



## 2022 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP416

**Facility Name:** Children's Healthcare of Atlanta at Egleston

**County:** DeKalb

**Street Address:** 1405 Clifton Road NE

**City:** Atlanta

**Zip:** 30322-1101

**Mailing Address:** 1405 Clifton Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1101

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.

**Do not use a different report period.**

**Please indicate your hospital fiscal year.**

From: 1/1/2022 To:12/31/2022

**Please indicate your cost report year.**

From: 01/01/2022 To:12/31/2022

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

#### 3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Sherry Cameron

**Contact Title:** Reimbursement Manager

**Phone:** 404-785-7964

**Fax:** 404-943-8054

**E-mail:** sherry.cameron@choa.org

## Part C : Financial Data and Indigent and Charity Care

### 1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	1,479,948,048
Total Inpatient Admissions accounting for Inpatient Revenue	11,738
Outpatient Gross Patient Revenue	809,044,901
Total Outpatient Visits accounting for Outpatient Revenue	149,718
Medicare Contractual Adjustments	43,462,699
Medicaid Contractual Adjustments	1,018,414,842
Other Contractual Adjustments:	276,257,303
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	7,410,379
Gross Indigent Care:	36,044,082
Gross Charity Care:	6,224,282
Uncompensated Indigent Care (net):	34,820,999
Uncompensated Charity Care (net):	6,224,282
Other Free Care:	2,460,382
Other Revenue/Gains:	24,770,613
Total Expenses:	666,260,726

### 2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	2,460,382
Employee Discounts	0
	0
<b>Total</b>	<b>2,460,382</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2022? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

05/23/2022

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

**4. Charity Care Provisions**

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

**5. Maximum Income Level**

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

600

## 6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2022? (Check box if yes.)

### Part E : Indigent And Charity Care

#### 1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	17,510,888	4,352,060	21,862,948
Outpatient	18,533,194	1,872,222	20,405,416
<b>Total</b>	<b>36,044,082</b>	<b>6,224,282</b>	<b>42,268,364</b>

#### 2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	1,223,083
<b>Total</b>	<b>1,223,083</b>

#### 3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	17,187,587	4,352,060	21,539,647
Outpatient	17,633,412	1,872,222	19,505,634
<b>Total</b>	<b>34,820,999</b>	<b>6,224,282</b>	<b>41,045,281</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	13	683,937	79	409,462	1	462,711	1	600
Appling	0	0	2	132	0	0	0	0
Atkinson	0	0	1	173	0	0	0	0
Bacon	0	0	2	676	0	0	0	0
Baker	0	0	3	68	0	0	0	0
Baldwin	3	10,246	23	8,030	0	0	0	0
Banks	1	2,021	21	10,333	0	0	0	0
Barrow	10	49,681	175	58,977	0	0	2	65,840
Bartow	4	30,618	120	35,373	0	0	1	3,097
Ben Hill	0	0	19	36,335	0	0	0	0
Berrien	0	0	11	1,458	0	0	0	0
Bibb	7	1,290,930	133	41,117	0	0	1	294
Bleckley	0	0	11	8,540	0	0	0	0
Brantley	2	28,580	2	722	0	0	0	0
Brooks	0	0	4	506	0	0	0	0
Bryan	0	0	16	33,605	0	0	0	0
Bulloch	0	0	18	2,972	0	0	0	0
Burke	0	0	1	146	0	0	0	0
Butts	1	200	107	50,504	0	0	0	0
Calhoun	0	0	5	1,591	0	0	0	0
Camden	0	0	2	192	0	0	0	0
Candler	1	0	1	173	0	0	0	0
Carroll	7	51,364	174	135,073	1	519	4	25,713
Catoosa	0	0	14	60,512	0	0	0	0
Chatham	1	567	52	25,872	0	0	0	0
Chattahoochee	0	0	22	1,452	0	0	0	0
Chattooga	2	32,538	23	17,574	0	0	1	4,178
Cherokee	6	34,625	251	109,386	1	119,830	9	53,832
Clarke	5	17,342	146	88,058	0	0	0	0
Clayton	33	434,074	1,480	785,579	5	200,822	14	66,404
Clinch	0	0	3	651	0	0	0	0
Cobb	31	1,593,356	743	441,117	2	668,424	9	17,370

Coffee	1	215	22	13,298	0	0	0	0
Colquitt	3	123,593	22	72,917	0	0	0	0
Columbia	0	0	8	780	0	0	0	0
Cook	0	0	23	6,159	0	0	0	0
Coweta	10	52,395	282	149,071	1	78,824	5	59,353
Crawford	0	0	18	641	0	0	0	0
Crisp	1	207	11	5,994	0	0	0	0
Dade	0	0	1	4	0	0	0	0
Dawson	1	13,112	26	9,668	0	0	3	308
Decatur	2	18,607	21	18,248	0	0	0	0
DeKalb	103	2,817,721	4,854	5,059,289	7	266,041	76	494,214
Dodge	1	14,083	16	2,952	0	0	0	0
Dooly	0	0	3	291	0	0	0	0
Dougherty	4	9,719	119	126,976	0	0	0	0
Douglas	9	23,420	400	230,041	0	0	4	13,144
Early	1	842	14	769	0	0	0	0
Effingham	2	3,698	33	25,900	0	0	0	0
Elbert	2	1,409	27	42,606	0	0	0	0
Emanuel	0	0	3	225	0	0	0	0
Evans	0	0	24	23,783	0	0	0	0
Fannin	0	0	5	4,281	0	0	0	0
Fayette	9	25,011	169	107,880	0	0	1	3,582
Florida	4	5,734	142	40,359	0	0	0	0
Floyd	18	2,517,400	103	341,787	0	0	0	0
Forsyth	6	127,117	100	84,515	1	32,317	3	1,925
Franklin	1	5,467	36	16,528	0	0	1	2,605
Fulton	82	2,552,063	2,808	2,749,017	2	249,615	28	101,710
Gilmer	0	0	10	124,158	0	0	2	86,620
Glynn	0	0	5	3,078	0	0	0	0
Gordon	2	1,159	43	10,991	0	0	1	10,174
Grady	0	0	37	4,673	0	0	0	0
Greene	0	0	26	9,680	1	2,213	0	0
Gwinnett	50	979,712	1,994	1,683,507	12	1,456,891	48	301,354
Habersham	6	37,861	81	29,639	1	3,040	1	7,800
Hall	14	182,487	312	162,779	0	0	5	6,681
Hancock	0	0	1	876	0	0	0	0
Haralson	1	421	47	11,718	0	0	1	24,748
Harris	0	0	28	4,241	0	0	3	7,507
Hart	0	0	23	5,763	0	0	0	0
Heard	1	15,662	19	4,961	0	0	0	0
Henry	38	398,023	1,146	639,774	2	79,190	9	85,283
Houston	7	32,950	153	87,076	1	1,946	2	656
Irwin	0	0	3	244	0	0	0	0
Jackson	4	5,675	128	81,043	2	2,579	3	5,538

Jasper	4	26,794	56	27,890	0	0	0	0
Jeff Davis	0	0	19	23,975	0	0	3	7,553
Jefferson	1	169,125	4	818	0	0	0	0
Jenkins	0	0	3	1,492	0	0	0	0
Johnson	1	0	10	2,380	0	0	0	0
Jones	2	1,127	14	32,619	0	0	0	0
Lamar	2	1,529	32	29,734	0	0	3	11,197
Lanier	0	0	2	1,016	0	0	0	0
Laurens	0	0	27	18,695	0	0	0	0
Lee	1	0	28	20,644	0	0	0	0
Liberty	1	207	16	18,006	0	0	0	0
Long	0	0	8	11,431	0	0	0	0
Lowndes	0	0	57	24,341	1	68,165	0	0
Lumpkin	2	78,160	55	243,342	0	0	0	0
Madison	3	3,441	37	18,842	0	0	1	4,076
Marion	0	0	4	2,135	0	0	0	0
McDuffie	0	0	3	119	0	0	0	0
McIntosh	0	0	1	30	0	0	0	0
Meriwether	2	4,269	79	31,508	0	0	0	0
Mitchell	0	0	24	8,212	0	0	0	0
Monroe	1	52,584	32	185,231	0	0	1	25,333
Montgomery	0	0	16	1,399	0	0	0	0
Morgan	3	68,640	26	2,965	0	0	0	0
Murray	1	0	20	5,160	0	0	1	72
Muscogee	10	317,521	333	153,754	0	0	3	125,097
Newton	12	45,180	604	331,781	3	35,845	21	48,502
North Carolina	3	227,709	42	258,305	0	0	0	0
Oconee	1	1,233	45	15,137	0	0	0	0
Oglethorpe	1	34,133	2	97	0	0	0	0
Other Out of State	22	644,630	311	1,002,605	0	0	4	7,839
Paulding	5	162,495	175	84,796	1	3,519	1	7,410
Peach	0	0	41	10,803	0	0	0	0
Pickens	2	23,888	27	30,488	0	0	0	0
Pierce	0	0	4	1,340	0	0	0	0
Pike	1	250	24	8,070	0	0	1	69,511
Polk	4	74,926	62	19,419	0	0	1	1,588
Pulaski	1	3,555	20	4,203	0	0	0	0
Putnam	2	21,736	23	1,241	0	0	1	548
Quitman	0	0	1	98	0	0	0	0
Rabun	3	9,330	22	29,448	0	0	0	0
Randolph	0	0	6	7,838	0	0	0	0
Richmond	2	96,692	74	31,023	0	0	0	0
Rockdale	17	27,337	422	251,904	1	36,160	3	20,139
Schley	1	0	3	1,002	0	0	0	0

Screven	0	0	2	792	0	0	0	0
Seminole	0	0	2	161	0	0	0	0
South Carolina	4	351,235	68	222,432	0	0	1	12,745
Spalding	8	28,070	175	92,104	0	0	1	4,999
Stephens	1	0	44	16,359	0	0	1	1,472
Stewart	0	0	4	401	0	0	0	0
Sumter	1	36,183	25	12,067	0	0	0	0
Talbot	1	0	3	130	1	132,645	0	0
Taliaferro	0	0	2	152	0	0	0	0
Tattnall	2	19,478	5	2,900	0	0	0	0
Taylor	1	22	10	23,903	0	0	0	0
Telfair	0	0	6	301	0	0	0	0
Tennessee	1	520	4	4,378	0	0	0	0
Terrell	3	162,506	46	185,897	2	304,652	3	1,094
Thomas	0	0	47	20,473	0	0	0	0
Tift	0	0	51	21,748	0	0	0	0
Toombs	2	273,874	25	8,504	0	0	0	0
Towns	1	71,807	5	930	0	0	0	0
Treutlen	0	0	5	373	0	0	0	0
Troup	12	141,219	182	85,749	0	0	1	13,728
Turner	0	0	11	3,225	0	0	0	0
Twiggs	1	0	45	53,321	0	0	0	0
Union	1	24	17	11,970	0	0	0	0
Upson	1	427	27	3,683	0	0	0	0
Walker	0	0	37	45,082	0	0	2	27,138
Walton	9	47,150	357	207,628	0	0	9	31,607
Ware	0	0	2	305	0	0	0	0
Washington	0	0	16	6,601	0	0	0	0
Wayne	0	0	17	6,473	0	0	0	0
Webster	0	0	5	76,879	0	0	0	0
White	4	11,380	24	11,127	0	0	0	0
Whitfield	3	40,768	120	43,829	1	146,112	0	0
Wilcox	0	0	7	1,005	0	0	0	0
Wilkes	0	0	9	14,629	0	0	0	0
Wilkinson	1	3,892	22	22,182	0	0	0	0
Worth	0	0	18	5,626	0	0	1	44
<b>Total</b>	<b>678</b>	<b>17,510,888</b>	<b>21,269</b>	<b>18,533,194</b>	<b>50</b>	<b>4,352,060</b>	<b>301</b>	<b>1,872,222</b>

## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2022?  
(Check box if yes.)

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	14,024,172	22,019,910
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	3,596,762	2,627,520
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	10,553	11,745

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Chief Executive:** Donna Hyland

**Date:** 7/18/2023

**Title:** Chief Executive Officer

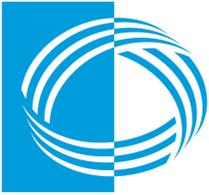
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Ruth Fowler

**Date:** 7/18/2023

**Title:** Chief Financial Officer

**Comments:**



## 2022 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP518

**Facility Name:** Children's Healthcare of Atlanta at Scottish Rite

**County:** Fulton

**Street Address:** 1001 Johnson Ferry Road NE

**City:** Atlanta

**Zip:** 30342-1605

**Mailing Address:** 1001 Johnson Ferry Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342-1605

#### 2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2022 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 1/1/2022 To:12/31/2022

**Please indicate your cost report year.**

From: 01/01/2022 To:12/31/2022

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

#### 3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.

If your facility's trauma center designation changed, provide the date and type of change.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Sherry Cameron

**Contact Title:** Reimbursement Manager

**Phone:** 404-785-7964

**Fax:** 404-943-8054

**E-mail:** sherry.cameron@choa.org

## Part C : Financial Data and Indigent and Charity Care

### 1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	1,070,587,215
Total Inpatient Admissions accounting for Inpatient Revenue	15,157
Outpatient Gross Patient Revenue	943,166,790
Total Outpatient Visits accounting for Outpatient Revenue	345,580
Medicare Contractual Adjustments	30,427,245
Medicaid Contractual Adjustments	770,542,209
Other Contractual Adjustments:	295,890,856
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,370,537
Gross Indigent Care:	37,137,588
Gross Charity Care:	5,883,847
Uncompensated Indigent Care (net):	33,292,115
Uncompensated Charity Care (net):	5,883,847
Other Free Care:	1,980,280
Other Revenue/Gains:	16,933,470
Total Expenses:	601,585,895

### 2. Types of Other Free Care

Please enter the amount for each type of other free care. The amounts entered here must equal the total "Other Free Care" reported in Part C. Question 1. Use the blank line to indicate the type description and amount for other free care that is not included in the types listed.

Other Free Care Type	Other Free Care Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	1,980,280
Employee Discounts	0
	0
<b>Total</b>	<b>1,980,280</b>

## Part D : Indigent/Charity Care Policies and Agreements

### 1. Formal Written Policy

Did the hospital have a formal written policy or written policies concerning the provision of indigent and/or charity care during 2022? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2022?

05/23/2022

### 3. Person Responsible

Please indicate the title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.?

**4. Charity Care Provisions**

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)

**5. Maximum Income Level**

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)?

600

## 6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 2022? (Check box if yes.)

### Part E : Indigent And Charity Care

#### 1. Gross Indigent and Charity Care Charges

Please indicate the totals for indigent and charity care for the categories provided below. If the hospital used a sliding fee scale for certain charity patients, only the net charges to charity should be reported (i.e., gross patient charges less any payments received from or billed to the patient.) Total Uncompensated I/C Care must balance to totals reported in Part C.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	14,307,397	3,225,248	17,532,645
Outpatient	22,830,191	2,658,599	25,488,790
<b>Total</b>	<b>37,137,588</b>	<b>5,883,847</b>	<b>43,021,435</b>

#### 2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	3,845,473
<b>Total</b>	<b>3,845,473</b>

#### 3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	13,275,560	3,225,248	16,500,808
Outpatient	20,016,555	2,658,599	22,675,154
<b>Total</b>	<b>33,292,115</b>	<b>5,883,847</b>	<b>39,175,962</b>

## Part F : Patient Origin

### 1. Total Gross Indigent/Charity Care By Charges County

Please report Indigent/Charity Care by County in the following categories. For non Georgia use Alabama, Florida, North Carolina, South Carolina, Tennessee, or Other-Out-of-State.

To add a row press the button. To delete a row press the minus button at the end of the row.

(You may enter the data on the web form or upload the data to the web form using the .csv file.)

Inp Ad-I = Inpatient Admissions (Indigent Care)

Inp Ch-I = Inpatient Charges (Indigent Care)

Out Vis-I = Outpatient Visits (Indigent Care)

Out Ch-I = Outpatient Charges (Indigent Care)

Inp Ad-C = Inpatient Admissions (Charity Care)

Inp Ch-C = Inpatient Charges (Charity Care)

Out Vis-C = Outpatient Visits (Charity Care)

Out Ch-C = Outpatient Charges (Charity Care)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	15	751,473	61	174,225	1	19,736	2	2,231
Appling	0	0	12	3,541	0	0	0	0
Atkinson	0	0	2	454	0	0	0	0
Bacon	0	0	4	5,248	0	0	0	0
Baker	0	0	11	940	0	0	0	0
Baldwin	1	22	18	1,585	0	0	0	0
Banks	3	50,606	52	25,658	0	0	2	21,414
Barrow	6	65,635	358	244,934	1	49,193	4	11,774
Bartow	7	113,576	397	165,718	0	0	3	30,350
Ben Hill	1	0	11	3,279	0	0	0	0
Berrien	0	0	12	1,478	0	0	0	0
Bibb	2	37,505	111	46,207	1	52,655	8	1,296
Bleckley	0	0	7	4,877	0	0	0	0
Brantley	0	0	3	1,684	0	0	0	0
Brooks	0	0	6	930	0	0	0	0
Bryan	0	0	8	2,815	0	0	0	0
Bulloch	1	0	6	2,701	0	0	0	0
Burke	0	0	4	1,423	0	0	0	0
Butts	1	186	72	33,383	0	0	3	1,777
Calhoun	0	0	2	2,721	0	0	0	0
Camden	0	0	2	163	0	0	0	0
Candler	0	0	1	10	0	0	0	0
Carroll	11	38,869	391	187,929	0	0	5	7,523
Catoosa	0	0	15	6,531	0	0	0	0
Charlton	0	0	1	48	0	0	0	0
Chatham	0	0	23	10,614	0	0	0	0
Chattahoochee	0	0	2	335	0	0	0	0
Chattooga	1	9,423	29	14,063	0	0	0	0
Cherokee	29	324,464	1,026	817,039	3	92,535	42	70,572
Clarke	6	106,736	181	128,711	2	6,317	6	41,047
Clayton	19	235,543	1,034	322,183	2	27,548	23	43,340
Clinch	0	0	3	390	0	0	0	0

Cobb	87	1,541,959	3,368	2,723,074	13	872,471	102	415,769
Coffee	0	0	34	7,525	0	0	0	0
Colquitt	1	10,725	42	1,028	0	0	0	0
Columbia	2	458,814	44	17,063	0	0	0	0
Cook	0	0	18	2,353	0	0	0	0
Coweta	2	52,368	303	250,744	3	23,988	9	3,042
Crawford	0	0	2	182	0	0	0	0
Crisp	2	24,331	61	144,914	0	0	0	0
Dade	0	0	4	245	0	0	0	0
Dawson	5	10,816	161	70,007	0	0	7	8,756
Decatur	1	0	11	758	0	0	0	0
DeKalb	77	972,193	3,578	2,394,722	12	435,919	93	704,550
Dodge	0	0	15	6,631	0	0	0	0
Dooly	1	19,890	5	318	0	0	0	0
Dougherty	0	0	98	27,461	0	0	0	0
Douglas	13	95,065	552	303,715	1	293	4	6,357
Early	0	0	9	3,007	0	0	0	0
Effingham	0	0	6	300	0	0	0	0
Elbert	2	6,103	38	7,062	0	0	0	0
Emanuel	0	0	2	5,132	0	0	0	0
Evans	0	0	4	1,002	0	0	0	0
Fannin	1	541	38	7,891	0	0	0	0
Fayette	4	10,663	234	130,828	0	0	4	25,220
Florida	3	142,012	226	110,791	0	0	3	31,210
Floyd	7	111,429	137	358,436	0	0	0	0
Forsyth	13	135,329	633	552,535	5	154,010	34	102,381
Franklin	1	2,324	67	16,743	0	0	1	1,241
Fulton	66	1,096,153	3,633	3,658,819	12	218,234	90	369,261
Gilmer	4	16,859	74	45,293	0	0	2	15,148
Glynn	0	0	4	493	0	0	0	0
Gordon	1	17,978	144	82,526	0	0	1	42
Grady	0	0	17	1,444	0	0	0	0
Greene	1	0	18	8,252	0	0	0	0
Gwinnett	129	3,020,776	4,760	5,275,364	7	228,678	134	409,869
Habersham	3	2,261	136	31,200	0	0	1	5,268
Hall	19	468,588	728	334,879	2	204,847	9	50,116
Hancock	0	0	2	1,136	0	0	0	0
Haralson	2	24,764	110	45,060	0	0	0	0
Harris	2	28,439	7	10,629	1	4,205	2	854
Hart	1	12,383	42	6,709	0	0	0	0
Heard	0	0	21	12,313	0	0	1	720
Henry	12	396,958	930	433,714	1	49,469	23	25,535
Houston	5	38,774	132	46,857	0	0	0	0
Irwin	0	0	9	1,904	0	0	0	0

Jackson	7	15,409	203	125,481	0	0	8	40,349
Jasper	0	0	34	18,814	0	0	1	1,159
Jeff Davis	0	0	3	9,448	0	0	0	0
Jefferson	0	0	3	235	0	0	0	0
Johnson	0	0	7	942	0	0	0	0
Jones	0	0	9	871	0	0	0	0
Lamar	0	0	39	13,502	0	0	0	0
Lanier	0	0	3	71	0	0	0	0
Laurens	1	25	28	16,402	0	0	0	0
Lee	4	10,783	33	13,472	0	0	1	4,619
Liberty	0	0	5	243	0	0	0	0
Lincoln	0	0	5	3,501	0	0	0	0
Long	0	0	3	3,819	0	0	0	0
Lowndes	3	2,030	52	23,856	0	0	1	150
Lumpkin	2	4,216	78	29,018	0	0	0	0
Macon	0	0	4	324	0	0	0	0
Madison	0	0	74	22,492	0	0	1	11
Marion	0	0	5	157	0	0	0	0
McDuffie	0	0	8	684	0	0	0	0
Meriwether	2	56,061	41	12,243	0	0	0	0
Mitchell	0	0	20	4,018	0	0	1	8,454
Monroe	1	1,448	24	8,427	0	0	0	0
Morgan	1	0	41	13,348	0	0	1	1,126
Murray	0	0	44	17,391	0	0	0	0
Muscogee	3	1,960	211	72,350	0	0	2	2,137
Newton	9	41,551	388	174,796	1	42,126	2	1,841
North Carolina	7	315,194	52	232,123	1	72,407	0	0
Oconee	2	4,917	30	16,768	0	0	1	1,466
Oglethorpe	0	0	14	2,482	0	0	0	0
Other Out of State	35	2,044,568	357	962,668	1	328,891	1	1,173
Paulding	13	85,906	440	220,165	1	16,798	11	60,761
Peach	3	0	18	4,759	0	0	0	0
Pickens	2	10,548	84	29,269	2	30,028	3	7,508
Pierce	0	0	5	3,497	0	0	0	0
Pike	0	0	27	7,530	0	0	5	12,725
Polk	3	373	120	49,847	1	251,730	9	11,768
Pulaski	0	0	6	2,913	0	0	0	0
Putnam	2	2,694	12	2,435	0	0	0	0
Rabun	1	130	46	37,827	0	0	2	7,389
Randolph	1	22	3	242	0	0	0	0
Richmond	0	0	32	34,815	0	0	0	0
Rockdale	4	6,334	282	178,248	0	0	1	175
Schley	0	0	2	2,271	0	0	0	0
Screven	0	0	2	153	0	0	0	0

Seminole	0	0	10	1,704	0	0	0	0
South Carolina	7	294,903	54	138,152	0	0	0	0
Spalding	3	10,240	190	118,441	0	0	3	13,690
Stephens	3	50,663	92	36,731	0	0	2	10,247
Stewart	0	0	2	195	0	0	0	0
Sumter	1	207	22	6,630	0	0	0	0
Talbot	0	0	6	1,373	0	0	0	0
Tattnall	0	0	1	98	0	0	0	0
Taylor	0	0	4	3,077	0	0	0	0
Telfair	0	0	5	764	0	0	0	0
Tennessee	0	0	7	3,779	0	0	0	0
Terrell	11	665,573	59	201,874	0	0	1	128
Thomas	0	0	62	14,766	0	0	1	3,849
Tift	1	0	43	25,988	0	0	0	0
Toombs	0	0	13	5,308	0	0	0	0
Towns	1	2,044	20	16,498	0	0	1	3,529
Treutlen	0	0	1	98	0	0	0	0
Troup	6	175,327	189	124,892	0	0	2	45,642
Turner	0	0	2	88	0	0	0	0
Twiggs	0	0	3	3,967	0	0	0	0
Union	0	0	39	17,554	0	0	2	3,314
Upson	0	0	31	31,542	0	0	0	0
Walker	0	0	25	7,408	0	0	0	0
Walton	8	51,003	399	247,341	1	43,170	6	7,588
Ware	0	0	4	1,483	0	0	0	0
Warren	0	0	2	3,363	0	0	0	0
Washington	0	0	6	2,514	0	0	0	0
Wayne	0	0	2	1,772	0	0	0	0
White	2	0	80	10,510	0	0	0	0
Whitfield	2	735	94	73,989	0	0	1	1,138
Wilcox	0	0	6	109	0	0	0	0
Wilkes	0	0	3	579	0	0	0	0
Wilkinson	0	0	7	142	0	0	0	0
Worth	0	0	7	669	0	0	0	0
<b>Total</b>	<b>721</b>	<b>14,307,397</b>	<b>28,709</b>	<b>22,830,191</b>	<b>75</b>	<b>3,225,248</b>	<b>688</b>	<b>2,658,599</b>

## Indigent Care Trust Fund Addendum

### 1. Indigent Care Trust Fund

Did your hospital receive funds from the Indigent Care Trust Fund during its Fiscal Year 2022?  
(Check box if yes.)

### 2. Amount Charged to ICTF

Indicate the amount charged to the ICTF by each State Fiscal Year (SFY) and for each of the patient categories indicated below during Hospital Fiscal Year 2022.

Patient Category		SFY 2021	SFY2022	SFY2023
		7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	13,138,438	23,999,150
B.	Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale.	0	2,650,484	3,233,363
C.	Other Patients in accordance with the department approved policy.	0	0	0

### 3. Patients Served

Indicate the number of patients served by SFY.

SFY 2021	SFY2022	SFY2023
7/1/20-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23
0	14,306	16,422

## Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Chief Executive:** Donna Hyland

**Date:** 7/18/2023

**Title:** Chief Executive Officer

I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Ruth Fowler

**Date:** 7/18/2023

**Title:** Chief Financial Officer

**Comments:**