



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne

Year Begin: 01/01/2023 (mm/dd/yyyy format)

Year End: 08/31/2023 (mm/dd/yyyy format)

Person Completing the Report: Stacey Thomas

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Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47020171
Outpatient Patient Service Revenue	\$0
<b>Total Gross Patient Service Revenue</b>	<b>\$47020171</b>

2. Deductions From Revenue

Contractual Allowance	\$33669642
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$33669642</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$13350529
Other Operating Revenue	\$26502
<b>Total Operating Revenue</b>	<b>\$13377031</b>

4. Net Patient Revenue and Total Number of Paid Claims for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8210184	448
Medicaid	\$1573976	73
Commercial Insurance	\$2641092	106
Self-pay	\$34023	1
Any Other Category of Payer	\$891254	39
<b>Total</b>	<b>\$13350529</b>	<b>667</b>

5. Net Patient Revenue and Total Number of Paid Claims for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims

Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

6. **Total** Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8210184	448
Medicaid	\$1573976	73
Commercial Insurance	\$2641092	106
Self-pay	\$34023	1
Any Other Category of Payer	\$891254	39
Total	\$13350529	667

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8210184	448
Medicaid	\$1573976	73
Commercial Insurance	\$2641092	106
Self-pay	\$34023	1
Any Other Category of Payer	\$891254	39
Total	\$13350529	667

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8210184	448
Medicaid	\$1573976	73
Commercial Insurance	\$2641092	106
Self-pay	\$34023	1
Any Other Category of Payer	\$891254	39
Total	\$13350529	667

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$6404859	Employee Benefits	\$1639227
Depreciation and Amortization	\$357833	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$3579007
Total Operating Expenses	\$11980926		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$1396109	Total Assets	\$14139330
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14139330
Total Net Gains	\$1396109		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$29302876	\$21092692	\$8210184
Medicaid	\$6178610	\$4604634	\$1573976
Other Government	\$2872113	\$1980859	\$891254
Other State	\$0	\$0	\$0
Other Payers	\$8666574	\$5991459	\$2675115
Total	\$47020173	\$33669644	\$13350529

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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

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	\$1573976	\$1574451	
Subtotal	\$1573976	\$1574451	\$-475
DSH Payments	\$0		
Subtotal	\$1573976	\$1574451	\$-475
Medicare Shortfalls	\$8210184	\$7467043	
Other Government Programs	\$0	\$0	
Total	\$9784160	\$9041494	\$742666

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	\$170216	\$-170216
Other Allocations	\$0	\$0	\$0

Comments

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