



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: SELECT SPECIALTY HOSPITAL (EVANSVILLE)

City of Hospital: Evansville

Year Begin: 01/01/2022 (mm/dd/yyyy format)

Year End: 12/31/2022 (mm/dd/yyyy format)

Person Completing the Report: Elizabeth Loyack

Email Address: eloyack@selectmedical.com

Medicare Provider Number: 152014

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$132859612
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$132859612

2. Deductions From Revenue

Contractual Allowance	\$105322338.00
Other Deductions	\$369247.00
Total Deductions	\$105691585

3. Total Operating Revenue

Net Patient Service Revenue	\$27168027.00
Other Operating Revenue	\$118667.00
Total Operating Revenue	\$27286694

4. Operating Expenses

Salaries and Wages	\$15375696.00	Employee Benefits	\$1894939.00
Depreciation and Amortization	\$699193.00	Interest Expense	\$828.00
Bad Debt	\$0	Other Expenses	\$11227636.00
Total Operating Expenses	\$29198292		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1911599.00	Total Assets	\$13653451.00
Net Non-operating Gains over Loss	\$-240419	Total Liabilities	\$25729822.00
Total Net Gains	\$-2152018		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$52916492	\$42226845	\$10689647
Medicaid	\$15760492	\$12738416	\$3022076
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$64182628	\$50726324	\$13456304
Total	\$132859612	\$105691585	\$27168027

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

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	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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