GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Contact Us for Survey Assistance

Health Planning Survey Instructions

- Cardiac Catheterization Services Survey
- Free-Standing Ambulatory Surgery Center Survey
- Open Heart Surgery Services Survey
- Home Health Survey
- Annual Nursing Home Questionnaire

Back to:

- Health Planning
- General Counsel Division
- Divisions
- DCH Home

Memorial Hospital of Bainbridge

2024 Hospital Financial Submission Confirmation

Thank you for submitting your 2024 Annual Hospital Questionnaire. The submission was completed on 07/24/2025.

Completed Survey

- 2024 Hospital Financial Survey

GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP539

Facility Name: Memorial Hospital of Bainbridge

County: Decatur

Street Address: 1500 EAST SHOTWELL STREET

City: BAINBRIDGE

Zip: 39819

Mailing Address: 1500 EAST SHOTWELL STREET

Mailing City: BAINBRIDGE

Mailing Zip: 39819

Medicaid Provider Number: 000001262A

Medicare Provider Number: 110132

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.
From: 4/1/2023 To:3/31/2024

Please indicate your cost report year.
From: 04/01/2023 To:03/31/2024

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.

3. Trauma Center Designation Change During the Report Period

Check the box to the right if your facility experienced a change in trauma center designation during the report period.
If your facility's trauma center designation changed, provide the date and type of change.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: KAY LIVINGSTON
Contact Title: CONTROLLER
Phone: 229-221-4170
Fax: 229-243-3303
E-mail: KAYL@MH-M.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	29,195,604
Total Inpatient Admissions accounting for Inpatient Revenue	1,204
Outpatient Gross Patient Revenue	107,526,016
Total Outpatient Visits accounting for Outpatient Revenue	48,739
Medicare Contractual Adjustments	41,051,006
Medicaid Contractual Adjustments	21,498,381
Other Contractual Adjustments:	22,566,367
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	4,723,701
Gross Indigent Care:	8,546,624
Gross Charity Care:	0
Uncompensated Indigent Care (net):	6,501,110
Uncompensated Charity Care (net):	0
Other Free Care:	299,147
Other Revenue/Gains:	7,531,649
Total Expenses:	36,760,779

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	255,601
Admin Discounts	43,546
Employee Discounts	0
	0
Total	**299,147**

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 2024? (Check box if yes.) ☑

2. Effective Date

What was the effective date of the policy or policies in effect during 2024?

03/01/2024

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.?

DAVID PAUGH, CFO

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.)?

200

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 2024? (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	1,706,958	0	1,706,958
Outpatient	6,839,666	0	6,839,666
Total	**8,546,624**	**0**	**8,546,624**

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	2,045,514
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	**2,045,514**

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	1,297,855	0	1,297,855
Outpatient	5,203,255	0	5,203,255
Total	**6,501,110**	**0**	**6,501,110**

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	20	45,531	0	0	0	0
Baker	0	0	8	14,610	0	0	0	0
Baldwin	0	0	1	1,590	0	0	0	0
Berrien	0	0	1	112	0	0	0	0
Bibb	0	0	3	6,357	0	0	0	0
Calhoun	0	0	4	1,783	0	0	0	0
Cherokee	0	0	1	2,891	0	0	0	0
Clarke	3	6,896	2	90	0	0	0	0
Colquitt	1	8,293	20	1,182	0	0	0	0
Decatur	1,172	1,366,825	39,010	5,433,011	0	0	0	0
DeKalb	0	0	5	13,007	0	0	0	0
Dougherty	0	0	8	6,458	0	0	0	0
Early	2	2,080	67	36,436	0	0	0	0
Emanuel	0	0	1	1,241	0	0	0	0
Florida	3	17,548	324	199,902	0	0	0	0
Fulton	0	0	3	3,641	0	0	0	0
Grady	4	101,064	89	120,098	0	0	0	0
Hall	0	0	1	1,530	0	0	0	0
Jeff Davis	0	0	1	1,100	0	0	0	0
Lowndes	0	0	6	7,523	0	0	0	0
Miller	3	10,366	183	217,783	0	0	0	0
Mitchell	7	86,425	126	198,122	0	0	0	0
Muscogee	0	0	2	1,848	0	0	0	0
North Carolina	0	0	6	7,648	0	0	0	0
Other Out of State	1	1,697	8,535	109,265	0	0	0	0
Pierce	0	0	1	2,178	0	0	0	0
Seminole	7	100,289	284	369,909	0	0	0	0
South Carolina	0	0	7	8,293	0	0	0	0
Spalding	0	0	1	90	0	0	0	0
Tennessee	1	5,475	1	735	0	0	0	0
Thomas	0	0	13	16,813	0	0	0	0
Troup	0	0	1	1,850	0	0	0	0

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 incaccurate 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:

Date: 7/23/2025

Title:

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:

Date: 7/23/2025

Title:

Comments:

2024 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
HOSP539- Memorial Hospital of Bainbridge

Section 1: Hospital Only Data from Hospital Financial Survey (HFS):										
		Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care								
HFS Source:	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part C, 1	Part E, 1	Part E, 1	Part C, 1		
	Gross Patient Charges	Medicare Contractual Adjs	Medicaid Contractual Adjs	Other Contractual Adjs	Hill Burton Obligations	Bad Debt	Gross Indigent Care (IP & OP)	Gross Charity Care (IP & OP)	Other Free Care	Total Deductions of All Types (Sum Col 2-9)	Net Patient Revenue (Col 1 - 10)
	1	2	3	4	5	6	7	8	9	10	11
Inpatient Gross Patient Revenue	29,195,604										
Outpatient Gross Patient Revenue	107,526,016										
Per Part C, 1. Financial Table		41,051,006	21,498,381	22,566,367	0	4,723,701			299,147		
Per Part E, 1. Indigent and Charity Care							8,546,624	0			
Totals per HFS	136,721,620	41,051,006	21,498,381	22,566,367	0	4,723,701	8,546,624	0	299,147	98,685,226	38,036,394
Section 2: Reconciling Items to Financial Statements:									(B)		(B)
Non-Hospital Services:											
> Professional Fees	4,004,223									2,639,927	
> Home Health Agency	0									0	
> SNF/NF Swing Bed Services	2,346,109									1,463,847	
> Nursing Home	4,994,203									-906,710	
> Hospice	0									0	
> Freestanding Ambulatory Surg. Centers	0									0	
> EMPLOYEED PHYSICIANS	17,092,603									13,383,979	
> ASSISTED LIVING	646,045									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Bad Debt (Expense per Financials) (A)										0	
Indigent Care Trust Fund Income										-2,587,334	
Other Reconciling Items:											
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
> N/A	0									0	
Total Reconciling Items	29,083,183									13,993,709	15,089,474
Total Per Form	165,804,803									112,678,935	53,125,868
Total Per Financial Statements	165,804,803										53,125,868
Unreconciled Difference (Must be Zero)	0										0

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.