



## 2008 Hospital Financial Survey

### Part A : General Information

#### 1. Identification

UID:HOSP617

**Facility Name:** Piedmont Hospital

**County:** Fulton

**Street Address:** 1968 Peachtree Road NW

**City:** Atlanta

**Zip:** 30309-1285

**Mailing Address:** 1968 Peachtree Road NW

**Mailing City:** Atlanta

**Mailing Zip:** 30309-1285

#### 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: 7/1/2007 To:6/30/2008

**Please indicate your cost report year.**

From: 07/01/2007 To:06/30/2008

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:** Linda Green

**Contact Title:** Director, Corp Accounting

**Phone:** 404-605-3444

**Fax:** 404-609-6638

**E-mail:** linda.green@piedmont.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	973,259,616
Total Inpatient Admissions accounting for Inpatient Revenue	26,183
Outpatient Gross Patient Revenue	725,129,930
Total Outpatient Visits accounting for Outpatient Revenue	354,465
Medicare Contractual Adjustments	440,723,127
Medicaid Contractual Adjustments	35,577,487
Other Contractual Adjustments:	594,435,011
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,884,911
Uncompensated Indigent Care (net):	9,838,136
Uncompensated Charity Care (net):	26,720,975
Other Free Care:	0
Other Revenue/Gains:	5,705,999
Total Expenses:	532,368,099

### 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
<b>Total</b>	<b>0</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 2008? (Check box if yes.)

### 2. Effective Date

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

03/01/2006

### 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.?

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.)?

250%

**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	6,552,212	15,884,709	22,436,921
Outpatient	3,285,924	10,836,266	14,122,190
<b>Total</b>	<b>9,838,136</b>	<b>26,720,975</b>	<b>36,559,111</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	0
<b>Total</b>	<b>0</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	0	0	0
Outpatient	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</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	3	19,852	20	14,002	4	58,921	48	40,146
Baldwin	0	0	0	0	0	0	4	14,102
Banks	0	0	0	0	0	0	4	1,290
Barrow	0	0	1	5,141	3	556	12	12,121
Bartow	3	16,663	7	30,020	2	470	17	19,611
Ben Hill	0	0	0	0	0	0	1	121
Berrien	0	0	0	0	1	225,084	0	0
Bibb	0	0	0	0	0	0	10	12,830
Bleckley	0	0	0	0	1	7,194	0	0
Brooks	0	0	0	0	0	0	2	1,227
Bulloch	0	0	0	0	0	0	2	344
Burke	0	0	0	0	0	0	1	813
Butts	1	997	4	83	2	550	8	13,752
Carroll	0	0	16	28,676	15	715,177	35	99,693
Chatham	0	0	0	0	1	100	7	5,743
Chattooga	0	0	0	0	0	0	3	2,468
Cherokee	17	398,871	20	27,226	35	525,422	109	125,641
Clarke	0	0	3	67,315	1	7,606	10	12,789
Clay	1	953	0	0	0	0	0	0
Clayton	28	89,472	92	167,807	34	428,423	237	364,990
Clinch	0	0	1	5,745	0	0	0	0
Cobb	52	758,073	187	173,929	84	1,233,179	559	759,265
Coffee	0	0	2	7,227	0	0	0	0
Colquitt	0	0	2	873	0	0	3	327
Columbia	0	0	0	0	0	0	4	23,277
Coweta	32	340,906	39	68,556	44	867,358	78	154,511
Dawson	1	31,216	1	2,977	1	11,122	5	6,841
Decatur	0	0	0	0	0	0	5	756
DeKalb	71	381,108	294	447,676	172	1,702,991	1,287	1,833,208
Dodge	1	985	0	0	0	0	0	0
Dougherty	0	0	0	0	1	1,019	6	2,436
Douglas	13	277,385	48	122,542	29	255,551	84	88,762

Echols	0	0	0	0	0	0	1	2,452
Effingham	0	0	0	0	0	0	1	474
Elbert	0	0	0	0	0	0	1	1,111
Emanuel	0	0	5	1,424	0	0	1	192
Fannin	6	28,897	3	1,523	1	33,797	12	26,378
Fayette	12	440,671	19	101,875	29	302,805	71	82,943
Florida	4	32,544	2	2,665	6	87,733	80	97,550
Floyd	0	0	0	0	0	0	11	16,058
Forsyth	6	61,008	15	30,115	5	145,433	21	28,054
Franklin	1	44,166	0	0	0	0	3	7,787
Fulton	211	1,869,026	829	1,060,245	413	4,587,397	4,070	5,311,400
Gilmer	4	41,120	4	1,726	11	240,590	12	46,762
Glynn	0	0	0	0	0	0	1	3,448
Gordon	1	1,024	6	26,807	0	0	6	2,591
Grady	0	0	0	0	0	0	1	3,186
Greene	0	0	0	0	2	1,831	2	8,111
Gwinnett	27	410,011	58	225,832	37	632,193	307	461,081
Habersham	0	0	3	1,067	2	106,483	3	1,800
Hall	1	18,482	4	1,136	2	28,956	16	14,276
Hancock	1	287	0	0	1	92,987	3	348
Haralson	0	0	3	20,814	3	60,596	6	5,855
Harris	0	0	0	0	1	763	0	0
Hart	0	0	1	12,590	0	0	0	0
Heard	4	258,946	0	0	4	43,878	6	61,114
Henry	21	63,547	80	36,095	21	107,178	77	50,504
Houston	0	0	0	0	1	94,892	4	1,250
Jackson	0	0	1	2,811	2	14,613	3	306
Jasper	2	17,154	6	22,194	0	0	17	56,772
Jefferson	0	0	0	0	0	0	1	626
Lamar	0	0	0	0	6	963	3	706
Laurens	3	1,943	9	1,713	0	0	2	2,733
Lee	0	0	0	0	0	0	1	287
Liberty	0	0	0	0	1	14,726	0	0
Lincoln	0	0	0	0	0	0	1	417
Lowndes	0	0	0	0	0	0	1	121
Lumpkin	0	0	0	0	0	0	3	1,182
Macon	0	0	4	554	0	0	5	1,469
Madison	0	0	0	0	0	0	3	25,243
Marion	0	0	0	0	0	0	1	998
Meriwether	0	0	0	0	4	25,805	9	9,506
Morgan	0	0	0	0	0	0	3	12,616
Murray	1	39,585	0	0	0	0	0	0
Muscogee	0	0	0	0	0	0	10	13,631
Newton	6	40,752	6	13,476	7	77,713	29	61,479

North Carolina	2	61,605	2	992	2	90,482	10	20,795
Other Out of State	13	235,817	29	35,456	26	232,081	80	96,111
Paulding	11	121,539	26	109,160	46	1,516,778	54	138,538
Peach	0	0	0	0	0	0	3	1,023
Pickens	13	83,228	17	200,920	24	340,570	54	86,557
Pierce	0	0	0	0	0	0	1	5,079
Pike	0	0	2	138	3	122,506	7	24,437
Polk	1	55,687	2	1,490	5	217,750	9	26,938
Pulaski	0	0	0	0	1	6,969	0	0
Putnam	3	14,719	10	79,164	6	119,543	19	46,385
Rabun	1	10,578	1	9,962	0	0	1	567
Richmond	1	1,017	2	4,211	2	8,837	6	4,123
Rockdale	10	28,496	31	9,461	4	61,776	27	33,722
South Carolina	0	0	0	0	3	1,326	40	53,707
Spalding	0	0	10	22,564	6	41,144	17	15,260
Stephens	0	0	3	18,799	0	0	1	1,138
Sumter	1	77,811	1	1,086	0	0	4	2,415
Tattnall	0	0	0	0	0	0	1	2,375
Taylor	0	0	0	0	0	0	1	1,441
Tennessee	0	0	2	303	10	211,362	40	55,161
Thomas	0	0	0	0	1	397	1	121
Tift	1	76,698	2	3,618	0	0	0	0
Toombs	0	0	4	892	0	0	1	438
Towns	1	35,701	0	0	0	0	1	1,235
Troup	1	983	2	1,020	7	4,419	14	38,752
Union	0	0	2	13,710	4	165,226	3	113,077
Upson	1	902	1	455	0	0	4	14,194
Walker	0	0	0	0	1	1,488	0	0
Walton	0	0	8	38,066	0	0	24	22,849
Ware	0	0	0	0	0	0	1	798
Washington	0	0	0	0	0	0	2	2,299
White	2	61,787	0	0	0	0	1	1,196
Whitfield	0	0	0	0	0	0	6	3,508
Wilkes	0	0	0	0	0	0	2	1,251
Wilkinson	0	0	0	0	0	0	2	895
<b>Total</b>	<b>596</b>	<b>6,552,212</b>	<b>1,952</b>	<b>3,285,924</b>	<b>1,140</b>	<b>15,884,709</b>	<b>7,786</b>	<b>10,836,266</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 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	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.	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	0	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:** Robert W. Maynard

**Date:** 9/29/2009

**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:** Thomas Arnold

**Date:** 9/29/2009

**Title:** Chief Financial Officer

**Comments:**