



2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP626

Facility Name: Candler Hospital

County: Chatham

Street Address: 5353 Reynolds St.

City: Savannah

Zip: 31405

Mailing Address: 5353 Reynolds St.

Mailing City: Savannah

Mailing Zip: 31405

Medicaid Provider Number: 000000327A

Medicare Provider Number: 110024

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2023 To:6/30/2024

Please indicate your cost report year.

From: 07/01/2023 To:06/30/2024

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: Tami Jeffers

Contact Title: Reimbursement Manager

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.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	515,264,783
Total Inpatient Admissions accounting for Inpatient Revenue	11,012
Outpatient Gross Patient Revenue	1,536,139,133
Total Outpatient Visits accounting for Outpatient Revenue	324,624
Medicare Contractual Adjustments	902,633,795
Medicaid Contractual Adjustments	109,017,072
Other Contractual Adjustments:	480,441,094
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	18,747,437
Gross Indigent Care:	2,668,320
Gross Charity Care:	74,847,295
Uncompensated Indigent Care (net):	2,668,320
Uncompensated Charity Care (net):	74,847,295
Other Free Care:	620,769
Other Revenue/Gains:	64,449,830
Total Expenses:	407,740,998

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	620,769
Employee Discounts	0
	0
Total	620,769

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 2024? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

02/21/2023

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.)?

400%

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 2024? (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	696,860	25,365,106	26,061,966
Outpatient	1,971,460	49,482,189	51,453,649
Total	2,668,320	74,847,295	77,515,615

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	0
Total	0

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	696,860	25,365,106	26,061,966
Outpatient	1,971,460	49,482,189	51,453,649
Total	2,668,320	74,847,295	77,515,615

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	0	0	0	0	2	2,573	24	39,389
Appling	0	0	0	0	2	66,161	37	181,583
Atkinson	0	0	0	0	3	31,681	14	94,223
Bacon	0	0	0	0	1	55,454	11	13,178
Banks	0	0	0	0	0	0	1	3,079
Barrow	0	0	0	0	0	0	1	283
Bartow	0	0	0	0	1	89,281	0	0
Ben Hill	0	0	0	0	0	0	1	550
Berrien	0	0	0	0	1	100,657	1	7,680
Bibb	0	0	0	0	1	158,710	8	18,728
Bleckley	0	0	0	0	0	0	1	4
Brantley	0	0	0	0	1	14,706	5	28,972
Bryan	1	40,608	48	14,278	45	689,468	1,060	2,592,013
Bulloch	0	0	16	50,450	13	338,690	321	878,816
Burke	0	0	0	0	0	0	2	6,083
Butts	0	0	0	0	0	0	2	1,264
Camden	0	0	0	0	1	314	8	26,995
Candler	0	0	7	4,584	3	60,903	54	168,541
Carroll	0	0	0	0	0	0	4	7,220
Catoosa	0	0	0	0	1	6,298	1	80
Charlton	0	0	0	0	0	0	2	1,814
Chatham	27	518,939	505	1,527,346	852	18,174,095	15,820	34,697,256
Cherokee	0	0	0	0	0	0	2	7,251
Clarke	0	0	0	0	0	0	1	5,684
Clayton	0	0	0	0	0	0	15	39,362
Cobb	0	0	0	0	1	11,245	14	47,117
Coffee	0	0	0	0	14	702,896	25	32,835
Colquitt	0	0	0	0	0	0	25	2,976
Columbia	0	0	0	0	3	33,647	10	18,230
Coweta	0	0	0	0	0	0	1	2,280
Dawson	0	0	0	0	1	13,230	0	0
DeKalb	0	0	0	0	1	9,761	7	9,287

Dodge	0	0	0	0	1	82,288	13	16,845
Dooly	0	0	0	0	0	0	1	7,769
Dougherty	0	0	0	0	0	0	7	19,166
Douglas	0	0	0	0	0	0	4	3,809
Effingham	2	38,499	55	35,280	80	834,276	998	2,352,483
Emanuel	0	0	0	0	1	8,085	70	109,603
Evans	0	0	0	0	8	73,184	75	141,971
Fayette	0	0	1	1,051	0	0	4	6,527
Florida	0	0	0	0	2	120,841	184	444,462
Floyd	0	0	0	0	0	0	5	14,964
Forsyth	0	0	0	0	0	0	3	4,166
Franklin	0	0	0	0	0	0	1	3,624
Fulton	0	0	1	1,351	0	0	21	50,328
Glynn	0	0	3	9,379	1	196	82	316,229
Gwinnett	0	0	2	5,306	4	135,169	8	16,382
Hall	0	0	0	0	0	0	1	947
Hancock	0	0	0	0	0	0	1	2,036
Henry	0	0	0	0	1	17,312	7	14,395
Houston	0	0	0	0	0	0	5	6,586
Irwin	0	0	0	0	0	0	1	376
Jackson	0	0	0	0	1	2,216	2	6,161
Jasper	0	0	0	0	0	0	1	743
Jeff Davis	0	0	0	0	3	62,544	18	41,183
Jefferson	0	0	2	3,560	0	0	0	0
Jenkins	0	0	0	0	3	54,343	16	91,732
Johnson	0	0	0	0	0	0	5	1,959
Lamar	0	0	0	0	0	0	1	5,998
Laurens	0	0	0	0	0	0	9	21,287
Lee	0	0	0	0	0	0	1	2,239
Liberty	1	14,141	17	23,233	33	671,335	675	1,529,443
Lincoln	0	0	0	0	0	0	1	4,389
Long	0	0	2	230	5	102,290	81	110,350
Lowndes	0	0	0	0	4	6,181	23	58,431
Madison	0	0	0	0	0	0	1	207
McIntosh	0	0	1	161	2	29,606	43	91,474
Mitchell	0	0	0	0	0	0	1	4,305
Monroe	0	0	0	0	0	0	1	5,536
Montgomery	0	0	2	471	0	0	15	44,350
Morgan	0	0	0	0	0	0	1	7,047
Muscogee	0	0	0	0	0	0	2	4,092
Newton	0	0	0	0	0	0	5	17,720
North Carolina	0	0	0	0	2	133,156	51	121,804
Other Out of State	0	0	0	0	9	191,054	250	548,487
Paulding	0	0	0	0	0	0	1	2,606

Pierce	0	0	8	4,194	2	14,225	15	55,739
Pike	0	0	0	0	0	0	1	3,505
Polk	0	0	0	0	0	0	1	5,604
Pulaski	0	0	0	0	1	1,561	0	0
Putnam	0	0	0	0	0	0	3	5,459
Richmond	0	0	0	0	0	0	16	28,891
Screven	1	146	0	0	11	132,119	102	240,604
South Carolina	1	84,527	30	101,048	36	1,021,867	984	2,517,321
Spalding	0	0	0	0	0	0	6	11,858
Sumter	0	0	0	0	0	0	2	1,180
Tattnell	0	0	12	21,426	6	52,762	140	430,184
Telfair	0	0	1	23,541	1	1,189	15	35,140
Tennessee	0	0	2	31,992	0	0	14	4,848
Tift	0	0	0	0	0	0	3	16,281
Toombs	0	0	0	0	5	151,350	84	275,753
Treutlen	0	0	0	0	0	0	7	7,172
Walker	0	0	0	0	0	0	1	3,695
Walton	0	0	0	0	1	19,132	3	3,125
Ware	0	0	9	112,077	2	94,999	37	283,291
Washington	0	0	0	0	0	0	20	102,443
Wayne	0	0	1	502	12	792,056	77	249,430
Wheeler	0	0	0	0	0	0	8	2,674
Wilkes	0	0	0	0	0	0	1	8,758
Wilkinson	0	0	0	0	0	0	1	347
Worth	0	0	0	0	0	0	1	1,903
Total	33	696,860	725	1,971,460	1,184	25,365,106	21,715	49,482,189

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 2024?
(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 2024.

Patient Category		SFY 2022	SFY2024	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,668,320	0
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	74,847,295	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2024	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	13,440	0

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: Paul P. Hinchey

Date: 7/25/2025

Title: President & CEO

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: Allen R. Butcher

Date: 7/25/2025

Title: CFO

Comments:



2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP621

Facility Name: Saint Joseph's Hospital

County: Chatham

Street Address: 11705 Mercy Boulevard

City: Savannah

Zip: 31419

Mailing Address: 11705 Mercy Boulevard

Mailing City: Savannah

Mailing Zip: 31419

Medicaid Provider Number: 000001801A

Medicare Provider Number: 110043

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2023 To:6/30/2024

Please indicate your cost report year.

From: 07/01/2023 To:06/30/2024

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: Tami Jeffers

Contact Title: Reimbursement Manager

Phone: 912-819-7578

Fax: 912-819-8664

E-mail: jeffersta@sjchs.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	721,616,576
Total Inpatient Admissions accounting for Inpatient Revenue	10,707
Outpatient Gross Patient Revenue	760,950,554
Total Outpatient Visits accounting for Outpatient Revenue	179,614
Medicare Contractual Adjustments	738,465,355
Medicaid Contractual Adjustments	62,351,753
Other Contractual Adjustments:	290,033,703
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	14,230,455
Gross Indigent Care:	2,193,030
Gross Charity Care:	54,531,185
Uncompensated Indigent Care (net):	2,193,030
Uncompensated Charity Care (net):	54,531,185
Other Free Care:	2,120,689
Other Revenue/Gains:	25,764,656
Total Expenses:	303,764,227

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	2,120,689
Employee Discounts	0
	0
Total	2,120,689

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 2024? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

02/21/2023

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.)?

400%

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 2024? (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	1,364,847	24,672,365	26,037,212
Outpatient	828,183	29,858,820	30,687,003
Total	2,193,030	54,531,185	56,724,215

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	0
Total	0

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	1,364,847	24,672,365	26,037,212
Outpatient	828,183	29,858,820	30,687,003
Total	2,193,030	54,531,185	56,724,215

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	0	0	0	0	4	65,665	26	72,205
Appling	0	0	0	0	11	129,363	51	45,200
Atkinson	0	0	0	0	0	0	1	1,644
Bacon	0	0	0	0	0	0	1	1,147
Baldwin	0	0	1	706	0	0	0	0
Barrow	0	0	0	0	0	0	2	1,792
Bartow	0	0	0	0	0	0	3	5,988
Bibb	0	0	0	0	0	0	6	8,770
Bleckley	0	0	0	0	0	0	1	2,766
Brantley	0	0	0	0	0	0	7	111,920
Bryan	2	155,281	12	64,199	102	2,728,382	1,133	2,311,110
Bulloch	0	0	0	0	17	426,508	156	481,385
Burke	0	0	0	0	0	0	1	273
Butts	0	0	0	0	0	0	2	34,406
Camden	0	0	0	0	0	0	4	6,016
Candler	0	0	0	0	6	129,813	40	117,465
Charlton	0	0	0	0	0	0	3	6,213
Chatham	22	904,815	131	417,647	648	15,624,794	8,164	19,740,263
Cherokee	0	0	0	0	1	23,269	5	11,860
Clarke	0	0	0	0	0	0	2	1,307
Clayton	0	0	0	0	1	24,159	7	15,707
Cobb	0	0	0	0	0	0	5	8,828
Coffee	1	1,950	0	0	2	20,556	7	14,529
Colquitt	0	0	0	0	0	0	1	195
Columbia	0	0	0	0	0	0	1	90
Coweta	0	0	0	0	1	5,312	0	0
DeKalb	0	0	0	0	2	27,999	14	39,558
Dodge	0	0	0	0	0	0	2	57,820
Dooly	0	0	0	0	0	0	1	37,637
Dougherty	0	0	0	0	0	0	1	2,152
Douglas	0	0	0	0	0	0	5	16,920
Effingham	4	67,148	20	66,119	61	1,084,533	539	1,187,410

Emanuel	0	0	0	0	3	86,586	17	70,600
Evans	0	0	2	1,563	2	34,761	42	114,048
Fayette	2	2,682	1	559	0	0	4	11,481
Florida	0	0	0	0	9	267,937	116	399,812
Floyd	0	0	0	0	0	0	2	1,646
Franklin	0	0	0	0	0	0	1	5,087
Fulton	0	0	0	0	2	27,449	12	69,368
Glascocock	0	0	0	0	0	0	1	3,560
Glynn	0	0	0	0	8	627,702	56	154,385
Gordon	0	0	0	0	0	0	1	7,973
Gwinnett	0	0	0	0	0	0	8	37,084
Hall	0	0	0	0	0	0	0	0
Hancock	0	0	0	0	0	0	6	33,849
Haralson	0	0	0	0	0	0	1	678
Harris	0	0	0	0	0	0	2	2,254
Henry	0	0	0	0	0	0	6	9,750
Houston	0	0	0	0	0	0	6	30,271
Jasper	0	0	0	0	0	0	1	1,234
Jeff Davis	0	0	0	0	3	4,668	14	16,585
Jefferson	0	0	0	0	0	0	4	15,641
Jenkins	0	0	0	0	0	0	12	17,211
Johnson	0	0	0	0	0	0	2	29,448
Lamar	0	0	0	0	0	0	1	1,689
Laurens	0	0	0	0	0	0	11	33,210
Liberty	3	44,628	58	202,379	65	1,573,068	610	1,739,163
Long	1	1,490	4	5,082	9	34,906	51	81,796
Lowndes	0	0	0	0	0	0	6	93,355
McIntosh	1	118,011	1	1,795	8	43,112	90	184,353
Meriwether	0	0	0	0	0	0	1	2,372
Mitchell	0	0	0	0	0	0	1	668
Montgomery	0	0	0	0	0	0	13	32,566
Muscogee	0	0	0	0	1	255	3	18,096
Newton	0	0	0	0	0	0	2	3,821
North Carolina	0	0	0	0	3	4,100	41	112,112
Oconee	0	0	0	0	0	0	1	9,234
Other Out of State	0	0	2	2,381	20	560,827	191	504,938
Paulding	0	0	0	0	0	0	4	12,822
Peach	0	0	0	0	0	0	3	2,401
Pierce	0	0	0	0	1	1,750	6	9,209
Polk	0	0	0	0	1	1,575	0	0
Richmond	0	0	0	0	1	4,661	8	22,664
Rockdale	0	0	0	0	1	658	0	0
Screven	0	0	1	662	3	27,861	23	39,738
South Carolina	0	0	1	46	13	178,687	184	538,538

Spalding	0	0	0	0	0	0	2	3,065
Sumter	0	0	0	0	0	0	3	2,849
Tattnall	0	0	0	0	8	47,259	63	330,946
Telfair	0	0	0	0	0	0	5	133,736
Tennessee	0	0	0	0	2	70,417	8	15,024
Tift	0	0	0	0	1	63,298	1	3,032
Toombs	0	0	0	0	2	18,507	20	32,558
Treutlen	0	0	0	0	0	0	2	9,029
Troup	0	0	0	0	0	0	1	3,328
Twiggs	0	0	0	0	0	0	1	178
Walker	0	0	0	0	0	0	1	2,152
Walton	0	0	0	0	0	0	1	4,354
Ware	0	0	0	0	2	60,161	12	67,144
Washington	0	0	0	0	0	0	2	4,961
Wayne	1	68,842	41	65,045	18	641,807	144	354,736
Wheeler	0	0	0	0	0	0	5	6,323
Wilcox	0	0	0	0	0	0	4	62,778
Wilkes	0	0	0	0	0	0	2	2,709
Worth	0	0	0	0	0	0	1	2,632
Total	37	1,364,847	275	828,183	1,042	24,672,365	12,033	29,858,820

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 2024?
(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 2024.

Patient Category		SFY 2022	SFY2024	SFY2024
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	2,193,029	0
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	0	0
C.	Other Patients in accordance with the department approved policy.	0	54,531,185	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022	SFY2024	SFY2024
7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24
0	9,628	0

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: Paul P. Hinchey

Date: 7/25/2025

Title: President & CEO

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: Allen R. Butcher

Date: 7/25/2025

Title: CFO

Comments: