

**2010 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum**  
**UID: HOSP620- Trinity Hospital of Augusta**

| Section 1: Hospital Only Data from Hospital Financial Survey (HFS):   |                       |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
|---|-----------------------|---------------------------|---------------------------|------------------------|-------------------------|-----------|-------------------------------|------------------------------|-----------------|---|----------------------------------|
| HFS Source:   | Part C, 1             | Part C, 1                 | Part C, 1                 | Part C, 1              | Part C, 1               | Part C, 1 | Part E, 1                     | Part E, 1                    | Part C, 1       |   |                                  |
|   | Gross Patient Charges | Medicare Contractual Adjs | Medicaid Contractual Adjs | Other Contractual Adjs | Hill Burton Obligations | Bad Debt  | Gross Indigent Care (IP & OP) | Gross Charity Care (IP & OP) | Other Free Care | Total Deductions of All Types (Sum Col 2-9) | Net Patient Revenue (Col 1 - 10) |
|   | 1                     | 2                         | 3                         | 4                      | 5                       | 6         | 7                             | 8                            | 9               | 10  | 11                               |
| Inpatient Gross Patient Revenue   | 140,588,228           |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
| Outpatient Gross Patient Revenue  | 130,629,664           |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
| Per Part C, 1. Financial Table  |                       | 76,049,966                | 18,239,084                | 96,775,089             | 0                       | 8,119,818 |                               |                              | 2,918,476       |   |                                  |
| Per Part E, 1. Indigent and Charity Care  |                       |                           |                           |                        |                         |           | 0                             | 896,430                      |                 |   |                                  |
| Totals per HFS  | 271,217,892           | 76,049,966                | 18,239,084                | 96,775,089             | 0                       | 8,119,818 | 0                             | 896,430                      | 2,918,476       | 202,998,863                                 | 68,219,029                       |
| Section 2: Reconciling Items to Financial Statements:   |                       |                           |                           |                        |                         |           |                               |                              |                 | (B)   | (B)                              |
| Non-Hospital Services:  |                       |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
| > Professional Fees   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > Home Health Agency  | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > SNF/NF Swing Bed Services   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > Nursing Home  | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > Hospice   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > Freestanding Ambulatory Surg. Centers   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| Bad Debt (Expense per Financials) (A)   |                       |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| Indigent Care Trust Fund Income   |                       |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| Other Reconciling Items:  |                       |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
| > Oymts Rec'd on Charity  | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| > N/A   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   |                                  |
| Total Reconciling Items   | 0                     |                           |                           |                        |                         |           |                               |                              |                 | 0   | 0                                |
| Total Per Form  | 271,217,892           |                           |                           |                        |                         |           |                               |                              |                 | 202,998,863                                 | 68,219,029                       |
| Total Per Financial Statements  | 271,217,892           |                           |                           |                        |                         |           |                               |                              |                 |   | 68,219,029                       |
| Unreconciled Difference (Must be Zero)  | 0                     |                           |                           |                        |                         |           |                               |                              |                 |   | 0                                |
| (A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C). |                       |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |
| (B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.                              |                       |                           |                           |                        |                         |           |                               |                              |                 |   |                                  |