



2008 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP603

Facility Name: Athens Regional Medical Center

County: Clarke

Street Address: 1199 Prince Avenue

City: Athens

Zip: 30606-2793

Mailing Address: 1199 Prince Avenue

Mailing City: Athens

Mailing Zip: 30606-2793

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: 10/1/2007 To:9/30/2008

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: Todd Cox

Contact Title: Director, Corporate Reimbursement

Phone: 706-475-5926

Fax: 706-475-5925

E-mail: tcox@armc.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	530,417,006
Total Inpatient Admissions accounting for Inpatient Revenue	21,960
Outpatient Gross Patient Revenue	418,082,506
Total Outpatient Visits accounting for Outpatient Revenue	273,775
Medicare Contractual Adjustments	277,594,701
Medicaid Contractual Adjustments	88,660,535
Other Contractual Adjustments:	172,615,093
Hill Burton Obligations:	149,823
Bad Debt (net of recoveries):	58,523,997
Uncompensated Indigent Care (net):	28,672,059
Uncompensated Charity Care (net):	6,255,219
Other Free Care:	0
Other Revenue/Gains:	2,664,013
Total Expenses:	311,301,803

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?

01/01/2008

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.?

Director, Patient Business Services

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.)?

200%

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	18,003,489	4,557,907	22,561,396
Outpatient	10,668,570	1,697,312	12,365,882
Total	28,672,059	6,255,219	34,927,278

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
Alabama	0	0	1	115	1	250	0	0
Bacon	0	0	0	0	0	0	1	18
Baldwin	0	0	3	11,635	1	110	0	1,215
Banks	13	112,898	111	145,530	10	32,249	29	20,081
Barrow	105	2,617,333	440	745,633	95	324,125	216	148,288
Bartow	0	0	1	2,199	1	699	0	0
Berrien	0	0	1	1,243	0	0	0	0
Bibb	1	19,230	1	194	1	994	3	441
Bulloch	0	0	0	0	0	0	1	100
Burke	0	0	2	1,359	0	0	0	181
Butts	0	0	3	3,374	0	0	1	340
Chatham	0	0	1	880	0	0	0	0
Clarke	606	6,252,329	3,890	4,410,495	378	1,409,857	1,576	568,522
Clayton	0	0	3	3,478	0	0	0	0
Cobb	1	4,709	0	0	0	0	1	47
Columbia	0	0	1	3,185	0	0	3	461
Coweta	0	0	1	1,389	0	0	0	0
Dawson	0	0	1	648	0	0	0	0
DeKalb	2	27,835	9	10,800	2	1,124	1	107
Dodge	1	3	0	0	0	0	0	0
Dougherty	0	0	1	1,238	0	0	0	0
Elbert	51	584,534	197	258,595	63	108,663	129	99,340
Fannin	0	0	1	195	0	0	0	0
Florida	0	0	4	1,359	1	2	1	21
Forsyth	0	0	1	648	0	0	4	168
Franklin	57	1,092,105	209	381,999	36	188,140	104	59,808
Fulton	2	46,000	15	27,557	0	0	5	2,055
Gilmer	0	0	1	170	0	0	0	0
Glynn	0	0	0	0	0	0	1	55
Gordon	1	11,469	1	661	0	0	0	0
Greene	26	358,537	130	114,373	44	160,308	75	20,639
Gwinnett	12	194,856	45	86,681	9	186,647	13	3,406

Habersham	6	71,521	15	19,579	8	110,714	12	2,571
Hall	5	91,245	17	11,698	1	952	21	107,825
Hancock	0	0	3	331	2	4,527	1	469
Hart	35	389,884	124	184,698	24	78,477	48	18,817
Houston	0	0	1	3,758	0	0	1	16
Jackson	166	1,681,026	789	960,026	125	275,807	395	164,787
Jasper	0	0	3	8,749	1	2,389	0	0
Lamar	0	0	1	339	0	0	0	0
Lincoln	1	8	1	6,292	0	992	0	0
Lowndes	0	0	1	1,655	0	0	0	0
Lumpkin	0	0	1	2	0	0	0	0
Madison	144	1,360,287	985	1,498,443	135	632,916	485	198,105
Monroe	0	0	1	4,097	0	0	0	0
Morgan	46	403,682	122	195,071	47	166,077	85	21,719
Muscogee	0	0	2	4,912	0	0	0	0
Newton	0	0	6	9,675	0	0	2	257
North Carolina	0	0	7	19,976	0	0	1	500
Oconee	72	919,458	373	587,741	53	137,393	207	109,471
Oglethorpe	64	401,619	325	320,263	56	154,858	199	53,746
Other Out of State	4	99,124	19	49,538	9	108,689	11	1,512
Paulding	0	0	0	0	0	0	1	3,988
Pike	0	0	2	5,779	0	0	0	0
Pulaski	0	0	1	533	0	0	0	0
Putnam	8	181,519	28	70,788	8	85,264	8	3,193
Rabun	0	0	1	250	1	1,024	0	0
Richmond	0	0	1	686	0	0	0	0
Rockdale	2	121,410	4	6,424	0	0	0	0
Spalding	0	0	0	0	0	0	1	25
Stephens	15	226,388	45	72,066	10	8,617	13	13,104
Taliaferro	2	441	14	17,103	2	7,462	13	3,622
Tennessee	0	0	1	308	0	0	0	0
Towns	0	0	1	115	0	0	0	0
Troup	0	0	1	89	0	0	0	0
Walton	58	556,742	179	371,646	32	315,003	77	61,856
White	4	6	3	16,541	1	1,024	3	49
Whitfield	0	0	1	1,700	0	0	0	0
Wilkes	6	177,291	10	2,057	11	52,554	25	6,387
Wilkinson	0	0	1	9	0	0	0	0
Total	1,516	18,003,489	8,163	10,668,570	1,168	4,557,907	3,773	1,697,312

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	SFY2008	SFY2009
		7/1/06-6/30/07	7/1/07-6/30/08	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	4,251,380	2,003,841
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	18,881,099	9,790,959
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 2007	SFY2008	SFY2009
7/1/06-6/30/07	7/1/07-6/30/08	7/1/08-6/30/09
0	15,216	7,285

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: John A Drew

Date: 9/24/2009

Title: 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: William Larry Webb

Date: 9/24/2009

Title: Sr VP Finance / CFO

Comments: