



2010 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 2010 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2009 To:6/30/2010

Please indicate your cost report year.

From: 07/01/2009 To:06/30/2010

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	1,163,188,408
Total Inpatient Admissions accounting for Inpatient Revenue	28,239
Outpatient Gross Patient Revenue	941,735,092
Total Outpatient Visits accounting for Outpatient Revenue	358,023
Medicare Contractual Adjustments	690,805,365
Medicaid Contractual Adjustments	19,100,824
Other Contractual Adjustments:	669,702,823
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	28,021,513
Uncompensated Indigent Care (net):	18,787,906
Uncompensated Charity Care (net):	27,823,393
Other Free Care:	0
Other Revenue/Gains:	67,442,926
Total Expenses:	591,631,071

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 2010? (Check box if yes.)

2. Effective Date

What was the effective date of the policy or policies in effect during 2010?

07/01/2010

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 2010? (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	12,952,365	16,354,383	29,306,748
Outpatient	5,835,541	11,469,010	17,304,551
Total	18,787,906	27,823,393	46,611,299

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	12,952,365	16,354,383	29,306,748
Outpatient	5,835,541	11,469,010	17,304,551
Total	18,787,906	27,823,393	46,611,299

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
Atkinson	0	0	1	875	0	0	1	1,313
Baldwin	1	48,100	4	28,216	0	0	8	48,308
Barrow	1	536	4	4,870	1	135,815	8	21,806
Bartow	8	4,862	19	73,034	3	1,229	20	52,205
Ben Hill	0	0	0	0	0	0	5	11,710
Berrien	0	0	0	0	1	77,272	0	0
Bibb	2	1,081	6	9,329	2	3,023	10	24,449
Brantley	1	976	2	165	0	0	0	0
Brooks	0	0	0	0	0	0	1	37,419
Burke	0	0	0	0	0	0	1	1,035
Butts	2	1,079	14	6,681	1	1,296	5	12,777
Carroll	21	285,104	50	176,112	8	217,780	31	152,035
Catoosa	0	0	2	3,780	0	0	0	0
Chatham	0	0	1	14	3	77,693	3	1,856
Chattahoochee	0	0	1	14	0	0	0	0
Chattooga	1	1,101	4	18,985	0	0	1	1,662
Cherokee	17	167,441	30	52,605	19	299,426	57	83,163
Clarke	0	0	8	11,225	1	21,700	7	25,467
Clayton	61	414,924	182	163,351	49	501,990	243	295,567
Cobb	45	464,606	316	371,418	69	1,166,968	538	903,508
Coffee	0	0	5	1,073	0	0	2	307
Colquitt	0	0	0	0	0	0	5	4,115
Columbia	0	0	0	0	2	33,670	6	38,908
Coweta	30	1,094,187	43	181,991	32	708,954	74	137,029
Crawford	0	0	0	0	1	45,845	1	3,315
Dawson	2	70,707	2	16,507	1	1,069	4	23,029
DeKalb	130	640,090	573	580,748	139	1,337,060	951	1,108,053
Dodge	1	618	3	747	0	0	0	0
Dooly	0	0	0	0	1	554	4	1,576
Dougherty	0	0	3	838	0	0	0	0
Douglas	11	4,561	105	201,247	20	327,171	94	107,139
Elbert	0	0	1	268	0	0	0	0

