



## 2020 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 2020 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2020 To:12/31/2020

**Please indicate your cost report year.**

From: 01/01/2020 To:12/31/2020

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:** 4047857964

**Fax:** 4049438054

**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	1,246,799,201
Total Inpatient Admissions accounting for Inpatient Revenue	9,893
Outpatient Gross Patient Revenue	592,188,297
Total Outpatient Visits accounting for Outpatient Revenue	113,540
Medicare Contractual Adjustments	38,903,939
Medicaid Contractual Adjustments	823,627,464
Other Contractual Adjustments:	216,240,999
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	7,851,592
Gross Indigent Care:	24,523,938
Gross Charity Care:	8,464,113
Uncompensated Indigent Care (net):	22,940,217
Uncompensated Charity Care (net):	8,453,701
Other Free Care:	2,711,090
Other Revenue/Gains:	23,967,017
Total Expenses:	503,633,175

### 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	2,711,090
Employee Discounts	0
	0
<b>Total</b>	<b>2,711,090</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 2020? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

01/28/2020

### 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 2020? (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	9,990,758	6,016,717	16,007,475
Outpatient	14,533,180	2,447,396	16,980,576
<b>Total</b>	<b>24,523,938</b>	<b>8,464,113</b>	<b>32,988,051</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)	11,512
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	1,582,621
<b>Total</b>	<b>1,594,133</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	9,312,929	6,006,305	15,319,234
Outpatient	13,627,288	2,447,396	16,074,684
<b>Total</b>	<b>22,940,217</b>	<b>8,453,701</b>	<b>31,393,918</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	18	303,198	57	162,330	0	0	0	0
Appling	0	0	2	14	0	0	0	0
Atkinson	0	0	4	8,897	0	0	0	0
Bacon	0	0	4	2,340	0	0	0	0
Baker	0	0	11	2,785	0	0	0	0
Baldwin	0	0	17	1,540	0	0	0	0
Banks	4	5,337	74	11,183	1	1,627	0	0
Barrow	3	19,954	200	121,387	1	264,462	2	1,690
Bartow	13	18,333	184	78,319	2	28,738	21	53,707
Ben Hill	1	9,799	10	2,064	0	0	0	0
Berrien	0	0	9	880	0	0	0	0
Bibb	5	99,224	230	73,750	4	69,385	4	7,117
Bleckley	2	5,832	7	2,315	0	0	0	0
Brantley	0	0	4	1,353	0	0	0	0
Brooks	0	0	10	1,387	0	0	0	0
Bryan	2	16,504	27	11,026	0	0	0	0
Bulloch	1	186	9	354	1	7,114	1	493
Butts	3	436,104	166	68,032	0	0	8	3,531
Calhoun	0	0	1	50	0	0	0	0
Camden	0	0	2	109	0	0	0	0
Candler	0	0	1	2,807	0	0	0	0
Carroll	23	103,383	245	116,958	1	74,371	4	26,345
Catoosa	1	306	13	8,856	0	0	3	1,427
Chatham	4	18,632	112	47,945	1	969	4	35,295
Chattahoochee	0	0	37	7,059	0	0	0	0
Chattooga	0	0	26	10,841	0	0	0	0
Cherokee	11	10,262	287	198,451	2	1,234	2	1,084
Clarke	8	1,413	211	107,581	1	22,974	17	119,170
Clay	3	1,045	9	1,332	0	0	0	0
Clayton	111	1,081,901	1,753	1,051,072	2	1,640	70	175,310
Clinch	0	0	1	5	0	0	0	0
Cobb	48	38,147	958	402,787	6	1,911,574	47	183,153

Coffee	0	0	16	2,614	0	0	0	0
Colquitt	1	9,076	24	8,212	0	0	0	0
Columbia	1	19,480	18	16,842	0	0	0	0
Cook	0	0	27	7,944	0	0	0	0
Coweta	30	117,303	346	286,151	0	0	4	7,642
Crawford	0	0	2	742	0	0	0	0
Crisp	2	3,592	16	6,339	0	0	1	455
Dade	0	0	1	115	0	0	0	0
Dawson	3	4,950	61	54,255	0	0	0	0
Decatur	3	925	36	13,212	0	0	0	0
DeKalb	210	594,822	6,610	3,072,972	13	193,427	164	455,217
Dodge	4	60,767	16	3,651	0	0	0	0
Dooly	0	0	3	484	0	0	0	0
Dougherty	7	81,482	93	15,085	0	0	0	0
Douglas	17	213,127	436	219,402	6	871	5	9,506
Early	0	0	52	7,709	0	0	1	3,081
Effingham	1	0	3	254	0	0	2	4,395
Elbert	0	0	37	18,009	0	0	2	9,091
Emanuel	0	0	2	653	0	0	0	0
Fannin	3	94,973	10	4,714	0	0	0	0
Fayette	10	62,788	289	222,919	2	1,534	10	44,661
Florida	6	4,139	109	20,005	0	0	0	0
Floyd	9	112,434	85	140,969	5	727,568	13	5,845
Forsyth	6	15,129	114	68,141	0	0	3	5,766
Franklin	1	0	46	7,624	1	2,186	0	0
Fulton	183	364,254	3,532	1,435,954	26	426,380	99	210,599
Gilmer	1	252	14	24,879	0	0	0	0
Glynn	0	0	14	2,402	1	2,285	0	0
Gordon	15	26,504	78	20,538	3	248,703	26	325,021
Grady	0	0	18	9,448	2	1,353	0	0
Greene	2	415	46	25,542	0	0	0	0
Gwinnett	89	1,644,757	2,325	1,506,819	20	486,667	94	489,336
Habersham	4	530	65	31,583	0	0	0	0
Hall	24	44,221	418	246,724	0	0	9	4,261
Hancock	0	0	1	1,445	0	0	0	0
Haralson	8	8,787	55	28,054	0	0	0	0
Harris	3	1,978	51	15,793	0	0	0	0
Hart	1	328	18	13,017	0	0	0	0
Heard	0	0	23	3,107	0	0	0	0
Henry	56	319,843	1,251	653,050	4	3,071	28	25,896
Houston	9	46,444	117	69,298	1	10,151	0	0
Irwin	0	0	2	418	0	0	0	0
Jackson	8	145,315	153	90,275	0	0	0	0
Jasper	16	2,043	105	40,305	0	0	0	0

Jeff Davis	0	0	22	1,750	0	0	0	0
Jefferson	0	0	7	2,773	0	0	0	0
Jenkins	0	0	1	141	0	0	0	0
Johnson	0	0	3	101	0	0	0	0
Jones	2	1,961	5	5,286	0	0	1	133
Lamar	3	13,503	36	25,163	0	0	0	0
Lanier	0	0	8	8,783	0	0	0	0
Laurens	0	0	27	14,780	0	0	0	0
Lee	2	22,674	26	5,962	0	0	1	388
Liberty	2	139,776	7	744	0	0	1	102
Lincoln	0	0	1	258	0	0	0	0
Long	0	0	2	849	0	0	0	0
Lowndes	5	879,024	85	22,043	2	128,552	0	0
Lumpkin	5	73,959	111	72,223	0	0	3	20,134
Macon	0	0	7	6,834	0	0	0	0
Madison	4	1,271	39	14,266	0	0	3	2,171
Marion	0	0	3	5,197	0	0	0	0
McIntosh	0	0	2	726	0	0	2	3,023
Meriwether	3	38,822	49	22,257	0	0	0	0
Miller	0	0	3	1,830	0	0	0	0
Mitchell	3	306,215	73	23,565	0	0	0	0
Monroe	2	796	41	11,331	0	0	0	0
Montgomery	0	0	12	425	0	0	0	0
Morgan	5	40,182	41	12,341	0	0	0	0
Murray	2	984	25	10,527	0	0	0	0
Muscogee	19	55,001	427	222,946	3	2,390	2	4,761
Newton	37	298,947	782	604,430	1	2,398	8	22,328
North Carolina	10	100,701	46	88,691	0	0	0	0
Oconee	7	260,878	24	5,945	0	0	0	0
Oglethorpe	2	1,099	14	8,734	0	0	0	0
Other Out of State	33	591,799	364	545,267	1	27,323	3	8,499
Paulding	11	145,323	224	132,138	0	0	3	46
Peach	6	12,694	94	20,828	0	0	0	0
Pickens	2	20,083	43	16,631	4	2,999	3	2,575
Pierce	4	504	21	2,507	0	0	0	0
Pike	4	516	44	51,419	0	0	0	0
Polk	4	6,357	75	27,887	0	0	0	0
Pulaski	1	8,408	15	1,894	0	0	0	0
Putnam	2	3,091	19	19,859	0	0	1	806
Quitman	0	0	2	411	0	0	0	0
Rabun	1	3,053	34	20,631	0	0	0	0
Randolph	2	32,204	5	236	0	0	0	0
Richmond	5	5,878	83	15,221	0	0	0	0
Rockdale	32	145,289	528	355,181	0	0	13	10,608



Schley	0	0	1	134	0	0	0	0
Screven	1	0	1	110	0	0	0	0
Seminole	0	0	5	5,533	0	0	0	0
South Carolina	3	277,007	41	117,943	0	0	5	24,303
Spalding	28	93,986	371	162,987	0	0	1	1,225
Stephens	2	17,805	64	50,068	1	1,608	1	8,810
Stewart	1	1,154	1	147	0	0	0	0
Sumter	0	0	38	17,181	0	0	0	0
Talbot	0	0	7	829	0	0	0	0
Tattnall	1	263	7	455	0	0	0	0
Taylor	1	1,700	69	50,444	0	0	0	0
Telfair	1	18	8	1,167	0	0	0	0
Tennessee	0	0	14	6,460	0	0	0	0
Terrell	0	0	107	135,503	2	230,362	17	57,204
Thomas	0	0	51	33,050	0	0	0	0
Tift	3	19,775	55	22,555	1	238,334	6	24,325
Toombs	0	0	20	6,481	0	0	0	0
Towns	0	0	7	1,205	0	0	0	0
Treutlen	2	263	3	158	0	0	0	0
Troup	16	64,039	204	126,429	3	2,194	3	25,565
Turner	1	12,713	12	1,438	0	0	0	0
Twiggs	0	0	38	10,686	0	0	0	0
Union	1	9	18	3,467	0	0	0	0
Upson	3	1,240	53	28,384	0	0	0	0
Walker	1	444	26	72,972	0	0	0	0
Walton	26	98,927	405	256,484	8	891,725	14	19,856
Ware	0	0	15	2,113	0	0	0	0
Washington	0	0	31	4,016	0	0	0	0
Wayne	1	5,665	9	3,103	0	0	0	0
Webster	14	0	1	11	0	0	0	0
Wheeler	0	0	1	76	0	0	0	0
White	0	0	39	26,555	0	0	1	626
Whitfield	4	13,804	90	39,849	1	547	1	814
Wilcox	0	0	7	6,434	0	0	0	0
Wilkes	0	0	1	25	0	0	0	0
Wilkinson	0	0	15	2,464	0	0	0	0
Worth	2	737	12	1,776	0	0	0	0
<b>Total</b>	<b>1,326</b>	<b>9,990,759</b>	<b>26,746</b>	<b>14,533,180</b>	<b>133</b>	<b>6,016,716</b>	<b>737</b>	<b>2,447,396</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 2020?  
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	11,233,134	13,807,312
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	2,981,336	5,486,273
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 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	9,346	8,803

## 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:**

**Date:** 7/21/2021

**Title:** Chief Executive Officer

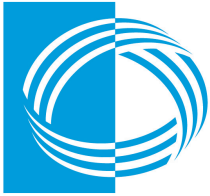
I hereby certify that I am the financial officer authorized to sign this form and that the information is true and accurate. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

### **Signature of Financial Officer:**

**Date:** 7/21/2021

**Title:** Chief Financial Officer

**Comments:**



## 2020 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 2020 only.

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

**Please indicate your hospital fiscal year.**

From: 1/1/2020 To:12/31/2020

**Please indicate your cost report year.**

From: 01/01/20 To:12/31/20

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:** 4047857964

**Fax:** 4049438054

**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	786,162,020
Total Inpatient Admissions accounting for Inpatient Revenue	11,244
Outpatient Gross Patient Revenue	625,753,299
Total Outpatient Visits accounting for Outpatient Revenue	271,788
Medicare Contractual Adjustments	16,459,694
Medicaid Contractual Adjustments	533,571,768
Other Contractual Adjustments:	213,059,711
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	11,937,681
Gross Indigent Care:	27,241,268
Gross Charity Care:	3,501,738
Uncompensated Indigent Care (net):	23,757,708
Uncompensated Charity Care (net):	3,142,188
Other Free Care:	3,356,458
Other Revenue/Gains:	14,173,814
Total Expenses:	447,443,405

### 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	3,356,458
Employee Discounts	0
	0
<b>Total</b>	<b>3,356,458</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 2020? (Check box if yes.)

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2020?

01/28/2020

### 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 2020? (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	9,161,834	1,098,557	10,260,391
Outpatient	18,079,434	2,403,181	20,482,615
<b>Total</b>	<b>27,241,268</b>	<b>3,501,738</b>	<b>30,743,006</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	3,843,110
<b>Total</b>	<b>3,843,110</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	8,164,914	739,006	8,903,920
Outpatient	15,592,794	2,403,182	17,995,976
<b>Total</b>	<b>23,757,708</b>	<b>3,142,188</b>	<b>26,899,896</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	29	514,318	80	131,599	0	0	4	8,692
Appling	0	0	5	477	0	0	0	0
Atkinson	0	0	28	63,812	0	0	0	0
Bacon	1	0	9	1,681	0	0	0	0
Baldwin	0	0	15	4,570	0	0	0	0
Banks	4	31,498	48	7,206	0	0	1	891
Barrow	30	228,647	356	160,463	2	25,986	11	4,502
Bartow	19	53,211	503	207,606	0	0	1	114
Ben Hill	1	266	21	1,761	0	0	0	0
Berrien	0	0	8	5,224	0	0	0	0
Bibb	1	0	140	40,746	0	0	1	22
Bleckley	1	1,223	18	4,245	0	0	0	0
Brantley	0	0	6	854	0	0	0	0
Brooks	0	0	6	640	0	0	0	0
Bryan	0	0	17	4,350	0	0	0	0
Bulloch	3	830	13	1,005	0	0	0	0
Butts	4	61,331	74	39,228	1	311	11	1,880
Calhoun	1	2,824	7	1,756	0	0	0	0
Camden	0	0	7	2,347	0	0	0	0
Carroll	25	341,714	468	230,243	1	437	14	3,222
Catoosa	0	0	24	3,633	0	0	0	0
Chatham	0	0	49	8,557	0	0	1	2,536
Chattahoochee	0	0	8	338	0	0	0	0
Chattooga	2	214	26	2,662	0	0	0	0
Cherokee	56	282,629	1,251	719,753	9	65,618	66	120,343
Clarke	15	96,212	217	132,383	2	89,217	17	581,219
Clay	0	0	3	3,163	0	0	0	0
Clayton	28	105,745	1,223	440,309	0	0	32	60,860
Clinch	0	0	3	452	0	0	0	0
Cobb	169	1,157,029	3,951	2,380,533	13	40,960	191	366,853
Coffee	0	0	37	7,250	0	0	0	0
Colquitt	1	25,946	73	11,480	0	0	0	0

Columbia	0	0	16	4,364	0	0	0	0
Cook	2	648	40	14,592	0	0	0	0
Coweta	11	24,239	312	143,292	0	0	9	10,844
Crawford	0	0	1	3	0	0	0	0
Crisp	5	17,533	64	10,807	0	0	0	0
Dade	0	0	8	1,139	0	0	0	0
Dawson	10	14,114	190	79,517	3	70,519	11	10,922
Decatur	2	49,503	57	60,063	0	0	0	0
DeKalb	111	783,227	4,137	2,729,411	5	17,244	83	194,717
Dodge	1	2,635	24	3,278	0	0	0	0
Dooly	0	0	52	4,549	0	0	0	0
Dougherty	1	0	58	13,950	0	0	0	0
Douglas	28	201,820	724	362,709	2	109,338	12	19,560
Early	0	0	15	5,844	0	0	0	0
Effingham	1	179	18	6,221	0	0	5	436
Elbert	0	0	36	5,118	1	13,115	0	0
Emanuel	0	0	10	8,777	0	0	3	1,393
Evans	0	0	7	1,228	0	0	0	0
Fannin	4	3,683	48	39,608	0	0	4	11,592
Fayette	10	44,494	262	165,251	2	1,624	0	0
Florida	14	33,431	239	84,259	0	0	8	12,575
Floyd	3	29,780	163	189,383	1	57,728	7	16,699
Forsyth	43	1,892,246	667	445,967	4	6,185	42	36,328
Franklin	1	3,846	72	13,436	2	9,577	2	2,298
Fulton	107	195,119	4,163	1,696,969	12	83,600	172	159,221
Gilmer	6	85,184	89	77,694	1	375	11	9,927
Glynn	1	2,127	7	1,942	0	0	1	112
Gordon	7	15,369	124	34,768	0	0	1	150
Grady	0	0	24	5,280	0	0	0	0
Greene	3	173,245	21	18,513	0	0	0	0
Gwinnett	259	414,232	5,586	2,949,181	19	204,564	236	471,592
Habersham	6	8,502	168	176,511	0	0	4	494
Hall	30	158,717	846	769,814	5	135,196	20	27,864
Hancock	0	0	1	4	0	0	0	0
Haralson	8	24,849	91	65,584	0	0	0	0
Harris	1	2,847	23	5,368	0	0	0	0
Hart	7	31,311	32	14,928	0	0	0	0
Heard	0	0	40	349	0	0	1	766
Henry	25	48,088	897	433,202	4	2,019	12	13,569
Houston	3	104,415	106	51,191	0	0	0	0
Irwin	1	200	4	359	0	0	0	0
Jackson	14	98,602	238	126,898	3	22,033	11	25,920
Jasper	8	294	33	3,016	0	0	0	0
Jeff Davis	0	0	3	1,715	0	0	0	0

Jefferson	0	0	1	271	0	0	0	0
Jenkins	0	0	1	66	0	0	0	0
Johnson	1	1,752	2	117	0	0	0	0
Jones	0	0	4	174	0	0	1	169
Lamar	0	0	31	9,070	0	0	0	0
Lanier	0	0	11	5,568	0	0	0	0
Laurens	0	0	26	12,000	0	0	0	0
Lee	0	0	21	17,096	0	0	1	161
Liberty	0	0	3	229	0	0	0	0
Lincoln	0	0	2	45	0	0	0	0
Lowndes	0	0	50	19,043	0	0	0	0
Lumpkin	5	49,165	113	59,460	1	13,862	2	1,556
Macon	0	0	3	1,753	0	0	0	0
Madison	4	48,441	50	31,161	0	0	6	2,006
Marion	1	27,863	16	3,128	0	0	0	0
McDuffie	0	0	9	5,128	0	0	0	0
Meriwether	1	1,011	44	7,597	0	0	0	0
Miller	0	0	5	777	0	0	0	0
Mitchell	0	0	29	9,148	0	0	0	0
Monroe	0	0	19	1,555	1	115	0	0
Montgomery	0	0	1	1,717	0	0	0	0
Morgan	1	289	35	16,825	0	0	1	662
Murray	3	2,826	38	13,779	0	0	1	427
Muscogee	9	32,473	346	67,167	1	31,553	22	76,804
Newton	12	117,843	374	178,889	0	0	5	6,297
North Carolina	8	204,266	52	66,858	0	0	0	0
Oconee	1	796	53	29,581	0	0	1	764
Oglethorpe	0	0	8	23,871	0	0	0	0
Other Out of State	30	587,418	416	602,242	0	0	12	11,802
Paulding	23	46,147	605	260,084	1	814	34	15,595
Peach	0	0	34	6,078	0	0	1	602
Pickens	15	117,920	157	58,328	0	0	9	8,851
Pike	3	14,571	26	12,354	0	0	0	0
Polk	6	10,683	162	44,391	1	39,592	1	2,410
Pulaski	0	0	7	3,115	0	0	0	0
Putnam	0	0	12	1,445	1	946	0	0
Quitman	0	0	1	73	0	0	0	0
Rabun	3	566	53	12,523	0	0	0	0
Randolph	0	0	3	463	0	0	0	0
Richmond	0	0	31	11,109	0	0	0	0
Rockdale	9	122,010	286	142,633	0	0	5	1,585
Schley	0	0	3	516	0	0	0	0
Seminole	0	0	13	8,323	0	0	0	0
South Carolina	4	83,400	56	54,867	1	51,129	5	2,356

Spalding	4	23,228	159	64,111	0	0	1	131
Stephens	2	25,528	122	53,941	0	0	1	375
Sumter	1	13,530	28	8,842	0	0	0	0
Talbot	0	0	10	4,084	0	0	0	0
Taliaferro	0	0	3	97	0	0	0	0
Tattnall	0	0	21	2,085	0	0	0	0
Taylor	0	0	8	1,177	1	1,569	0	0
Telfair	0	0	4	148	0	0	0	0
Tennessee	1	287	3	448	0	0	0	0
Terrell	3	20,573	80	160,675	0	0	1	60,261
Thomas	1	1,308	32	19,410	0	0	0	0
Tift	0	0	34	8,004	0	0	3	5,431
Toombs	0	0	6	1,140	0	0	0	0
Towns	1	18,845	36	30,926	0	0	0	0
Treutlen	0	0	4	454	0	0	0	0
Troup	6	26,979	167	72,950	0	0	2	2,474
Turner	0	0	6	1,732	0	0	0	0
Twiggs	0	0	9	2,427	0	0	0	0
Union	0	0	61	14,745	0	0	2	1,854
Upton	0	0	26	22,219	1	804	0	0
Walker	1	150	29	12,317	0	0	0	0
Walton	18	126,570	417	234,202	1	2,527	9	5,505
Ware	0	0	12	1,504	0	0	0	0
Washington	0	0	6	569	0	0	0	0
Wayne	0	0	4	557	0	0	0	0
White	34	67,280	92	83,061	0	0	4	658
Whitfield	0	0	88	25,937	0	0	6	16,332
Wilcox	0	0	9	3,677	0	0	0	0
Wilkinson	0	0	10	652	0	0	0	0
Worth	0	0	3	348	0	0	0	0
<b>Total</b>	<b>1,334</b>	<b>9,161,834</b>	<b>33,111</b>	<b>18,079,434</b>	<b>102</b>	<b>1,098,557</b>	<b>1,141</b>	<b>2,403,181</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 2020?  
(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 2020.

Patient Category		SFY 2018	SFY2020	SFY2020
		7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	13,883,367	13,525,771
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	1,548,861	1,969,656
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 2018	SFY2020	SFY2020
7/1/17-6/30/18	7/1/18-6/30/19	7/1/19-6/30/20
0	11,648	11,990

## 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:**

**Date:** 7/21/2021

**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:**

**Date:** 7/21/2021

**Title:** Chief Financial Officer

**Comments:**