



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: VIBRA HOSPITAL OF FORT WAYNE

City of Hospital: Fort Wayne

Year Begin: 01/01/2011 (mm/dd/yyyy format)

Year End: 12/31/2011 (mm/dd/yyyy format)

Medicare Provider Number: 15-2027

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$13379370
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$13379370

2. Deductions From Revenue

Contractual Allowance	\$6527681
Other Deductions	\$0
Total Deductions	\$6527681

3. Total Operating Revenue

Net Patient Service Revenue	\$6851689
Other Operating Revenue	\$8244
Total Operating Revenue	\$6859933

4. Operating Expenses

Salaries and Wages	\$2734685	Employee Benefits	\$594537
Depreciation and Amortization	\$44884	Interest Expense	\$167606
Bad Debt	\$104340	Other Expenses	\$3608897
Total Operating Expenses	\$7254949		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-395014	Total Assets	\$2157337
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$2045442
Total Net Gains	\$-395014		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$8860042	\$4472252	\$4387790
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$4519328	\$2055429	\$2463899
Total	\$13379370	\$6527681	\$6851689

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	\$83691	\$-83691
Other Allocations	\$0	\$0	\$0