



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2023 Hospital Financial Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP327**

**Facility Name:** Wellstar North Fulton Hospital

**County:** Fulton

**Street Address:** 3000 Hospital Boulevard

**City:** Roswell

**Zip:** 30076-9930

**Mailing Address:** 3000 Hospital Boulevard

**Mailing City:** Roswell

**Mailing Zip:** 30076-9930

**Medicaid Provider Number:** 000275976A

**Medicare Provider Number:** 110198

**2. Report Period**

Please report data for the hospital fiscal year ending during calendar year 2023 only.  
***Do not use a different report period.***

**Please indicate your hospital fiscal year.**

From: 7/1/2022 To:6/30/2023

**Please indicate your cost report year.**

From: 07/01/2022 To:06/30/2023

☐

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:** Ebenezer Erzuah

**Contact Title:** Executive Director - Reimbursement

**Phone:** 470-956-4981

**Fax:** 770-999-2489

**E-mail:** [ebenezer.erzuah@wellstar.org](mailto:ebenezer.erzuah@wellstar.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	947,464,380
Total Inpatient Admissions accounting for Inpatient Revenue	10,998
Outpatient Gross Patient Revenue	603,297,872
Total Outpatient Visits accounting for Outpatient Revenue	114,568
Medicare Contractual Adjustments	604,214,171
Medicaid Contractual Adjustments	107,075,526
Other Contractual Adjustments:	374,251,384
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	39,850,369
Gross Indigent Care:	58,495,994
Gross Charity Care:	48,599,679
Uncompensated Indigent Care (net):	58,495,994
Uncompensated Charity Care (net ):	48,599,679
Other Free Care:	17,608
Other Revenue/Gains:	2,729,525
Total Expenses:	278,058,454

### 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	17,608
Employee Discounts	0
	0
<b>Total</b>	<b>17,608</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 2023? (Check box if yes.) ☒

### 2. Effective Date

What was the effective date of the policy or policies in effect during 2023?

10/25/2022

### 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.?

**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.)?

300%

## **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 2023? (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	37,657,184	30,903,777	68,560,961
Outpatient	20,838,810	17,695,902	38,534,712
<b>Total</b>	<b>58,495,994</b>	<b>48,599,679</b>	<b>107,095,673</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	37,657,184	30,903,777	68,560,961
Outpatient	20,838,810	17,695,902	38,534,712
<b>Total</b>	<b>58,495,994</b>	<b>48,599,679</b>	<b>107,095,673</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
Appling	0	0	0	0	1	7,396	0	0
Baldwin	0	0	0	0	0	0	1	4,530
Barrow	2	164,605	2	10,052	2	226,942	25	63,641
Bartow	2	68,811	16	66,391	3	678,473	22	39,587
Ben Hill	0	0	0	0	0	0	1	6,512
Berrien	0	0	2	75,135	0	0	0	0
Bibb	0	0	4	12,971	1	105,799	4	6,558
Brantley	0	0	1	12,779	0	0	0	0
Bulloch	1	147,069	0	0	1	36,139	2	12,349
Butts	6	211,352	3	8,941	2	80,540	3	5,939
Carroll	0	0	7	17,999	2	274,858	8	44,402
Catoosa	0	0	2	5,449	0	0	0	0
Chatham	1	21,587	2	21,137	0	0	11	6,666
Chattooga	0	0	2	4,771	0	0	0	0
Cherokee	79	3,014,354	250	1,246,101	20	1,467,859	302	877,983
Clarke	1	204,095	1	2,558	0	0	2	3,752
Clayton	11	553,652	56	228,873	2	743,215	17	109,765
Cobb	65	1,440,073	473	2,056,325	15	635,621	381	1,264,965
Colquitt	0	0	1	3,111	0	0	0	0
Columbia	0	0	3	2,100	0	0	1	3,097
Coweta	1	321,298	5	18,754	0	0	2	419
Crisp	0	0	0	0	0	0	4	4,901
Dawson	1	49,671	12	19,326	2	97,069	13	24,343
DeKalb	19	1,357,778	205	794,314	18	808,952	231	853,449
Dougherty	1	84,026	2	32,097	0	0	0	0
Douglas	4	172,864	37	277,405	2	278,225	17	45,875
Elbert	0	0	0	0	0	0	1	15,071
Fannin	1	15,640	0	0	0	0	1	338
Fayette	2	175,236	12	94,038	0	0	5	17,509
Floyd	0	0	6	13,585	0	0	2	114
Forsyth	6	429,382	94	502,189	31	2,255,422	236	717,883
Franklin	0	0	0	0	0	0	2	4,053

Fulton	696	22,113,091	3,250	13,202,335	338	15,014,290	3,357	10,645,318
Gilmer	2	26,318	3	7,008	2	45,194	9	9,923
Glynn	0	0	1	5,594	0	0	0	0
Gordon	0	0	2	6,918	0	0	2	2,122
Greene	0	0	1	2,419	0	0	0	0
Gwinnett	25	3,764,477	228	821,605	46	4,854,602	364	1,375,213
Habersham	0	0	1	1,692	0	0	2	4,074
Hall	3	261,290	23	64,149	0	0	32	146,607
Hancock	0	0	2	2,522	0	0	1	5,163
Haralson	1	25,117	0	0	0	0	1	3,132
Harris	1	15,241	1	471	0	0	1	5,297
Hart	0	0	1	5,397	0	0	0	0
Heard	0	0	2	2,214	0	0	0	0
Henry	4	30,241	21	65,708	2	46,353	21	73,070
Houston	0	0	2	10,941	1	956,254	3	13,742
Jackson	1	474,260	6	56,427	0	0	4	992
Jasper	0	0	1	1,986	0	0	0	0
Jefferson	0	0	0	0	0	0	1	31,764
Lamar	1	15,299	1	195	0	0	0	0
Liberty	0	0	1	1,732	0	0	0	0
Lowndes	0	0	0	0	0	0	3	23,224
Lumpkin	1	14,568	7	79,998	1	16,622	9	7,299
Madison	0	0	1	689	0	0	0	0
McDuffie	1	63,353	0	0	0	0	0	0
Meriwether	0	0	1	802	1	1,480	0	0
Monroe	1	84,584	0	0	0	0	2	525
Murray	0	0	1	2,332	0	0	1	3,883
Muscogee	0	0	1	2,882	0	0	1	2,938
Newton	2	17,549	4	24,221	3	344,544	11	66,843
Oconee	0	0	1	4,486	0	0	0	0
Oglethorpe	0	0	1	4,177	0	0	0	0
Other Out of State	10	391,969	150	584,539	12	814,610	234	820,061
Paulding	3	310,084	37	98,065	3	244,801	14	39,252
Peach	2	494,478	1	235	0	0	2	6,931
Pickens	0	0	5	39,938	2	82,987	14	41,822
Pike	1	285,499	1	4,508	1	1,675	0	0
Polk	0	0	1	424	0	0	2	3,942
Putnam	0	0	0	0	0	0	4	17,713
Rabun	0	0	1	373	0	0	2	4
Richmond	0	0	3	2,039	1	60,065	5	29,267
Rockdale	2	60,700	12	38,994	0	0	2	4,887
Spalding	10	684,086	11	58,187	7	527,623	4	182
Stephens	0	0	0	0	0	0	1	13
Sumter	0	0	0	0	1	27,917	0	0

Thomas	0	0	0	0	0	0	2	171
Tift	0	0	1	676	0	0	1	1,217
Towns	0	0	0	0	0	0	1	12
Troup	1	80,438	6	38,083	0	0	1	8,232
Union	0	0	0	0	0	0	2	1
Upson	0	0	1	774	1	768	3	1,239
Walker	0	0	0	0	0	0	1	5,302
Walton	1	13,049	6	59,202	1	131,216	10	42,239
Ware	0	0	0	0	0	0	3	13,999
Washington	0	0	0	0	0	0	3	737
White	0	0	1	132	1	36,266	6	102,036
Whitfield	0	0	2	4,476	0	0	3	1,813
Wilkes	0	0	1	2,864	0	0	0	0
<b>Total</b>	<b>972</b>	<b>37,657,184</b>	<b>5,002</b>	<b>20,838,810</b>	<b>526</b>	<b>30,903,777</b>	<b>5,439</b>	<b>17,695,902</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 2023?  
(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 2023.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	8,309,610	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	0	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.

SFY2022 7/1/21-6/30/22	SFY2023 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	11,939	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:** Candice Saunders

**Date:** 7/19/2024

**Title:** President and 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:** Joe Reppert

**Date:** 7/19/2024

**Title:** Interim CFO

**Comments:**

Wellstar makes all reasonable efforts to ensure that the maximum income level for a patient to be considered for charity under its policy (expressed as percentage of the federal poverty guidelines) is 300%.