



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: SELECT SPECIALTY HOSPITAL (FORT WAYNE)

City of Hospital: Fort Wayne

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

Email Address: djhuffman@selectmedical.com

Medicare Provider Number: 15-2016

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22776237
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$22776237

2. Deductions From Revenue

Contractual Allowance	\$14877523
Other Deductions	\$1831
Total Deductions	\$14879354

3. Total Operating Revenue

Net Patient Service Revenue	\$7896883
Other Operating Revenue	\$3861
Total Operating Revenue	\$7900744

4. Operating Expenses

Salaries and Wages	\$4105061	Employee Benefits	\$770034
Depreciation and Amortization	\$139974	Interest Expense	\$0
Bad Debt	\$173245	Other Expenses	\$3971228
Total Operating Expenses	\$9159542		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1258798	Total Assets	\$20592092
Net Non-operating Gains over Loss	\$83681	Total Liabilities	\$1736561

Total Net Gains	\$-1175117
-----------------	------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11029602	\$7314722	\$3714880
Medicaid	\$2796767	\$1816403	\$980364
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8949868	\$5748229	\$3201639
Total	\$22776237	\$14879354	\$7896883

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	\$81412
--------------------------	---------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$81412	
HCI Payments	\$0		
Subtotal	\$0	\$81412	\$-81412
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

Comments

//