



## 2018 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 2018 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2018 To:12/31/2018

**Please indicate your cost report year.**

From: 01/01/2018 To:12/31/2018

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:** Arthur Kutner

**Contact Title:** Reimbursement Manager

**Phone:** 404-785-7963

**Fax:** 404-943-8054

**E-mail:** art.kutner@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	1,098,194,961
Total Inpatient Admissions accounting for Inpatient Revenue	11,657
Outpatient Gross Patient Revenue	556,447,935
Total Outpatient Visits accounting for Outpatient Revenue	155,264
Medicare Contractual Adjustments	27,857,573
Medicaid Contractual Adjustments	756,077,462
Other Contractual Adjustments:	175,379,202
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	9,681,893
Gross Indigent Care:	28,106,026
Gross Charity Care:	4,552,430
Uncompensated Indigent Care (net):	26,570,477
Uncompensated Charity Care (net):	4,480,298
Other Free Care:	1,940,194
Other Revenue/Gains:	26,456,881
Total Expenses:	488,859,502

### 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	1,940,195
Employee Discounts	0
	0
<b>Total</b>	<b>1,940,195</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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

04/23/2018

### 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 2018? (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	9,238,956	2,799,559	12,038,515
Outpatient	18,867,070	1,752,871	20,619,941
<b>Total</b>	<b>28,106,026</b>	<b>4,552,430</b>	<b>32,658,456</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)	12,563
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	1,595,118
<b>Total</b>	<b>1,607,681</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	8,674,478	2,727,427	11,401,905
Outpatient	17,895,999	1,752,871	19,648,870
<b>Total</b>	<b>26,570,477</b>	<b>4,480,298</b>	<b>31,050,775</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	32	688,170	106	225,195	0	0	0	0
Appling	0	0	1	42	0	0	0	0
Bacon	0	0	11	1,300	0	0	0	0
Baker	1	4,198	9	1,578	0	0	1	1,215
Baldwin	0	0	22	20,871	0	0	0	0
Banks	1	12	13	3,266	0	0	1	25
Barrow	6	58,819	145	76,266	0	0	4	4,528
Bartow	2	1,498	131	98,999	0	0	3	4,593
Ben Hill	0	0	4	2,841	0	0	0	0
Berrien	0	0	12	2,456	0	0	0	0
Bibb	1	1,856	117	67,230	3	2,411	2	1,492
Bleckley	1	117	8	2,941	0	0	0	0
Brantley	0	0	3	277	0	0	0	0
Brooks	0	0	11	882	0	0	0	0
Bryan	1	20	12	14,712	0	0	0	0
Bulloch	0	0	9	2,611	0	0	0	0
Butts	4	11,404	60	73,188	1	53	0	0
Calhoun	0	0	1	56	0	0	0	0
Candler	1	2,907	6	10,059	0	0	0	0
Carroll	12	38,486	116	94,167	1	286,295	7	51,884
Catoosa	0	0	5	4,086	0	0	0	0
Chatham	2	11,573	41	8,028	0	0	0	0
Chattahoochee	0	0	5	7,392	0	0	0	0
Chattooga	2	1,908	29	62,656	0	0	1	762
Cherokee	5	20,263	136	80,843	1	284	14	8,947
Clarke	5	7,031	96	67,370	0	0	3	2,611
Clay	0	0	15	3,267	0	0	0	0
Clayton	81	916,607	1,492	1,051,444	9	158,985	69	299,605
Clinch	0	0	5	444	0	0	0	0
Cobb	34	381,822	898	586,405	5	179,692	48	89,943
Coffee	1	534	22	12,720	0	0	0	0
Colquitt	1	4,157	36	7,235	1	2,396	0	0

Columbia	1	10,010	20	3,204	1	495	2	4,547
Cook	0	0	27	7,602	0	0	0	0
Coweta	23	192,203	268	164,341	0	0	16	22,256
Crawford	0	0	1	10,729	0	0	0	0
Crisp	1	215	25	7,803	0	0	0	0
Dade	0	0	1	125	0	0	0	0
Dawson	1	550	17	6,016	0	0	0	0
Decatur	0	0	23	9,289	0	0	0	0
DeKalb	228	2,212,941	5,866	6,943,246	23	57,645	146	222,937
Dodge	2	27	9	711	0	0	0	0
Dooly	0	0	6	4,392	0	0	0	0
Dougherty	0	0	70	16,214	0	0	0	0
Douglas	19	23,376	268	181,703	2	43,366	6	3,465
Early	0	0	6	3,147	0	0	0	0
Echols	0	0	1	87	0	0	0	0
Effingham	1	78	11	49,715	0	0	3	5,257
Elbert	2	14,144	28	10,522	0	0	0	0
Emanuel	0	0	15	3,535	0	0	0	0
Fannin	1	8,773	7	6,882	0	0	0	0
Fayette	20	90,059	162	134,794	2	2,896	7	8,816
Florida	5	28,183	99	49,517	3	2,569	1	777
Floyd	20	105,690	189	215,730	6	526,550	4	4,567
Forsyth	9	38,494	93	68,046	0	0	8	6,468
Franklin	0	0	19	4,657	1	18,043	0	0
Fulton	107	1,444,189	2,635	3,245,526	5	134,260	96	127,923
Gilmer	0	0	14	12,864	0	0	3	6,688
Glynn	1	1,016	6	4,045	0	0	0	0
Gordon	1	5,224	58	21,247	2	94,018	33	123,641
Grady	0	0	33	34,557	1	787	0	0
Greene	1	8,122	17	10,774	0	0	0	0
Gwinnett	83	386,347	1,772	1,276,615	10	470,667	111	354,408
Habersham	0	0	35	41,717	0	0	1	1,052
Hall	12	77,516	283	154,547	6	251,923	14	61,087
Hancock	0	0	4	206	0	0	0	0
Haralson	1	161	33	40,388	0	0	3	664
Harris	2	28,864	19	9,308	0	0	0	0
Hart	2	12,075	28	14,649	0	0	0	0
Heard	0	0	15	2,755	0	0	0	0
Henry	57	436,368	838	638,610	5	4,505	0	0
Houston	4	13,748	105	52,578	0	0	0	0
Irwin	4	0	2	130	2	56,022	0	0
Jackson	10	75,598	86	151,593	2	27,847	6	3,720
Jasper	1	126	18	10,502	0	0	0	0
Jeff Davis	1	8,963	3	3,568	0	0	0	0

Jefferson	0	0	17	2,074	0	0	0	0
Johnson	0	0	1	90	0	0	0	0
Jones	0	0	7	6,316	0	0	0	0
Lamar	1	517	40	32,173	0	0	0	0
Lanier	0	0	1	17	0	0	0	0
Laurens	1	12,129	55	17,838	0	0	0	0
Lee	1	14,907	43	15,533	1	611	9	11,837
Liberty	0	0	1	906	0	0	0	0
Lowndes	1	13	47	15,967	0	0	0	0
Lumpkin	1	15	39	22,720	0	0	12	16,881
Macon	0	0	8	1,037	0	0	0	0
Madison	0	0	26	8,874	0	0	0	0
Marion	0	0	3	2,442	0	0	0	0
McIntosh	0	0	5	3,502	1	52,755	12	28,463
Meriwether	6	54,254	29	21,147	1	805	0	0
Miller	0	0	2	39,522	0	0	0	0
Mitchell	0	0	17	2,840	0	0	0	0
Monroe	0	0	18	11,308	0	0	0	0
Montgomery	0	0	13	1,763	0	0	0	0
Morgan	1	12	13	4,229	0	0	0	0
Murray	0	0	29	10,285	0	0	0	0
Muscogee	10	44,458	225	71,718	0	0	4	249
Newton	31	192,020	527	375,423	2	3,944	18	8,125
North Carolina	10	71,414	50	48,121	0	0	1	655
Oconee	0	0	19	4,752	0	0	0	0
Oglethorpe	1	1,418	7	3,491	0	0	0	0
Other Out of State	38	629,732	435	576,617	3	191,579	7	17,103
Paulding	3	18,900	147	74,759	8	55,200	16	93,432
Peach	1	132	26	4,923	1	34,994	3	15,147
Pickens	0	0	30	22,933	0	0	0	0
Pierce	0	0	5	1,477	0	0	0	0
Pike	1	11,473	33	27,837	0	0	3	1,348
Polk	4	36,813	55	36,749	1	44,083	2	1,412
Pulaski	0	0	8	274	0	0	0	0
Putnam	0	0	8	4,174	0	0	0	0
Rabun	0	0	22	5,243	0	0	0	0
Randolph	0	0	3	421	0	0	0	0
Richmond	0	0	60	33,603	0	0	0	0
Rockdale	16	103,562	419	252,333	2	23,252	8	2,699
Schley	0	0	1	2,283	0	0	0	0
Screven	1	2,977	20	8,014	0	0	0	0
Seminole	0	0	3	3,096	0	0	0	0
South Carolina	8	235,674	75	137,882	1	66,955	15	51,918
Spalding	14	62,756	256	130,982	0	0	5	10,255



Stephens	2	801	60	13,688	0	0	0	0
Stewart	1	1,108	0	0	0	0	0	0
Sumter	0	0	33	8,408	0	0	0	0
Talbot	0	0	7	5,570	0	0	0	0
Tattnall	0	0	1	11	0	0	0	0
Taylor	1	1,332	40	7,037	0	0	0	0
Telfair	0	0	6	2,173	0	0	0	0
Tennessee	1	509	5	2,659	0	0	0	0
Terrell	14	48,480	90	113,822	0	0	1	23,361
Thomas	2	44,911	45	23,280	0	0	0	0
Tift	1	8,075	29	3,950	0	0	1	25,937
Toombs	1	82	42	9,902	0	0	0	0
Towns	1	5,744	12	18,476	0	0	0	0
Treutlen	0	0	4	580	0	0	0	0
Troup	4	51,851	175	63,690	4	996	4	2,940
Turner	0	0	4	1,033	0	0	1	1,837
Twiggs	1	132	3	185	0	0	0	0
Union	0	0	17	3,970	0	0	3	3,845
Upson	2	15,462	71	31,473	0	0	0	0
Walker	0	0	35	12,498	0	0	0	0
Walton	18	68,489	315	212,084	2	2,676	19	11,549
Ware	0	0	2	516	0	0	0	0
Washington	1	24,799	29	3,855	0	0	0	0
Wayne	5	133	4	825	0	0	0	0
Wheeler	0	0	1	89	0	0	0	0
White	3	2,359	33	6,972	0	0	0	0
Whitfield	1	3,214	58	37,675	0	0	0	0
Wilcox	0	0	17	11,025	0	0	0	0
Wilkinson	0	0	1	255	0	0	0	0
Worth	4	93,857	17	4,668	0	0	0	0
<b>Total</b>	<b>1,026</b>	<b>9,238,956</b>	<b>20,816</b>	<b>18,867,070</b>	<b>119</b>	<b>2,799,559</b>	<b>757</b>	<b>1,752,871</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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	14,591,783	13,514,243
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	1,888,411	2,664,018
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	7,110	7,216

## 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:** 7/26/2019

**Title:** Chief Executive Officer

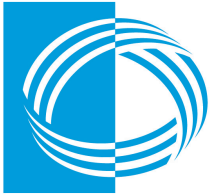
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

**Signature of Financial Officer:** Ruth Fowler

**Date:** 7/26/2019

**Title:** Chief Financial Officer

**Comments:**



## 2018 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 2018 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2018 To:12/31/2018

**Please indicate your cost report year.**

From: 01/01/2018 To:12/31/2018

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:** Arthur Kutner

**Contact Title:** Reimbursement Manager

**Phone:** 404-785-7963

**Fax:** 404-943-8054

**E-mail:** art.kutner@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	786,733,221
Total Inpatient Admissions accounting for Inpatient Revenue	14,317
Outpatient Gross Patient Revenue	622,466,409
Total Outpatient Visits accounting for Outpatient Revenue	360,151
Medicare Contractual Adjustments	22,059,832
Medicaid Contractual Adjustments	533,014,702
Other Contractual Adjustments:	203,606,653
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	15,201,544
Gross Indigent Care:	31,998,397
Gross Charity Care:	3,516,709
Uncompensated Indigent Care (net):	28,267,862
Uncompensated Charity Care (net):	3,105,454
Other Free Care:	4,041,235
Other Revenue/Gains:	19,649,626
Total Expenses:	454,306,388

### 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	4,041,234
Employee Discounts	0
	0
<b>Total</b>	<b>4,041,234</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 2018? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2018?

04/23/2018

### 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 2018? (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	14,323,851	1,976,398	16,300,249
Outpatient	17,674,546	1,540,311	19,214,857
<b>Total</b>	<b>31,998,397</b>	<b>3,516,709</b>	<b>35,515,106</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	4,141,790
<b>Total</b>	<b>4,141,790</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	13,151,861	1,565,143	14,717,004
Outpatient	15,116,001	1,540,311	16,656,312
<b>Total</b>	<b>28,267,862</b>	<b>3,105,454</b>	<b>31,373,316</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	7	244,835	97	112,350	3	200,646	6	4,623
Appling	0	0	2	471	0	0	0	0
Atkinson	1	30,003	5	1,852	0	0	0	0
Bacon	0	0	3	50	0	0	0	0
Baker	0	0	1	33	0	0	0	0
Baldwin	0	0	20	2,895	0	0	0	0
Banks	8	82,727	28	9,969	0	0	11	41,720
Barrow	14	41,703	180	65,839	4	10,481	9	7,348
Bartow	25	284,802	297	194,262	6	6,642	24	20,624
Ben Hill	0	0	14	3,561	0	0	0	0
Berrien	0	0	8	1,073	0	0	0	0
Bibb	1	3,132	69	31,381	0	0	0	0
Bleckley	0	0	3	1,902	0	0	0	0
Brantley	0	0	1	1,311	0	0	0	0
Brooks	0	0	5	1,221	0	0	0	0
Bryan	0	0	3	687	0	0	1	2,897
Bulloch	0	0	15	1,664	0	0	0	0
Burke	0	0	4	747	0	0	0	0
Butts	1	6,424	57	18,222	0	0	0	0
Calhoun	0	0	2	2,277	0	0	0	0
Candler	0	0	1	899	0	0	0	0
Carroll	12	66,594	300	140,940	0	0	8	1,389
Catoosa	0	0	8	405	0	0	0	0
Chatham	0	0	26	6,591	0	0	0	0
Chattahoochee	1	115	1	43	0	0	0	0
Chattooga	8	22,466	18	8,014	0	0	0	0
Cherokee	60	302,103	740	585,716	4	2,055	59	31,764
Clarke	5	86,870	119	37,529	4	47,576	31	56,486
Clayton	27	557,053	987	387,675	8	174,054	20	1,541
Clinch	0	0	2	58	0	0	0	0
Cobb	171	2,985,233	3,214	2,323,817	15	608,552	157	226,605
Coffee	0	0	16	41,672	0	0	0	0

Colquitt	0	0	39	4,786	0	0	0	0
Columbia	1	14	4	666	0	0	9	686
Cook	3	4,118	22	9,504	0	0	1	137
Coweta	24	198,299	215	156,515	3	122,882	37	17,018
Crawford	0	0	5	103	0	0	0	0
Crisp	0	0	35	6,425	0	0	0	0
Dade	0	0	1	65	0	0	0	0
Dawson	4	1,225	80	63,208	0	0	0	0
Decatur	1	24,819	22	4,123	0	0	0	0
DeKalb	105	758,190	3,233	2,076,476	4	98,560	80	104,579
Dodge	0	0	9	1,076	0	0	1	1,421
Dooly	0	0	3	150	0	0	0	0
Dougherty	0	0	45	12,416	0	0	0	0
Douglas	35	398,947	534	372,977	1	5,994	22	4,751
Elbert	3	24,025	28	30,631	0	0	0	0
Emanuel	1	60	1	77	0	0	0	0
Evans	0	0	2	607	0	0	0	0
Fannin	0	0	35	45,045	0	0	0	0
Fayette	9	107,305	211	121,649	0	0	5	4,224
Florida	16	142,358	131	35,467	0	0	1	734
Floyd	33	452,545	232	237,804	0	0	3	35,434
Forsyth	21	100,742	348	251,549	8	9,362	35	37,900
Franklin	1	789	19	2,413	1	1,229	4	1,480
Fulton	115	799,870	3,206	3,179,419	18	143,134	185	239,158
Gilmer	6	154,377	53	56,494	0	0	1	7,521
Glynn	0	0	2	1,746	0	0	0	0
Gordon	3	21,666	54	21,445	0	0	3	1,182
Grady	0	0	12	1,768	0	0	0	0
Greene	0	0	8	1,860	0	0	0	0
Gwinnett	180	2,242,748	4,154	3,937,897	8	28,680	172	300,682
Habersham	0	0	48	14,875	0	0	1	1,424
Hall	17	98,144	418	230,870	9	12,590	20	11,037
Hancock	0	0	3	201	0	0	0	0
Haralson	7	86,834	50	33,093	0	0	2	316
Harris	0	0	14	16,827	0	0	0	0
Hart	2	193,302	25	13,465	0	0	0	0
Heard	1	28,214	26	19,316	0	0	0	0
Henry	20	88,578	734	351,668	6	96,686	10	1,632
Houston	1	4,555	64	33,506	0	0	1	486
Irwin	0	0	7	577	0	0	0	0
Jackson	15	102,109	143	77,075	1	29,770	4	2,587
Jasper	6	25,216	9	7,553	0	0	0	0
Jeff Davis	0	0	2	2,842	0	0	0	0
Jefferson	0	0	1	692	0	0	0	0

Johnson	0	0	5	4,549	0	0	0	0
Jones	0	0	6	3,411	0	0	0	0
Lamar	0	0	25	5,682	0	0	4	346
Lanier	0	0	2	172	0	0	0	0
Laurens	0	0	11	6,304	0	0	0	0
Lee	0	0	24	5,805	0	0	0	0
Liberty	0	0	1	18	0	0	0	0
Long	0	0	2	183	0	0	0	0
Lowndes	0	0	36	11,475	0	0	3	1,109
Lumpkin	0	0	39	33,249	0	0	7	6,803
Macon	0	0	5	5,945	0	0	0	0
Madison	0	0	26	4,843	0	0	0	0
Marion	1	754	14	8,467	0	0	0	0
McDuffie	0	0	1	51	0	0	0	0
Meriwether	2	499	28	9,604	0	0	0	0
Miller	0	0	3	346	0	0	0	0
Mitchell	0	0	21	12,072	0	0	0	0
Monroe	1	2,011	13	2,917	0	0	3	292
Morgan	2	16,637	7	2,869	0	0	1	1,304
Murray	0	0	21	3,528	0	0	0	0
Muscogee	1	23,440	124	25,883	0	0	0	0
Newton	14	87,827	229	63,419	10	5,485	5	6,053
North Carolina	13	251,788	72	100,470	1	824	17	10,701
Oconee	0	0	32	20,957	0	0	0	0
Oglethorpe	0	0	10	2,329	0	0	0	0
Other Out of State	59	2,082,721	708	755,796	0	0	5	428
Paulding	15	69,944	380	244,415	1	3,958	27	23,235
Peach	0	0	12	7,120	0	0	0	0
Pickens	6	32,665	64	48,240	1	148,923	3	18,888
Pierce	0	0	6	394	0	0	0	0
Pike	1	44,717	18	11,027	0	0	3	766
Polk	12	91,401	116	28,530	0	0	0	0
Pulaski	0	0	6	402	0	0	0	0
Putnam	1	79	3	4,962	0	0	0	0
Rabun	2	14,379	29	21,126	0	0	0	0
Randolph	0	0	4	143	0	0	0	0
Richmond	1	7,118	10	6,526	0	0	0	0
Rockdale	8	27,851	229	66,339	0	0	5	2,124
Screven	0	0	3	906	0	0	0	0
Seminole	0	0	10	3,356	0	0	0	0
South Carolina	4	212,721	75	105,963	2	188,788	15	106,953
Spalding	6	18,847	137	61,395	0	0	2	4,445
Stephens	0	0	35	11,951	0	0	0	0
Sumter	0	0	23	6,284	0	0	0	0

Talbot	0	0	7	491	0	0	0	0
Taliaferro	0	0	2	33	0	0	0	0
Tattnall	0	0	17	4,050	0	0	0	0
Taylor	0	0	6	3,458	0	0	0	0
Telfair	0	0	1	118	0	0	0	0
Tennessee	0	0	6	1,240	0	0	0	0
Terrell	9	246,498	96	181,602	1	27,121	3	20,020
Thomas	1	77	36	25,907	0	0	0	0
Tift	0	0	21	5,453	0	0	0	0
Toombs	0	0	3	190	0	0	0	0
Towns	3	1,588	24	41,919	0	0	0	0
Troup	7	81,934	104	44,875	0	0	5	16,618
Turner	0	0	1	3	0	0	0	0
Twiggs	0	0	1	184	0	0	0	0
Union	2	30,557	24	18,105	0	0	0	0
Upson	2	118,097	18	8,046	0	0	4	1,433
Walker	3	1,158	33	8,493	0	0	0	0
Walton	10	77,940	220	109,800	2	2,406	24	72,508
Ware	0	0	7	784	0	0	0	0
Washington	2	387	5	765	0	0	0	0
Wayne	2	457	3	324	0	0	0	0
White	3	6,110	51	30,036	0	0	0	0
Whitfield	0	0	87	42,747	0	0	8	76,033
Wilcox	1	13	6	355	0	0	0	0
Wilkes	0	0	0	0	0	0	1	866
Wilkinson	0	0	10	645	0	0	0	0
Worth	1	527	16	3,453	0	0	0	0
<b>Total</b>	<b>1,166</b>	<b>14,323,851</b>	<b>23,963</b>	<b>17,674,546</b>	<b>121</b>	<b>1,976,398</b>	<b>1,068</b>	<b>1,540,311</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 2018?  
(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 2018.

Patient Category		SFY 2017	SFY2018	SFY2019
		7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	11,665,543	20,332,853
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	1,326,482	2,190,228
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 2017	SFY2018	SFY2019
7/1/16-6/30/17	7/1/17-6/30/18	7/1/18-6/30/19
0	7,427	10,934

## 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:** 7/26/2019

**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:** 7/26/2019

**Title:** Chief Financial Officer

**Comments:**