



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP502

Facility Name: East Georgia Regional Medical Center

County: Bulloch

Street Address: 1499 Fair Road

City: Statesboro

Zip: 30458-0803

Mailing Address: PO Box 1048

Mailing City: Statesboro

Mailing Zip: 30459-1048

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2008 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2008 To:12/31/2008

Please indicate your cost report year.

From: 10/01/2007 To:09/30/2008

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.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Scott Whittemore

Contact Title: Chief Financial Officer

Phone: 912-486-1701

Fax: 912-871-2353

E-mail: Scott.Whittemore@HMA.com

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	185,980,100
Total Inpatient Admissions accounting for Inpatient Revenue	7,240
Outpatient Gross Patient Revenue	204,365,064
Total Outpatient Visits accounting for Outpatient Revenue	93,760
Medicare Contractual Adjustments	107,040,802
Medicaid Contractual Adjustments	32,721,539
Other Contractual Adjustments:	34,671,689
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	12,385,815
Uncompensated Indigent Care (net):	0
Uncompensated Charity Care (net):	14,543,304
Other Free Care:	0
Other Revenue/Gains:	605,474
Total Expenses:	87,739,405

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	0
Employee Discounts	0
	0
Total	0

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 2008? (Check box if yes.) ☐

2. Effective Date

What was the effective date of the policy or policies in effect during 2008?

02/01/2007

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.?

Scott Whittemore, Chief Financial Officer

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.)?

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 2008? (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	0	3,993,784	3,993,784
Outpatient	0	10,549,520	10,549,520
Total	0	14,543,304	14,543,304

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	0	0	0
Outpatient	0	0	0
Total	0	0	0

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
Appling	0	0	0	0	0	0	11	6,054
Bacon	0	0	0	0	2	12,090	2	2,037
Baldwin	0	0	0	0	0	0	4	1,285
Barrow	0	0	0	0	0	0	2	4,228
Ben Hill	0	0	0	0	0	0	2	658
Berrien	0	0	0	0	0	0	1	525
Bibb	0	0	0	0	0	0	4	1,319
Bryan	0	0	0	0	18	172,543	555	561,540
Bulloch	0	0	0	0	324	2,328,965	8,281	6,313,020
Burke	0	0	0	0	0	0	20	8,918
Camden	0	0	0	0	0	0	14	8,289
Candler	0	0	0	0	36	215,141	502	486,133
Carroll	0	0	0	0	0	0	2	892
Chatham	0	0	0	0	2	13,845	107	116,278
Cherokee	0	0	0	0	0	0	2	0
Clarke	0	0	0	0	0	0	1	187
Clayton	0	0	0	0	0	0	10	6,512
Cobb	0	0	0	0	0	0	19	23,954
Coffee	0	0	0	0	0	0	4	1,046
Colquitt	0	0	0	0	0	0	1	182
Columbia	0	0	0	0	2	0	5	2,272
Coweta	0	0	0	0	0	0	2	1,706
Crawford	0	0	0	0	0	0	4	2,487
Crisp	0	0	0	0	0	0	2	460
DeKalb	0	0	0	0	0	0	30	19,683
Dougherty	0	0	0	0	0	0	1	1,942
Douglas	0	0	0	0	0	0	1	1,304
Effingham	0	0	0	0	6	13,556	119	128,909
Elbert	0	0	0	0	0	0	2	3,151
Emanuel	0	0	0	0	17	178,755	402	309,753
Evans	0	0	0	0	28	165,882	422	358,728
Fayette	0	0	0	0	0	0	8	2,953

Floyd	0	0	0	0	0	0	1	30
Forsyth	0	0	0	0	0	0	3	3,932
Franklin	0	0	0	0	0	0	1	2,930
Fulton	0	0	0	0	2	10,850	44	27,340
Glynn	0	0	0	0	1	14,397	9	4,357
Gwinnett	0	0	0	0	2	11,121	30	5,113
Haralson	0	0	0	0	0	0	1	1,004
Hart	0	0	0	0	1	5,662	1	292
Henry	0	0	0	0	0	0	5	1,555
Houston	0	0	0	0	0	0	5	14,720
Jeff Davis	0	0	0	0	1	6,699	13	6,734
Jefferson	0	0	0	0	0	0	11	4,033
Jenkins	0	0	0	0	7	0	169	168,139
Johnson	0	0	0	0	0	0	6	7,161
Jones	0	0	0	0	0	0	1	384
Lamar	0	0	0	0	0	0	3	1,767
Laurens	0	0	0	0	1	4,273	11	9,685
Liberty	0	0	0	0	0	0	26	17,124
Long	0	0	0	0	0	0	6	3,709
Lowndes	0	0	0	0	0	0	2	1,183
Macon	0	0	0	0	0	0	2	2,469
Madison	0	0	0	0	0	0	1	1,733
McDuffie	0	0	0	0	0	0	5	1,776
McIntosh	0	0	0	0	0	0	7	2,647
Monroe	0	0	0	0	0	0	2	395
Montgomery	0	0	0	0	3	25,365	9	10,859
Muscogee	0	0	0	0	0	0	4	10,086
Newton	0	0	0	0	0	0	1	16,280
Oconee	0	0	0	0	0	0	1	465
Other Out of State	0	0	0	0	14	153,492	219	264,429
Paulding	0	0	0	0	0	0	3	3,220
Pickens	0	0	0	0	0	0	1	8,470
Pierce	0	0	0	0	1	0	0	0
Pike	0	0	0	0	0	0	1	2,575
Pulaski	0	0	0	0	0	0	3	814
Putnam	0	0	0	0	1	11,328	2	3,784
Richmond	0	0	0	0	1	4,355	25	11,653
Rockdale	0	0	0	0	0	0	4	1,461
Screven	0	0	0	0	52	441,242	947	1,138,081
Spalding	0	0	0	0	0	0	1	792
Stephens	0	0	0	0	0	0	1	0
Sumter	0	0	0	0	0	0	1	208
Tattnall	0	0	0	0	21	172,437	262	301,682
Telfair	0	0	0	0	0	0	2	155

Thomas	0	0	0	0	0	0	1	0
Tift	0	0	0	0	0	0	1	706
Toombs	0	0	0	0	9	8,429	97	66,663
Treutlen	0	0	0	0	1	17,433	6	1,796
Troup	0	0	0	0	0	0	3	4,365
Turner	0	0	0	0	0	0	1	593
Union	0	0	0	0	0	0	1	912
Upson	0	0	0	0	0	0	1	1,709
Walton	0	0	0	0	0	0	2	693
Ware	0	0	0	0	1	5,924	2	635
Washington	0	0	0	0	0	0	1	959
Wayne	0	0	0	0	0	0	45	25,819
Wheeler	0	0	0	0	0	0	1	1,912
White	0	0	0	0	0	0	1	176
Whitfield	0	0	0	0	0	0	1	239
Wilcox	0	0	0	0	0	0	2	712
Wilkes	0	0	0	0	0	0	1	0
Total	0	0	0	0	554	3,993,784	12,561	10,549,520

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 2008?
(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 2008.

Patient Category		SFY 2007 7/1/06-6/30/07	SFY2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	0	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.	-71,741	7,269,150	7,345,895

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2007 7/1/06-6/30/07	SFY2008 7/1/07-6/30/08	SFY2009 7/1/08-6/30/09
103	6,972	6,040

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: Robert Bigley

Date: 9/28/2009

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: Scott Whittemore

Date: 9/28/2009

Title: Chief Financial Officer

Comments: