



Hospital Fiscal Report  
 State Form 49520 (R3/7-23)  
 Indiana Department of Health  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF FORT WAYNE  
 City of Hospital: FORT WAYNE  
 Year Begin: 01/01/2022 (mm/dd/yyyy format)  
 Year End: 12/31/2022 (mm/dd/yyyy format)  
 Person Completing the Report: Stacey Thomas  
 Email Address: sthomas@lutheran-hosp.com  
 Medicare Provider Number: 15-3030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$71159301	Contractual Allowance	\$50208751
Outpatient Patient Service Revenue	\$0	Other Deductions	\$150724
		<b>Total Deductions</b>	<b>\$50359475</b>
<b>Total Gross Patient Service Revenue</b>	<b>\$71159301</b>		

3. Total Operating Revenue	
Net Patient Service Revenue	\$20950550
Other Operating Revenue	\$81906
<b>Total Operating Revenue</b>	<b>\$21032456</b>

4. Net Patient Revenue and Total Number of Paid Claims for <b>Inpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8345419	580
Medicaid	\$2294809	137
Commercial Insurance	\$8044115	155
Self-pay	\$53227	11
Any Other Category of Payer	\$2062256	85
<b>Total</b>	<b>\$20799826</b>	<b>968</b>

5. Net Patient Revenue and Total Number of Paid Claims for <b>Outpatient</b> Services		
	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
<b>Total</b>	<b>\$0</b>	<b>0</b>

6. <b>Total</b> Net Patient Revenue and Total Number of Paid Claims (combining items #4 & #5)		
	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8345419	580
Medicaid	\$2294809	137

Commercial Insurance	\$8044115	155
Self-pay	\$53227	11
Any Other Category of Payer	\$2062256	85
Total	\$20799826	968

7. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8345419	580
Medicaid	\$2294809	137
Commercial Insurance	\$8044115	155
Self-pay	\$53227	11
Any Other Category of Payer	\$2062259	85
Total	\$20799829	968

8. Net Patient Revenue and Total Number of Paid Claims from Facility Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

9. **Total** Net Patient Revenue and Total Number of Paid Claims from Facility Fees (combining items #7 & #8)

	Total Net Patient Revenue	Total Number of Paid Claims
Medicare	\$8345419	580
Medicaid	\$2294809	137
Commercial Insurance	\$8044115	155
Self-pay	\$53227	11
Any Other Category of Payer	\$2062256	85
Total	\$20799826	968

10. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Inpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

11. Net Patient Revenue and Total Number of Paid Claims from Professional Fees for **Outpatient** Services

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0
Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

12. **Total** Net Patient Revenue and Total Number of Paid Claims from Professional Fees (combining items #10 & #11)

	Net Patient Revenue	Total Number of Paid Claims
Medicare	\$0	0

Medicaid	\$0	0
Commercial Insurance	\$0	0
Self-pay	\$0	0
Any Other Category of Payer	\$0	0
Total	\$0	0

## 13. Operating Expenses

Salaries and Wages	\$9668466	Employee Benefits	\$2349177
Depreciation and Amortization	\$560684	Interest Expense	\$0
Bad Debt	\$150721	Other Expenses	\$4529554
Total Operating Expenses	\$17258602		

## 14. Net Revenue and Expenses

Excess Revenue over Expenses	\$3773121	Total Assets	\$14492321
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$14492321
Total Net Gains	\$3773121		

## Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25868986	\$17523567	\$8345419
Medicaid	\$9837162	\$7542353	\$2294809
Other Government	\$4133603	\$2721064	\$1412539
Other State	\$0	\$0	\$0
Other Payers	\$31319550	\$22572491	\$8747059
Total	\$71159301	\$50359475	\$20799826

## 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	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$35965
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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	\$2294809	\$2365018	
Subtotal	\$2294809	\$2365018	\$-70209
DSH Payments	\$0		
Subtotal	\$2294809	\$2365018	\$-70209
Medicare Shortfalls	\$8345419	\$6219335	
Other Government Programs	\$1412539	\$993787	
Total	\$12052767	\$9578140	\$2474627

Statement Seven: Subsidized Health Services for the Community
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	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

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