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, INDIANAPOLIS

City of Hospital: Indianapolis

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 05/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Dave Huffman

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Medicare Provider Number: 152013

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	$20757328
Outpatient Patient Service Revenue	$0
Total Gross Patient Service Revenue	$20757328

2. Deductions From Revenue

Contractual Allowance	$12153737
Other Deductions	$1700
Total Deductions	$12155437

3. Total Operating Revenue

Net Patient Service Revenue	$8601891
Other Operating Revenue	$10388
Total Operating Revenue	$8612279

4. Operating Expenses

Salaries and Wages	$3830975	Employee Benefits	$684827
Depreciation and Amortization	$153757	Interest Expense	$0
Bad Debt	$456463	Other Expenses	$3314735
Total Operating Expenses	$8440757		

5. Net Revenue and Expenses

Excess Revenue over Expenses	$171519	Total Assets	$17483346
Net Non-operating Gains over Loss	$1045453	Total Liabilities	$406459

Total Net Gains	$1216972

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	$9094942	$5303043	$3791899
Medicaid	$4319255	$2551386	$1767869
Other Government	$0	$0	$0
Other State	$0	$0	$0
Other Payers	$7343131	$4301008	$3042123
Total	$20757328	$12155437	$8601891

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

	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

Comments