Emanuel	0	0	3	479	0	0	1	129
Fannin	13	404,760	7	122,412	13	648,053	4	10,181
Fayette	27	842,396	48	123,102	27	887,617	55	108,086
Floyd	2	1,081	3	1,455	5	62,815	10	36,960
Forsyth	5	17,100	12	31,231	5	169,700	30	163,380
Franklin	1	1,069	5	2,955	0	0	3	2,096
Fulton	379	4,416,634	1,591	2,029,166	435	5,569,030	3,654	5,857,456
Gilmer	20	220,776	20	58,328	6	153,614	15	15,684
Glascocock	0	0	0	0	0	0	1	21
Glynn	0	0	0	0	0	0	4	3,431
Gordon	2	14,517	9	2,315	2	45,950	8	42,982
Greene	1	4,866	4	16,161	2	1,452	2	14,603
Gwinnett	24	318,694	146	155,441	36	603,496	295	612,733
Habersham	1	2,008	0	0	0	0	0	0
Hall	6	75,276	18	26,699	1	1,010	32	55,596
Hancock	5	2,522	2	1,764	2	800	1	11,923
Haralson	3	49,722	11	79,102	0	0	6	8,290
Harris	0	0	0	0	0	0	1	8,968
Hart	2	2,560	1	66	0	0	3	10,386
Heard	3	135,937	1	45	11	86,218	3	115,849
Henry	41	550,652	110	173,930	33	307,901	107	142,527
Houston	1	1,101	1	4,712	0	0	0	0
Jackson	1	943	6	12,661	1	68,241	3	2,424
Jasper	4	60,855	13	42,566	3	6,895	10	76,310
Jefferson	0	0	1	2,578	0	0	0	0
Johnson	0	0	3	18,476	0	0	1	1,506
Jones	1	1,069	1	68	1	156	2	182
Lamar	0	0	1	39,414	1	1,548	4	39,973
Laurens	0	0	0	0	0	0	2	746
Liberty	0	0	0	0	0	0	1	839
Lowndes	0	0	1	564	0	0	0	0
Lumpkin	2	13,460	5	3,644	0	0	5	1,410
Macon	1	901	2	2,131	0	0	0	0
Madison	2	15,956	0	0	0	0	1	407
Marion	0	0	0	0	0	0	1	2,315
Meriwether	5	3,563	5	2,282	5	11,711	3	960
Monroe	1	1,784	5	842	0	0	2	841
Montgomery	0	0	0	0	0	0	1	604
Morgan	1	2,833	1	1,377	1	80,785	7	17,349
Murray	0	0	0	0	0	0	1	1,919
Muscogee	0	0	9	82,677	2	65,341	20	126,820
Newton	9	75,037	30	95,127	11	340,119	18	64,949
Oconee	0	0	0	0	0	0	3	3,031
Oglethorpe	0	0	0	0	0	0	1	1,941

Other Out of State	22	489,454	69	106,009	28	751,630	120	196,630
Paulding	20	96,893	47	118,734	7	128,404	55	154,438
Peach	0	0	1	40	0	0	3	2,749
Pickens	26	1,213,668	27	141,147	18	435,560	46	152,425
Pike	0	0	3	6,595	0	0	6	3,426
Polk	2	3,767	6	1,392	2	20,193	4	17,432
Putnam	18	178,018	5	15,603	9	149,644	6	7,149
Rabun	1	3,002	1	6,073	0	0	1	372
Richmond	0	0	3	7,869	0	0	4	1,869
Rockdale	11	81,336	50	79,566	5	23,735	48	85,510
Screven	1	3,420	1	242	0	0	0	0
Spalding	11	42,283	23	71,020	11	60,696	30	40,278
Stephens	0	0	4	30,623	0	0	1	694
Sumter	0	0	1	1,111	0	0	0	0
Tattnall	0	0	1	198	0	0	0	0
Towns	0	0	0	0	4	145,972	1	5,648
Troup	2	22,514	3	242	6	207,034	6	23,481
Turner	0	0	0	0	1	594	1	305
Union	3	3,608	4	28,816	3	50,929	5	18,312
Upson	3	2,680	10	28,754	2	64,734	4	4,988
Walker	2	1,101	2	340	0	0	0	0
Walton	3	242,167	18	150,719	4	168,638	20	84,771
Washington	0	0	0	0	0	0	1	250
White	0	0	0	0	1	12,029	1	292
Whitfield	1	130,409	3	2,446	1	63,624	7	4,433
Wilkes	0	0	1	14	0	0	0	0
Worth	0	0	1	125	0	0	0	0
Total	1,023	12,952,365	3,738	5,835,541	1,058	16,354,383	6,771	11,469,010

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 2010?
(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 2010.

Patient Category		SFY 2010	SFY2010	SFY2012
		7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	14,103,433	18,787,906	10,102,055
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.	38,309,018	27,823,393	29,717,218
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 2010	SFY2010	SFY2012
7/1/09-6/30/10	7/1/10-6/30/11	7/1/11-6/30/12
12,289	12,590	12,179

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: 7/6/2011

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: 7/6/2011

Title: VP, Chief Financial Officer

Comments: