



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evasnville

Year Begin: 01/01/2010 (mm/dd/yyyy format)

Year End: 12/31/2010 (mm/dd/yyyy format)

Medicare Provider Number: 15-2014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$47255370
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$47255370

2. Deductions From Revenue

Contractual Allowance	\$23480975
Other Deductions	\$0
Total Deductions	\$23480975

3. Total Operating Revenue

Net Patient Service Revenue	\$23774395
Other Operating Revenue	\$128438
Total Operating Revenue	\$23902833

4. Operating Expenses

Salaries and Wages	\$8850337	Employee Benefits	\$2257450
Depreciation and Amortization	\$629648	Interest Expense	\$-1286
Bad Debt	\$151728	Other Expenses	\$8679113
Total Operating Expenses	\$20566990		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$3335843	Total Assets	\$7357850
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1113240
Total Net Gains	\$3335843		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$33509578	\$16574377	\$16935201
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$13745792	\$6906598	\$6839194
Total	\$47255370	\$23480975	\$23774395

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	\$0	\$0
Other Allocations	\$0	\$0	\$0