



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: VIBRA HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne

Year Begin: 01/01/2013 (mm/dd/yyyy format)

Year End: 12/31/2013 (mm/dd/yyyy format)

Person Completing the Report: Doug Morris

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Medicare Provider Number: 15-2027

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20792723
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$20792723

2. Deductions From Revenue

Contractual Allowance	\$11383897
Other Deductions	\$0
Total Deductions	\$11383897

3. Total Operating Revenue

Net Patient Service Revenue	\$9408826
Other Operating Revenue	\$4508
Total Operating Revenue	\$9413334

4. Operating Expenses

Salaries and Wages	\$3359483	Employee Benefits	\$802008
Depreciation and Amortization	\$46875	Interest Expense	\$31383
Bad Debt	\$147356	Other Expenses	\$5650838
Total Operating Expenses	\$10037943		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-624609	Total Assets	\$2273402
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1124763
Total Net Gains	\$-624609		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$12943656	\$7321269	\$5622387
Medicaid	\$622818	\$554717	\$68101
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$7226249	\$3507911	\$3718338
Total	\$20792723	\$11383897	\$9408826

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

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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	\$39452	\$-39452
Other Allocations	\$0	\$0	\$0

Comments



