



## 2009 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 2009 only.

***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 7/1/2008 To:6/30/2009

**Please indicate your cost report year.**

From: 07/01/2008 To:06/30/2009

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:** Linda Green

**Contact Title:** Director, Corporate 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	1,040,257,215
Total Inpatient Admissions accounting for Inpatient Revenue	26,183
Outpatient Gross Patient Revenue	902,320,712
Total Outpatient Visits accounting for Outpatient Revenue	354,465
Medicare Contractual Adjustments	606,553,553
Medicaid Contractual Adjustments	53,412,192
Other Contractual Adjustments:	622,329,007
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	-10,394,474
Uncompensated Indigent Care (net):	14,103,433
Uncompensated Charity Care (net):	38,309,018
Other Free Care:	0
Other Revenue/Gains:	34,439,730
Total Expenses:	576,177,181

### 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 2009? (Check box if yes.)

### 2. Effective Date

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

02/01/2009

### 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 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	8,329,365	25,516,050	33,845,415
Outpatient	5,774,068	12,792,968	18,567,036
<b>Total</b>	<b>14,103,433</b>	<b>38,309,018</b>	<b>52,412,451</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	8,329,365	25,516,050	33,845,415
Outpatient	5,774,068	12,792,968	18,567,036
<b>Total</b>	<b>14,103,433</b>	<b>38,309,018</b>	<b>52,412,451</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	5	94,243	18	36,479	7	139,231	38	60,401
Baldwin	3	12,696	4	156	0	0	4	13,629
Banks	0	0	0	0	1	28,692	4	16,043
Barrow	0	0	2	4,111	2	462	13	10,181
Bartow	4	3,844	12	184,931	4	522	19	65,338
Bibb	0	0	2	20,641	0	0	13	13,916
Bryan	2	1,281	1	785	0	0	0	0
Bulloch	0	0	0	0	0	0	1	656
Butts	1	1,029	11	3,846	2	53,493	9	16,697
Camden	0	0	0	0	0	0	1	858
Carroll	21	333,748	32	161,086	17	500,205	33	123,840
Chatham	1	35,619	3	24,780	3	22,757	3	710
Chattooga	1	1,073	2	1,529	0	0	2	618
Cherokee	15	134,372	40	54,305	31	859,823	112	283,452
Clarke	3	54,813	3	23,015	0	0	7	4,012
Clayton	50	308,985	132	197,231	47	592,224	187	297,663
Cobb	41	139,006	282	383,275	74	1,570,984	500	755,442
Coffee	0	0	0	0	1	23,036	0	0
Colquitt	0	0	3	72,918	0	0	3	1,726
Columbia	0	0	0	0	0	0	1	213
Coweta	31	779,492	48	177,856	52	1,360,561	73	236,137
Crawford	0	0	0	0	1	33,953	1	88
Crisp	0	0	0	0	0	0	1	1,400
Dade	0	0	0	0	0	0	2	588
Dawson	0	0	8	8,877	2	21,792	10	22,551
DeKalb	104	525,283	473	738,390	174	2,719,091	1,142	1,778,489
Dooly	0	0	0	0	0	0	5	83
Dougherty	0	0	5	47	2	145,570	4	2,185
Douglas	9	50,537	50	48,427	19	95,270	70	143,607
Emanuel	2	2,022	8	2,143	0	0	0	0
Evans	0	0	0	0	1	29,796	0	0
Fannin	8	171,432	8	29,392	10	429,173	7	14,636

