



2008 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP634

Facility Name: Northside Hospital

County: Fulton

Street Address: 1000 Johnson Ferry Road NE

City: Atlanta

Zip: 30342-1611

Mailing Address: 1000 Johnson Ferry Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1611

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: Shannon Asbury

Contact Title: Director of Finance

Phone: 404-303-3621

Fax: 404-303-3820

E-mail: shannon.asbury@northside.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	984,855,498
Total Inpatient Admissions accounting for Inpatient Revenue	51,642
Outpatient Gross Patient Revenue	721,372,195
Total Outpatient Visits accounting for Outpatient Revenue	315,531
Medicare Contractual Adjustments	199,183,697
Medicaid Contractual Adjustments	133,898,044
Other Contractual Adjustments:	647,291,531
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	33,575,393
Uncompensated Indigent Care (net):	20,142,719
Uncompensated Charity Care (net):	30,359,162
Other Free Care:	0
Other Revenue/Gains:	30,501,829
Total Expenses:	627,890,512

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?

12/01/2002

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 of Business Office

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.)?

125%

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	11,541,042	17,244,237	28,785,279
Outpatient	8,601,677	16,871,508	25,473,185
Total	20,142,719	34,115,745	54,258,464

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	365,004
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	3,391,579
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	3,756,583

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	5	49,209	12	9,867	5	1,287	64	58,668
Atkinson	0	0	1	1,715	0	0	0	0
Baldwin	3	16,217	0	0	0	0	0	0
Banks	0	0	0	0	3	30,650	13	55,214
Barrow	1	770	8	32,470	18	117,109	39	48,592
Bartow	3	12,345	15	158,437	13	32,199	20	25,892
Bibb	0	0	3	6,644	0	0	9	12,926
Butts	0	0	8	95,637	1	40,279	9	3,796
Carroll	9	20,887	14	60,219	9	49,378	26	78,150
Chatham	0	0	1	303	1	36,872	4	20,905
Chattooga	0	0	1	3,227	1	20,919	0	0
Cherokee	45	684,229	184	631,150	102	413,231	368	486,508
Clarke	1	14,962	3	917	7	12,974	7	3,815
Clayton	9	290,757	47	201,825	37	313,671	141	247,789
Cobb	95	945,493	327	773,118	289	1,946,534	1,110	2,107,879
Colquitt	0	0	0	0	0	0	2	94
Columbia	0	0	1	178	0	0	0	0
Cook	3	16,500	0	0	0	0	0	0
Coweta	1	9,977	11	41,397	10	68,932	23	21,521
Dawson	2	30,974	12	6,379	10	83,614	15	16,748
Decatur	0	0	0	0	0	0	1	1,994
DeKalb	157	2,654,128	543	1,499,095	354	3,812,660	1,651	2,637,236
Dougherty	0	0	0	0	0	0	5	8,232
Douglas	15	259,020	71	261,799	44	378,864	128	156,053
Early	0	0	0	0	1	17,826	1	2,434
Effingham	0	0	0	0	1	382	0	0
Fannin	1	44	2	14,771	0	0	1	5,899
Fayette	2	71,100	4	15,942	6	9,343	49	124,726
Florida	3	3,845	10	37,681	14	209,590	61	99,717
Floyd	0	0	2	9,264	2	55,244	5	9,781
Forsyth	37	1,169,984	89	263,857	74	423,272	296	315,527
Franklin	0	0	1	1,116	1	26,469	1	1,013

Fulton	207	3,012,602	983	2,639,995	489	4,395,631	6,783	6,195,706
Gilmer	5	304,007	6	25,179	5	6,868	17	26,687
Glynn	0	0	0	0	0	0	5	7,388
Gordon	0	0	4	4,048	1	10,721	11	17,428
Greene	1	992	3	633	0	0	1	1,956
Gwinnett	141	1,423,996	524	1,513,997	405	2,608,579	1,521	2,609,715
Habersham	1	6,893	2	571	3	86,105	6	15,327
Hall	6	19,982	34	16,035	36	461,896	153	178,684
Haralson	0	0	3	1,266	0	0	3	20,188
Hart	0	0	0	0	0	0	1	1,500
Heard	0	0	0	0	0	0	1	787
Henry	5	21,146	20	17,266	9	34,644	58	73,346
Jackson	1	1,155	1	2,211	4	30,442	8	10,074
Jasper	0	0	1	172	0	0	1	3,585
Lamar	0	0	3	21,388	0	0	0	0
Laurens	0	0	6	2,543	0	0	0	0
Lee	0	0	0	0	0	0	1	204
Lowndes	1	734	0	0	0	0	0	0
Lumpkin	10	64,474	0	0	2	936	8	4,925
Madison	0	0	0	0	0	0	2	22,381
Marion	0	0	1	10,095	0	0	0	0
McDuffie	0	0	0	0	0	0	1	270
Meriwether	0	0	0	0	2	4,378	2	6,777
Monroe	2	6,275	2	6,085	1	10,125	2	71,481
Morgan	0	0	1	1,571	0	0	0	0
Murray	2	0	0	0	0	0	3	2,137
Muscogee	0	0	0	0	0	0	12	16,286
Newton	2	28,674	3	551	5	37,916	30	56,329
North Carolina	1	13,020	4	2,396	8	103,285	33	113,082
Oconee	0	0	0	0	0	0	12	6,387
Oglethorpe	0	0	1	612	0	0	1	414
Other Out of State	17	191,420	25	75,994	39	706,159	221	437,494
Paulding	6	32,321	15	12,542	9	7,388	37	40,667
Pickens	1	1,739	4	19,329	11	133,550	38	51,011
Pike	0	0	5	8,194	1	4,963	6	2,941
Polk	0	0	0	0	3	1,846	14	26,002
Pulaski	0	0	1	568	0	0	0	0
Rabun	0	0	2	7,625	0	0	0	0
Richmond	2	564	4	791	1	490	15	4,485
Rockdale	2	35,935	9	25,501	12	106,769	40	98,782
Seminole	0	0	0	0	2	400	1	5,657
South Carolina	0	0	11	10,960	8	174,039	18	49,409
Spalding	0	0	1	228	5	69,614	3	4,930
Stephens	0	0	0	0	2	104,664	10	41,973

Sumter	0	0	0	0	0	0	1	1,108
Tennessee	0	0	8	19,608	9	11,729	24	43,290
Thomas	0	0	0	0	1	22,287	0	0
Toombs	0	0	0	0	0	0	1	1,425
Towns	0	0	0	0	0	0	2	11,887
Troup	0	0	1	368	0	0	9	5,598
Union	3	56,932	0	0	3	3,920	0	0
Walker	0	0	0	0	0	0	2	7,890
Walton	2	1,880	3	124	7	3,594	25	17,552
White	1	65,860	2	26,223	0	0	2	5,254
Total	811	11,541,042	3,063	8,601,677	2,086	17,244,237	13,194	16,871,508

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 Quattrocchi

Date: 9/14/2009

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: Deborah Mitcham

Date: 9/14/2009

Title: CFO

Comments: