



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: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Brian Cunningham

Email Address: bcunningham@vibrahealth.com

Medicare Provider Number: 15-2027

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$24912152
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$24912152

2. Deductions From Revenue

Contractual Allowance	\$13246942
Other Deductions	\$0
Total Deductions	\$13246942

3. Total Operating Revenue

Net Patient Service Revenue	\$11665210
Other Operating Revenue	\$3696
Total Operating Revenue	\$11668906

4. Operating Expenses

Salaries and Wages	\$4349655	Employee Benefits	\$842453
Depreciation and Amortization	\$55593	Interest Expense	\$0
Bad Debt	\$233525	Other Expenses	\$3989184
Total Operating Expenses	\$9470410		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2198496	Total Assets	\$2618341
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1112475
Total Net Gains	\$2198496		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$16512097	\$9325692	\$7186405
Medicaid	\$0	\$0	\$0
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$8400055	\$3921250	\$4478805
Total	\$24912152	\$13246942	\$11665210

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	\$48382	\$-48382
Other Allocations	\$0	\$0	\$0

Comments