Fayette	16	405,787	38	72,902	26	545,501	64	83,231
Florida	5	138,030	14	36,121	13	365,184	63	90,434
Floyd	0	0	7	70,903	1	42,750	8	38,347
Forsyth	7	38,031	20	39,148	11	250,692	25	104,682
Franklin	0	0	0	0	0	0	2	5,188
Fulton	271	2,526,115	1,282	2,101,681	519	8,142,969	3,663	5,954,651
Gilmer	9	126,306	13	67,316	9	550,558	18	80,513
Glynn	0	0	2	7,300	0	0	2	348
Gordon	2	19,344	5	278	3	127,274	2	3,058
Grady	0	0	0	0	0	0	1	586
Gwinnett	26	602,381	134	228,146	55	1,476,521	299	608,885
Habersham	0	0	0	0	0	0	1	2,511
Hall	5	4,376	8	17,710	8	230,299	17	26,956
Hancock	2	38,873	1	16,171	1	53,129	2	772
Haralson	0	0	0	0	5	56,626	11	60,734
Harris	0	0	0	0	0	0	4	19,587
Hart	0	0	0	0	0	0	3	276
Heard	2	56,158	0	0	11	69,091	0	0
Henry	32	168,502	111	86,842	28	420,417	84	140,164
Houston	0	0	0	0	0	0	8	8,759
Jackson	3	7,150	5	3,850	1	410	12	26,847
Jasper	2	43,300	4	3,672	7	169,426	5	43,564
Jenkins	0	0	0	0	0	0	1	890
Jones	0	0	0	0	0	0	1	67
Lamar	0	0	3	1,065	5	6,887	3	34
Laurens	0	0	4	3,721	0	0	2	1,120
Liberty	0	0	0	0	0	0	3	1,974
Lincoln	0	0	0	0	0	0	1	753
Lumpkin	2	1,177	4	3,828	0	0	3	13,977
Macon	0	0	0	0	0	0	3	1,006
Madison	0	0	2	1,631	4	34,574	0	0
Marion	0	0	1	195	0	0	0	0
Meriwether	4	194,236	7	14,037	5	139,481	12	92,213
Monroe	0	0	1	435	0	0	0	0
Morgan	0	0	2	7,740	1	73,784	5	1,380
Murray	0	0	1	1,455	2	70,888	0	0
Muscogee	0	0	4	478	1	3,908	17	21,590
Newton	9	35,595	30	47,912	14	232,789	22	37,978
North Carolina	1	18,087	7	24,799	8	184,745	25	83,717
Other Out of State	13	543,892	55	169,209	30	399,612	106	284,712
Paulding	13	165,380	44	88,083	29	841,793	34	259,517
Peach	0	0	1	201	0	0	0	0
Pickens	9	151,269	11	152,552	31	681,690	32	109,403
Pierce	0	0	0	0	0	0	1	224

Pike	0	0	3	1,724	1	593	2	26,284
Polk	0	0	8	79,382	4	120,828	4	9,393
Putnam	5	84,775	11	43,195	8	157,308	25	94,069
Rabun	0	0	0	0	2	1,877	0	0
Randolph	0	0	0	0	0	0	2	1,033
Richmond	0	0	0	0	1	1,045	7	4,368
Rockdale	8	251,627	42	22,953	4	27,525	20	20,862
Screven	0	0	0	0	0	0	1	768
South Carolina	2	22,397	2	5,622	1	9,035	25	32,228
Spalding	3	504	6	15,347	4	125,980	27	63,900
Stephens	0	0	2	1,414	0	0	2	1,868
Sumter	0	0	0	0	0	0	1	224
Talbot	0	0	0	0	1	37,933	2	28,273
Tennessee	2	2,596	9	50,703	1	42,722	43	167,911
Thomas	0	0	0	0	0	0	3	897
Tift	0	0	0	0	1	250	3	894
Toombs	0	0	0	0	0	0	1	9,060
Towns	0	0	2	6,169	1	44,553	3	32,432
Troup	3	25,084	5	21,350	5	114,636	4	9,188
Turner	0	0	0	0	0	0	2	692
Union	2	3,991	3	32,053	6	88,424	8	32,072
Upson	0	0	0	0	3	78,266	4	35,304
Walker	0	0	0	0	1	453	6	524
Walton	3	3,854	11	8,100	9	513,729	39	76,019
Ware	0	0	0	0	0	0	1	1,806
Warren	0	0	0	0	0	0	8	18,436
Washington	0	0	1	2,548	2	137,725	0	0
White	0	0	6	25,863	1	39,743	18	23,524
Whitfield	0	0	2	8,800	4	175,792	10	24,645
Worth	1	1,073	5	5,244	0	0	1	487
<b>Total</b>	<b>763</b>	<b>8,329,365</b>	<b>3,086</b>	<b>5,774,068</b>	<b>1,338</b>	<b>25,516,050</b>	<b>7,102</b>	<b>12,792,968</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 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	14,103,433	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	38,309,018	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 2008	SFY2009	SFY2010
7/1/07-6/30/08	7/1/08-6/30/09	7/1/09-6/30/10
0	12,289	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:** Les A. Donahue

**Date:** 8/4/2010

**Title:** President, 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 A. Arnold

**Date:** 8/4/2010

**Title:** VP, Chief Financial Officer

**Comments:**