



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

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

Person Completing the Report: Lindsey Fisher

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Medicare Provider Number: 15-2027

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31147731
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$31147731

2. Deductions From Revenue

Contractual Allowance	\$19193667
Other Deductions	\$0
Total Deductions	\$19193667

3. Total Operating Revenue

Net Patient Service Revenue	\$11833563
Other Operating Revenue	\$13854
Total Operating Revenue	\$11847417

4. Operating Expenses

Salaries and Wages	\$5089306	Employee Benefits	\$494353
Depreciation and Amortization	\$52555	Interest Expense	\$254
Bad Debt	\$120484	Other Expenses	\$4979147
Total Operating Expenses	\$10736099		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1111318	Total Assets	\$3565180
Net Non-operating Gains over Loss	\$-2158835	Total Liabilities	\$1607243

Total Net Gains	\$-1047517
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$19113051	\$11882490	\$7230561
Medicaid	\$31545	\$31545	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$12003118	\$7279632	\$4723486
Total	\$31147714	\$19193667	\$11954047

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
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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	\$43137	\$-43137
Other Allocations	\$0	\$0	\$0

Comments

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