



2009 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 2009 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 1/1/2009 To:12/31/2009

Please indicate your cost report year.

From: 10/01/2008 To:09/30/2009

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: 912-486-1500

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	203,626,134
Total Inpatient Admissions accounting for Inpatient Revenue	8,396
Outpatient Gross Patient Revenue	233,261,604
Total Outpatient Visits accounting for Outpatient Revenue	98,190
Medicare Contractual Adjustments	115,769,312
Medicaid Contractual Adjustments	32,554,822
Other Contractual Adjustments:	113,287,451
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	19,780,561
Uncompensated Indigent Care (net):	543,811
Uncompensated Charity Care (net):	22,051,158
Other Free Care:	0
Other Revenue/Gains:	590,101
Total Expenses:	67,357,289

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 2009? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2009?

12/08/2008

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.?

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.)?

na

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 2009? (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	144,657	8,849,344	8,994,001
Outpatient	399,154	13,201,814	13,600,968
Total	543,811	22,051,158	22,594,969

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	144,657	8,849,344	8,994,001
Outpatient	399,154	13,201,814	13,600,968
Total	543,811	22,051,158	22,594,969

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	0	0	1	4,888	6	9,955
Appling	0	0	0	0	0	0	11	3,824
Bacon	0	0	0	0	0	0	2	4,041
Baldwin	0	0	0	0	0	0	1	1,874
Barrow	0	0	0	0	0	0	21	3,464
Bartow	0	0	0	0	0	0	3	5,107
Ben Hill	0	0	0	0	1	2,857	5	709
Bibb	0	0	0	0	0	0	12	27,841
Brantley	0	0	0	0	1	5,140	1	3,427
Bryan	0	0	2	3,590	26	345,129	582	757,459
Bulloch	16	0	57	329,820	432	4,917,090	8,065	8,010,452
Burke	0	0	0	0	2	14,832	29	41,012
Camden	0	0	0	0	0	0	4	0
Candler	1	90,474	2	17,717	37	506,358	519	658,080
Carroll	0	0	0	0	0	0	8	13,532
Catoosa	0	0	0	0	0	0	1	331
Charlton	0	0	0	0	0	0	1	182
Chatham	0	0	0	0	4	29,499	126	160,777
Cherokee	0	0	0	0	1	19,658	0	0
Clarke	0	0	0	0	0	0	1	615
Clayton	0	0	0	0	0	0	12	6,815
Cobb	0	0	0	0	0	0	17	19,170
Coffee	0	0	0	0	0	0	2	4,682
Columbia	0	0	0	0	1	20,308	8	4,783
Coweta	0	0	0	0	0	0	2	1,065
Crawford	0	0	0	0	0	0	1	2,619
Dawson	0	0	0	0	0	0	1	650
DeKalb	0	0	0	0	1	16,499	28	32,588
Dodge	0	0	0	0	0	0	1	839
Dougherty	0	0	0	0	1	6,686	5	5,320
Douglas	0	0	0	0	0	0	1	35
Effingham	0	0	0	0	5	33,475	98	124,440

Emanuel	0	0	0	0	30	381,448	286	415,394
Evans	0	0	3	30,195	42	684,884	384	485,509
Fannin	0	0	0	0	0	0	1	1,541
Fayette	0	0	0	0	0	0	1	461
Florida	0	0	0	0	1	7,390	47	59,488
Forsyth	0	0	0	0	0	0	2	5,121
Fulton	0	0	0	0	1	-10,850	40	86,770
Glynn	0	0	1	5,816	0	0	7	6,850
Gordon	0	0	0	0	0	0	1	338
Gwinnett	0	0	0	0	0	0	16	22,022
Hall	0	0	0	0	0	0	3	1,063
Hart	0	0	0	0	0	0	1	3,626
Henry	0	0	0	0	1	5,799	7	4,010
Houston	0	0	0	0	0	0	7	27,268
Irwin	0	0	0	0	0	0	1	1,135
Jackson	0	0	0	0	0	0	1	4,426
Jasper	0	0	0	0	0	0	2	1,768
Jeff Davis	0	0	0	0	1	9,764	12	5,358
Jefferson	0	0	0	0	0	0	8	11,117
Jenkins	0	0	1	-10	11	87,231	253	263,655
Johnson	0	0	0	0	1	5,444	6	1,703
Jones	0	0	0	0	0	0	1	540
Lanier	0	0	0	0	0	0	1	649
Laurens	0	0	0	0	0	0	11	13,485
Liberty	0	0	0	0	1	11,545	29	39,259
Lincoln	0	0	0	0	0	0	4	6,833
Long	0	0	0	0	0	0	12	7,404
Lowndes	0	0	0	0	0	0	2	1,493
Macon	0	0	0	0	0	0	1	0
McDuffie	0	0	0	0	0	0	3	4,335
McIntosh	0	0	0	0	0	0	9	4,627
Meriwether	0	0	1	827	0	0	0	0
Monroe	0	0	0	0	0	0	1	349
Montgomery	0	0	0	0	1	40,913	7	6,142
Muscogee	0	0	0	0	0	0	6	23,433
Newton	0	0	0	0	0	0	6	-3,811
North Carolina	0	0	0	0	4	41,768	12	1,511
Oglethorpe	0	0	0	0	0	0	1	208
Other Out of State	0	0	0	0	1	6,625	95	126,838
Peach	0	0	0	0	0	0	2	3,924
Pickens	0	0	0	0	0	0	1	194
Pierce	0	0	0	0	0	0	3	5,403
Pulaski	0	0	0	0	0	0	2	1,775
Putnam	0	0	0	0	0	0	1	21,222

Richmond	0	0	1	-5	0	0	18	16,798
Rockdale	0	0	0	0	0	0	4	4,245
Screven	4	56,435	1	3,676	82	1,086,552	896	1,119,515
South Carolina	0	0	0	0	3	31,510	28	18,111
Stephens	0	0	0	0	0	0	2	854
Sumter	0	0	0	0	0	0	1	23
Talbot	0	0	0	0	0	0	1	1,827
Tattnall	0	0	3	2,484	23	378,133	246	294,702
Telfair	0	0	0	0	0	0	1	133
Tennessee	0	0	0	0	0	0	31	17,366
Thomas	0	0	0	0	0	0	2	1,502
Toombs	0	0	1	-13	7	137,795	66	107,496
Treutlen	0	0	0	0	1	10,446	7	14,364
Troup	0	0	0	0	0	0	2	899
Upson	0	0	0	0	0	0	2	1,449
Walker	0	0	0	0	0	0	1	155
Walton	0	0	0	0	0	0	4	1,849
Ware	0	0	0	0	1	-5,924	3	2,119
Washington	0	0	0	0	0	0	2	5,649
Wayne	0	0	1	5,057	2	14,200	12	11,413
Whitfield	0	0	0	0	0	0	3	1,221
Total	21	146,909	74	399,154	727	8,847,092	12,202	13,201,814

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 2009?
(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 2009.

Patient Category		SFY 2008	SFY2009	SFY2010
		7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	-225,493	769,304
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	10,787,559	11,336,339

3. Patients Served

Indicate the number of patients served by SFY.

SFY 2008	SFY2009	SFY2010
7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
0	3,379	9,645

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: 6/3/2015

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: Scott Whitmore

Date: 6/3/2015

Title: CFO

Comments: