



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: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Doug Morris

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Medicare Provider Number: 15-2027

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$20633748
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$20633748

2. Deductions From Revenue

Contractual Allowance	\$10101418
Other Deductions	\$0
Total Deductions	\$10101418

3. Total Operating Revenue

Net Patient Service Revenue	\$10532330
Other Operating Revenue	\$5199
Total Operating Revenue	\$10537529

4. Operating Expenses

Salaries and Wages	\$3948762	Employee Benefits	\$810278
Depreciation and Amortization	\$59072	Interest Expense	\$0
Bad Debt	\$321552	Other Expenses	\$5827265
Total Operating Expenses	\$10966929		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-429400	Total Assets	\$3055052
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1196603
Total Net Gains	\$-429400		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$11139639	\$5341114	\$5798525
Medicaid	\$58124	\$52616	\$5508
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$9435985	\$4707688	\$4728297
Total	\$20633748	\$10101418	\$10532330

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

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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	\$47306	\$-47306
Other Allocations	\$0	\$0	\$0

Comments