equivalents 327.7

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Medical/Surgical	0	0	0	$0
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	0	0	0	$0
Neonatal Intermediate	0	0	0	$0
Normal Newborn	0	0	0	$0
Obstetrics	0	0	0	$0
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	91	1319	21921	$86,152,216
Substance Abuse	0	0	0	$0
Swing Bed Program	NA	0	0	$0
Extended Care	0	0	0	$0
Observation Beds	0	0	0	$0
All Other Services	0	0	0	NA
Total Acute	91	1319	21921	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	0	HIV	0
Neoplasms	0	Endocrine	0
Diseases of Blood	0	Mental Disorders	0
Nervous	0	Circulatory	0
Respiratory	0	Digestive Diseases	0
Genitourinary	0	Pregnancy	0
Skin	0	Musculoskeletal	18752
Congenital	0	Perinatal	0
All Injuries	0		
Other/Known	5238	Total Encounters	23990

Total ED Visits	ED Injury Visits	ED Injury Admissions
0	0	0

Comments