



## 2021 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 2021 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2021 To:12/31/2021

**Please indicate your cost report year.**

From: 01/01/2021 To:12/31/2021

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](mailto: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	1,416,836,564
Total Inpatient Admissions accounting for Inpatient Revenue	11,419
Outpatient Gross Patient Revenue	741,287,169
Total Outpatient Visits accounting for Outpatient Revenue	138,093
Medicare Contractual Adjustments	59,666,039
Medicaid Contractual Adjustments	941,962,859
Other Contractual Adjustments:	262,886,033
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	11,757,502
Gross Indigent Care:	31,049,227
Gross Charity Care:	7,965,431
Uncompensated Indigent Care (net):	29,258,880
Uncompensated Charity Care (net):	7,955,075
Other Free Care:	2,473,500
Other Revenue/Gains:	25,381,380
Total Expenses:	576,535,564

### 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	2,473,500
Employee Discounts	0
	0
<b>Total</b>	<b>2,473,500</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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

02/18/21

### 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.)?

340

## 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 2021? (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	16,001,587	4,406,326	20,407,913
Outpatient	15,047,640	3,559,105	18,606,745
<b>Total</b>	<b>31,049,227</b>	<b>7,965,431</b>	<b>39,014,658</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	1,800,703
<b>Total</b>	<b>1,800,703</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	15,396,745	4,395,970	19,792,715
Outpatient	13,862,135	3,559,105	17,421,240
<b>Total</b>	<b>29,258,880</b>	<b>7,955,075</b>	<b>37,213,955</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	23	4,006,831	85	302,211	0	0	51	202,105
Appling	0	0	4	306	0	0	0	0
Atkinson	4	0	13	524	0	0	0	0
Baker	0	0	6	913	0	0	0	0
Baldwin	0	0	39	12,896	0	0	0	0
Banks	2	18,453	70	27,957	0	0	2	3,232
Barrow	10	9,163	243	44,039	0	0	3	12,212
Bartow	15	28,988	147	102,200	0	0	2	1,562
Ben Hill	0	0	15	708	0	0	0	0
Berrien	0	0	8	92	0	0	0	0
Bibb	5	2,290,383	226	48,776	0	0	1	22,815
Bleckley	1	0	6	11,924	0	0	0	0
Brantley	0	0	3	300	0	0	0	0
Brooks	0	0	7	318	0	0	0	0
Bryan	0	0	16	1,663	0	0	0	0
Bulloch	1	1,053	12	2,936	0	0	0	0
Butts	5	4,531	144	36,551	0	0	6	6,344
Calhoun	0	0	7	4,783	0	0	0	0
Camden	0	0	6	5,245	0	0	0	0
Candler	0	0	5	2,245	0	0	0	0
Carroll	10	173,830	250	151,003	0	0	12	141,768
Catoosa	0	0	11	1,038	0	0	0	0
Chatham	3	22,678	139	37,998	0	0	0	0
Chattahoochee	0	0	31	2,489	0	0	0	0
Chattooga	0	0	19	3,113	0	0	1	3,056
Cherokee	6	122,502	294	95,679	1	145,729	6	21,746
Clarke	8	32,639	193	70,943	2	224,643	16	146,771
Clayton	52	232,313	1,646	671,755	1	24,224	32	67,948
Clinch	0	0	1	7	0	0	0	0
Cobb	25	149,039	1,109	542,288	4	1,174,714	54	402,382
Coffee	2	253	14	8,801	0	0	0	0
Colquitt	1	216	36	3,961	0	0	0	0

Columbia	5	47,140	50	51,737	0	0	0	0
Cook	0	0	23	1,583	0	0	0	0
Coweta	16	84,186	381	226,963	1	3,941	4	3,021
Crawford	0	0	11	1,164	0	0	0	0
Crisp	0	0	26	26,018	1	817	0	0
Dade	0	0	3	933	0	0	0	0
Dawson	13	12,527	54	22,327	0	0	2	512
Decatur	1	754	31	5,483	0	0	1	1,083
DeKalb	192	1,677,712	5,431	2,886,039	14	220,718	136	513,301
Dodge	1	80	19	2,983	0	0	0	0
Dooly	0	0	3	688	0	0	0	0
Dougherty	6	17,403	131	61,874	0	0	0	0
Douglas	15	90,152	463	169,666	0	0	6	37,207
Early	0	0	15	7,260	0	0	0	0
Echols	0	0	1	91	0	0	0	0
Effingham	0	0	67	16,993	0	0	0	0
Elbert	5	510	40	14,439	0	0	0	0
Emanuel	0	0	1	89	0	0	0	0
Evans	0	0	3	2,041	0	0	0	0
Fannin	0	0	13	4,886	0	0	2	24,590
Fayette	15	150,910	240	112,092	0	0	7	1,300
Florida	4	37,716	157	38,469	0	0	2	289,459
Floyd	16	480,292	81	230,970	0	0	2	741
Forsyth	11	68,799	120	44,372	0	0	3	8,860
Franklin	2	829	69	35,494	0	0	0	0
Fulton	167	1,597,763	3,395	2,483,824	2	41,668	48	609,246
Gilmer	0	0	16	22,409	0	0	1	3,684
Glynn	1	568	7	913	0	0	0	0
Gordon	3	822	65	9,715	0	0	13	12,261
Grady	0	0	33	32,576	0	0	0	0
Greene	1	114	38	12,262	0	0	0	0
Gwinnett	93	748,062	2,692	1,158,111	16	1,629,601	82	434,336
Habersham	6	3,303	70	16,715	0	0	0	0
Hall	11	262,968	430	156,258	1	321,273	4	17,412
Hancock	2	0	1	107	0	0	0	0
Haralson	1	261	64	69,477	0	0	1	63
Harris	0	0	43	12,468	0	0	0	0
Hart	0	0	32	17,797	0	0	1	6,988
Heard	1	5,835	28	3,113	0	0	0	0
Henry	81	473,084	1,361	611,743	1	2,959	10	49,503
Houston	3	401	162	48,948	0	0	0	0
Irwin	0	0	1	171	0	0	0	0
Jackson	5	173,427	194	146,123	0	0	0	0
Jasper	4	1,790	83	35,478	0	0	0	0

Jeff Davis	0	0	8	689	0	0	0	0
Jefferson	0	0	5	3,211	0	0	0	0
Jenkins	0	0	27	16,509	0	0	0	0
Johnson	0	0	8	3,072	0	0	0	0
Jones	1	286	15	3,608	0	0	0	0
Lamar	3	471	49	36,671	0	0	0	0
Laurens	1	1,774	28	7,928	0	0	0	0
Lee	1	63	41	29,133	1	249	2	3,560
Liberty	1	5,713	27	7,735	0	0	0	0
Long	1	1,066	7	16,513	0	0	0	0
Lowndes	1	61,262	98	77,462	0	0	2	0
Lumpkin	1	22	62	11,647	0	0	19	143,356
Macon	0	0	24	20,166	0	0	0	0
Madison	1	258	50	12,095	0	0	4	13,815
Marion	1	927	7	731	0	0	0	0
McDuffie	0	0	3	322	0	0	0	0
McIntosh	0	0	2	1,100	0	0	0	0
Meriwether	7	70,837	55	50,271	3	35,687	0	0
Miller	2	30,234	20	8,204	1	30,034	0	0
Mitchell	2	0	39	6,416	0	0	0	0
Monroe	0	0	43	46,980	0	0	0	0
Montgomery	0	0	17	630	0	0	0	0
Morgan	12	19,617	45	7,028	0	0	0	0
Murray	0	0	36	8,449	0	0	0	0
Muscogee	9	20,766	399	94,429	0	0	0	0
Newton	38	103,824	866	638,690	2	728	9	10,448
North Carolina	9	240,985	55	189,286	0	0	1	357
Oconee	1	5,826	27	7,550	0	0	0	0
Oglethorpe	0	0	11	1,056	0	0	0	0
Other Out of State	40	1,233,234	329	877,478	0	0	2	6,772
Paulding	7	324,783	193	79,533	1	22,959	7	15,360
Peach	1	5,425	58	2,817	0	0	1	2,386
Pickens	1	12,615	39	25,644	0	0	3	18,625
Pierce	0	0	24	825	0	0	0	0
Pike	7	18,841	39	9,358	0	0	0	0
Polk	11	19,293	103	37,629	0	0	4	69,345
Pulaski	0	0	16	6,928	0	0	0	0
Putnam	2	320	22	17,172	0	0	0	0
Rabun	2	2,219	47	31,140	0	0	1	1,377
Randolph	0	0	12	19,769	0	0	0	0
Richmond	2	0	60	34,837	0	0	0	0
Rockdale	13	132,156	523	308,862	2	360,486	14	46,371
Schley	0	0	1	135	0	0	0	0
Screven	0	0	1	1,284	0	0	0	0



Seminole	1	1,597	7	1,221	0	0	0	0
South Carolina	17	285,261	59	422,419	1	10,309	5	16,910
Spalding	14	15,661	332	84,971	0	0	0	0
Stephens	3	266	40	8,241	0	0	2	11,109
Stewart	0	0	1	133	0	0	0	0
Sumter	0	0	30	16,567	0	0	0	0
Talbot	0	0	7	355	0	0	0	0
Taliaferro	0	0	1	994	0	0	0	0
Tattnall	2	11,022	10	1,083	0	0	0	0
Taylor	0	0	12	5,047	0	0	0	0
Telfair	0	0	6	1,262	0	0	0	0
Tennessee	0	0	7	1,612	0	0	1	132
Terrell	5	173,788	61	204,299	3	155,587	27	115,428
Thomas	5	22,802	120	40,610	0	0	1	11,748
Tift	2	2,983	73	16,838	0	0	3	13,729
Toombs	0	0	32	8,859	0	0	0	0
Towns	0	0	1	7,867	0	0	0	0
Treutlen	0	0	6	508	0	0	0	0
Troup	4	11,402	219	104,458	0	0	0	0
Turner	0	0	23	378	0	0	0	0
Twiggs	0	0	24	722	0	0	0	0
Union	2	49,919	17	8,125	0	0	0	0
Upson	6	121	45	10,283	0	0	0	0
Walker	1	1,598	36	43,544	0	0	0	0
Walton	16	76,742	469	181,535	0	0	4	7,758
Ware	0	0	7	3,128	0	0	0	0
Warren	1	277	1	3,160	0	0	0	0
Washington	0	0	20	5,693	0	0	0	0
Wayne	0	0	5	8,834	0	0	0	0
Webster	0	0	9	35,817	0	0	0	0
White	0	0	51	19,188	0	0	0	0
Whitfield	1	566	120	25,000	0	0	1	486
Wilcox	0	0	6	4,680	0	0	0	0
Wilkes	0	0	8	4,102	0	0	0	0
Wilkinson	1	4,485	22	2,572	0	0	0	0
Worth	0	0	59	4,019	0	0	1	4,525
<b>Total</b>	<b>1,113</b>	<b>16,001,587</b>	<b>26,440</b>	<b>15,047,640</b>	<b>58</b>	<b>4,406,326</b>	<b>625</b>	<b>3,559,105</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 2021?  
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	11,685,849	19,363,378
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	2,626,329	5,339,102
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	12,065	16,171

## 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:** 7/18/2022

**Title:** Chief Executive Officer

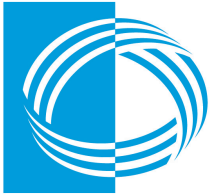
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Ruth Fowler

**Date:** 7/18/2022

**Title:** Chief Financial Officer

**Comments:**



## 2021 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 2021 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2021 To:12/31/2021

**Please indicate your cost report year.**

From: 01/01/2021 To:12/31/2021

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	986,014,545
Total Inpatient Admissions accounting for Inpatient Revenue	13,645
Outpatient Gross Patient Revenue	824,205,121
Total Outpatient Visits accounting for Outpatient Revenue	333,670
Medicare Contractual Adjustments	25,992,434
Medicaid Contractual Adjustments	700,568,893
Other Contractual Adjustments:	264,929,611
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	15,423,579
Gross Indigent Care:	33,534,999
Gross Charity Care:	6,450,198
Uncompensated Indigent Care (net):	29,957,525
Uncompensated Charity Care (net):	6,088,313
Other Free Care:	4,050,783
Other Revenue/Gains:	17,942,597
Total Expenses:	523,640,171

### 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	4,050,783
Employee Discounts	0
	0
<b>Total</b>	<b>4,050,783</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 2021? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2021?

02/18/21

### 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.)?

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## 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 2021? (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	13,942,644	3,766,134	17,708,778
Outpatient	19,592,355	2,684,064	22,276,419
<b>Total</b>	<b>33,534,999</b>	<b>6,450,198</b>	<b>39,985,197</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	3,939,359
<b>Total</b>	<b>3,939,359</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	13,014,211	3,404,249	16,418,460
Outpatient	16,943,314	2,684,064	19,627,378
<b>Total</b>	<b>29,957,525</b>	<b>6,088,313</b>	<b>36,045,838</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	14	1,085,854	95	269,913	0	0	0	0
Appling	0	0	10	6,620	0	0	0	0
Atkinson	0	0	11	2,826	0	0	0	0
Bacon	0	0	6	329	0	0	0	0
Baldwin	1	3,408	27	1,701	0	0	0	0
Banks	5	1,600	54	23,023	0	0	1	195
Barrow	14	51,359	451	147,391	3	1,024	8	19,628
Bartow	27	303,589	553	157,773	0	0	13	6,011
Ben Hill	1	253	22	1,586	0	0	0	0
Berrien	1	1,100	12	518	0	0	1	602
Bibb	2	662	197	140,253	0	0	1	91
Bleckley	0	0	7	508	0	0	1	3,077
Brantley	0	0	9	2,855	0	0	0	0
Brooks	0	0	10	748	0	0	0	0
Bryan	0	0	18	1,939	0	0	0	0
Bulloch	0	0	9	759	0	0	0	0
Burke	0	0	4	429	0	0	0	0
Butts	3	0	95	23,400	0	0	5	2,279
Calhoun	2	0	5	861	0	0	0	0
Camden	0	0	7	344	0	0	0	0
Carroll	17	49,867	495	156,261	1	32,904	5	2,952
Catoosa	1	1,945	14	3,972	0	0	0	0
Chatham	0	0	45	13,305	0	0	0	0
Chattahoochee	4	32,234	4	1,747	0	0	0	0
Chattooga	2	3,821	58	15,590	0	0	0	0
Cherokee	63	661,767	1,275	461,615	9	386,229	68	460,060
Clarke	5	1,671	226	49,468	0	0	5	24,020
Clayton	27	179,459	1,358	313,473	0	0	9	68,018
Clinch	0	0	4	87	0	0	0	0
Cobb	159	1,084,240	3,937	1,916,866	29	1,078,278	163	407,046
Coffee	0	0	28	1,965	0	0	0	0
Colquitt	2	564	80	10,706	0	0	0	0

Columbia	0	0	49	28,575	0	0	1	12,982
Cook	3	33,497	26	4,244	0	0	0	0
Coweta	0	0	439	94,724	2	98,590	16	12,008
Crawford	0	0	35	13,203	0	0	0	0
Crisp	0	0	57	4,437	0	0	0	0
Dade	0	0	7	212	0	0	0	0
Dawson	13	64,483	263	57,326	2	1,572	24	29,667
Decatur	0	0	17	7,499	0	0	0	0
DeKalb	104	1,411,195	3,896	1,724,454	11	745,465	91	171,331
Dodge	2	183	25	2,245	0	0	0	0
Dooly	0	0	17	25,154	0	0	0	0
Dougherty	3	63,839	96	23,384	0	0	1	691
Douglas	20	216,173	705	394,698	3	242	11	32,555
Early	1	253	8	5,108	0	0	0	0
Effingham	0	0	15	20,604	0	0	0	0
Elbert	1	3,156	53	23,023	0	0	1	687
Emanuel	0	0	4	232	0	0	0	0
Evans	0	0	3	217	0	0	0	0
Fannin	2	3,981	51	4,364	0	0	0	0
Fayette	20	250,867	241	125,775	1	756	3	1,564
Florida	4	20,120	310	60,543	0	0	10	2,431
Floyd	10	440,974	145	311,416	0	0	2	3,835
Forsyth	50	345,076	841	350,202	2	1,051	31	44,081
Franklin	4	30,033	74	11,773	1	810	0	0
Fulton	139	1,225,924	4,211	3,514,316	12	115,004	84	242,888
Gilmer	16	90,588	99	97,856	1	8,485	1	5,143
Glascocock	0	0	1	21	0	0	0	0
Glynn	0	0	9	260	0	0	0	0
Gordon	4	3,923	129	28,919	0	0	2	239
Grady	0	0	12	3,302	0	0	0	0
Greene	2	9,888	26	18,453	0	0	0	0
Gwinnett	149	2,567,328	5,756	5,115,089	20	689,218	188	394,453
Habersham	4	1,505	203	80,873	0	0	1	155
Hall	21	186,228	891	445,668	3	45,384	15	172,399
Hancock	0	0	2	106	0	0	0	0
Haralson	11	42,273	146	70,336	0	0	1	997
Harris	0	0	31	6,646	1	4,873	0	0
Hart	1	2,428	47	10,722	0	0	0	0
Heard	2	410	21	3,936	0	0	2	11,257
Henry	31	147,879	1,073	373,533	0	0	5	15,324
Houston	5	3,005	160	69,539	0	0	0	0
Irwin	0	0	6	2,163	0	0	0	0
Jackson	8	6,094	327	94,550	1	73,234	11	8,713
Jasper	0	0	28	7,758	0	0	0	0

Jeff Davis	0	0	4	3,211	0	0	0	0
Jefferson	0	0	4	153	0	0	0	0
Jenkins	0	0	2	120	0	0	0	0
Johnson	0	0	1	21	0	0	0	0
Jones	0	0	19	4,643	0	0	0	0
Lamar	0	0	33	6,862	0	0	1	608
Lanier	0	0	7	522	0	0	0	0
Laurens	1	9,855	28	5,143	0	0	0	0
Lee	2	34,695	56	22,715	0	0	2	1,329
Liberty	0	0	4	958	0	0	0	0
Lincoln	0	0	8	4,656	0	0	0	0
Lowndes	1	0	73	16,266	0	0	7	137,414
Lumpkin	8	124,123	106	38,031	0	0	4	28,505
Macon	0	0	8	2,653	0	0	0	0
Madison	0	0	72	6,835	0	0	1	10,755
Marion	0	0	28	431	0	0	0	0
McDuffie	0	0	9	11,467	0	0	0	0
Meriwether	4	42,524	63	15,886	0	0	0	0
Miller	0	0	1	905	0	0	0	0
Mitchell	1	52	28	2,513	0	0	0	0
Monroe	0	0	39	4,983	0	0	0	0
Montgomery	0	0	1	22	0	0	0	0
Morgan	0	0	38	3,330	1	14	1	116
Murray	0	0	34	18,044	0	0	3	1,324
Muscogee	53	152,442	302	43,391	3	61,490	14	32,241
Newton	10	78,426	461	126,043	0	0	3	12,119
North Carolina	15	708,423	56	156,212	0	0	0	0
Oconee	3	5,387	46	13,915	0	0	2	2,941
Oglethorpe	0	0	18	15,879	0	0	0	0
Other Out of State	64	1,055,503	351	733,063	3	339,615	32	70,003
Paulding	25	202,383	700	313,271	8	37,181	34	26,898
Peach	2	2,034	44	4,704	0	0	0	0
Pickens	5	34,031	126	73,323	0	0	5	2,069
Pike	0	0	36	14,736	0	0	0	0
Polk	5	26,677	212	54,176	0	0	0	0
Pulaski	0	0	4	1,874	0	0	0	0
Putnam	2	3,876	29	3,711	0	0	0	0
Quitman	1	253	2	421	0	0	0	0
Rabun	2	0	59	4,069	0	0	1	628
Randolph	0	0	5	91	0	0	0	0
Richmond	0	0	128	19,172	0	0	0	0
Rockdale	11	138,304	343	117,249	0	0	10	23,748
Schley	0	0	4	1,513	0	0	0	0
Screven	0	0	2	217	0	0	0	0

Seminole	0	0	4	474	0	0	0	0
South Carolina	8	128,739	43	69,178	0	0	3	6,401
Spalding	0	0	208	44,822	1	1,074	5	8,223
Stephens	2	43,976	96	68,341	0	0	0	0
Sumter	0	0	25	4,579	0	0	0	0
Talbot	0	0	3	77	0	0	0	0
Tattnall	0	0	1	41	0	0	0	0
Taylor	0	0	3	210	0	0	0	0
Telfair	0	0	2	248	0	0	0	0
Tennessee	0	0	5	255	0	0	0	0
Terrell	16	238,188	53	134,718	3	43,641	2	33,257
Thomas	0	0	71	21,133	0	0	0	0
Tift	0	0	54	9,659	0	0	2	2,110
Toombs	0	0	9	1,883	0	0	0	0
Towns	0	0	31	10,486	0	0	0	0
Troup	7	1,454	199	81,613	0	0	2	24,949
Turner	1	201	3	23	0	0	0	0
Twiggs	0	0	5	583	0	0	0	0
Union	8	42,444	65	19,220	0	0	0	0
Upton	0	0	33	11,015	0	0	1	357
Walker	1	3,394	28	1,305	0	0	0	0
Walton	12	228,561	523	176,118	0	0	9	6,316
Ware	1	253	7	514	0	0	0	0
Warren	1	166	2	1,249	0	0	0	0
Washington	0	0	11	953	0	0	0	0
Wayne	0	0	1	167	0	0	0	0
Webster	0	0	7	2,945	0	0	0	0
White	6	929	110	31,846	0	0	0	0
Whitfield	1	253	120	18,285	0	0	5	94,374
Wilcox	1	201	8	832	0	0	0	0
Wilkes	0	0	8	40	0	0	0	0
Wilkinson	0	0	15	1,604	0	0	0	0
Worth	1	201	14	44,250	0	0	0	0
<b>Total</b>	<b>1,261</b>	<b>13,942,644</b>	<b>35,042</b>	<b>19,592,355</b>	<b>121</b>	<b>3,766,134</b>	<b>930</b>	<b>2,684,064</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 2021?  
(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 2021.

Patient Category		SFY 2020	SFY2021	SFY2022
		7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	11,355,389	22,179,610
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	2,073,630	4,376,568
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 2020	SFY2021	SFY2022
7/1/19-6/30/20	7/1/20-6/30/21	7/1/21-6/30/22
0	16,881	20,473

## 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:** 7/18/2022

**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:** 7/18/2022

**Title:** Chief Financial Officer

**Comments:**