



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2011 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP510

Facility Name: Fairview Park Hospital

County: Laurens

Street Address: 200 Industrial Boulevard

City: Dublin

Zip: 31021

Mailing Address: PO Box 1408

Mailing City: Dublin

Mailing Zip: 31040

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2011 only.

Do not use a different report period.

Please indicate your hospital fiscal year.

From: 5/1/2010 To:4/30/2011

Please indicate your cost report year.

From: 05/01/2010 To:04/30/2011

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: Ted Short

Contact Title: Chief Financial Officer

Phone: 478-274-3103

Fax: 478-272-0211

E-mail: ted.short@hcahealthcare.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	197,499,728
Total Inpatient Admissions accounting for Inpatient Revenue	6,883
Outpatient Gross Patient Revenue	184,468,361
Total Outpatient Visits accounting for Outpatient Revenue	77,600
Medicare Contractual Adjustments	133,889,258
Medicaid Contractual Adjustments	56,732,898
Other Contractual Adjustments:	47,515,430
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	5,715,139
Uncompensated Indigent Care (net):	1,769,859
Uncompensated Charity Care (net):	21,424,454
Other Free Care:	16,008,266
Other Revenue/Gains:	1,125,690
Total Expenses:	56,124,966

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 2011? (Check box if yes.) ☒

2. Effective Date

What was the effective date of the policy or policies in effect during 2011?

09/01/2009

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.?

Patient Access Director

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 2011? (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	1,238,134	9,081,408	10,319,542
Outpatient	958,309	12,343,046	13,301,355
Total	2,196,443	21,424,454	23,620,897

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)	426,584
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	426,584

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	1,238,134	9,081,408	10,319,542
Outpatient	531,725	12,343,046	12,874,771
Total	1,769,859	21,424,454	23,194,313

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	0	0	7	12,055
Appling	0	0	0	0	1	1,082	6	16,851
Atkinson	0	0	0	0	0	0	1	832
Bacon	0	0	0	0	0	0	5	12,904
Baldwin	1	24,695	0	0	0	0	5	9,854
Bartow	0	0	0	0	0	0	6	21,073
Ben Hill	0	0	0	0	0	0	3	3,281
Bibb	0	0	2	4,686	0	0	15	36,000
Bleckley	0	0	2	3,062	0	0	22	44,518
Brooks	0	0	0	0	0	0	1	604
Bryan	0	0	0	0	0	0	4	6,561
Bulloch	0	0	0	0	0	0	2	2,331
Camden	0	0	0	0	0	0	2	5,698
Carroll	0	0	0	0	0	0	1	13,786
Catoosa	0	0	0	0	0	0	1	1,197
Charlton	0	0	0	0	0	0	1	1,689
Chatham	0	0	0	0	0	0	4	8,387
Clayton	1	38,869	0	0	0	0	1	872
Cobb	0	0	0	0	1	195	2	6,300
Coffee	3	166,242	1	1,378	1	7,929	6	19,230
Colquitt	0	0	0	0	0	0	1	3,320
Columbia	0	0	0	0	0	0	1	11,455
Cook	0	0	0	0	0	0	1	529
Coweta	0	0	0	0	0	0	2	809
Crisp	0	0	0	0	1	9,199	0	0
Decatur	0	0	0	0	0	0	1	2,560
DeKalb	0	0	1	5,457	0	0	0	0
Dodge	0	0	15	22,649	7	210,095	83	287,955
Dougherty	0	0	1	205	0	0	0	0
Douglas	0	0	0	0	0	0	1	1,568
Effingham	0	0	1	190	0	0	1	2,670
Emanuel	0	0	15	50,825	13	464,241	95	370,339

Evans	0	0	0	0	0	0	1	1,715
Fayette	0	0	0	0	0	0	1	853
Florida	0	0	0	0	1	53,841	18	41,735
Forsyth	0	0	0	0	0	0	1	200
Fulton	0	0	0	0	0	0	1	3,276
Glynn	0	0	0	0	0	0	4	12,960
Grady	0	0	0	0	0	0	1	893
Gwinnett	0	0	0	0	0	0	1	1,430
Hall	0	0	0	0	1	20,060	0	0
Hart	0	0	0	0	0	0	1	6,528
Henry	0	0	0	0	0	0	2	2,922
Houston	0	0	4	3,006	0	0	4	10,965
Irwin	0	0	0	0	0	0	2	1,630
Jackson	0	0	0	0	0	0	1	1,761
Jeff Davis	0	0	1	443	0	0	3	16,008
Jefferson	0	0	1	423	0	0	1	1,780
Johnson	28	888,018	141	432,309	22	523,268	229	744,749
Lamar	0	0	0	0	0	0	5	10,669
Laurens	3	33,311	500	314,226	245	6,795,551	3,269	8,972,884
Lee	0	0	0	0	0	0	3	4,659
Liberty	0	0	0	0	0	0	1	3,362
Lowndes	0	0	0	0	0	0	3	6,835
McDuffie	0	0	0	0	0	0	1	1,774
McIntosh	0	0	0	0	1	25,713	0	0
Monroe	0	0	0	0	0	0	1	4,259
Montgomery	0	0	41	21,454	1	49,595	24	98,335
North Carolina	0	0	0	0	0	0	4	7,857
Other Out of State	0	0	1	1,139	1	1,100	20	31,972
Peach	0	0	0	0	1	29,039	0	0
Pierce	0	0	0	0	0	0	1	1,405
Pulaski	0	0	0	0	1	14,568	9	21,550
Putnam	0	0	0	0	0	0	2	26,300
Richmond	0	0	0	0	0	0	2	1,790
Rockdale	0	0	1	522	0	0	0	0
Screven	0	0	0	0	0	0	1	2,297
South Carolina	0	0	0	0	0	0	6	20,860
Spalding	0	0	2	10,936	0	0	0	0
Sumter	0	0	0	0	0	0	1	21,960
Tattnall	0	0	0	0	0	0	2	6,341
Taylor	0	0	0	0	0	0	2	1,551
Telfair	3	86,999	56	48,286	7	165,903	54	181,495
Tennessee	0	0	0	0	0	0	5	18,913
Thomas	0	0	0	0	0	0	1	3,359
Tift	0	0	0	0	0	0	1	2,419

Toombs	0	0	6	1,547	3	46,089	41	176,213
Treutlen	0	0	28	12,455	10	249,090	142	345,344
Troup	0	0	0	0	0	0	1	1,155
Turner	0	0	0	0	0	0	1	805
Twiggs	0	0	1	205	4	120,410	55	135,984
Walton	0	0	0	0	1	1,132	1	598
Ware	0	0	0	0	0	0	1	1,321
Washington	0	0	7	12,482	6	176,978	68	196,598
Wayne	0	0	0	0	0	0	3	2,503
Wheeler	0	0	21	5,806	4	85,178	49	159,905
Wilcox	0	0	1	443	0	0	1	1,666
Wilkinson	0	0	6	4,175	2	31,152	48	113,475
Total	39	1,238,134	856	958,309	335	9,081,408	4,381	12,343,046

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 2011?
(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 2011.

Patient Category		SFY 2010 7/1/09-6/30/10	SFY2011 7/1/10-6/30/11	SFY2012 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.	0	0	433,521
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	117,629
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 7/1/09-6/30/10	SFY2011 7/1/10-6/30/11	SFY2012 7/1/11-6/30/12
0	0	16

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: Donald R. Avery

Date: 7/10/2012

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: Ted Short

Date: 7/10/2012

Title: Chief Financial Officer

Comments: