GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

# Part A: General Information

**UID: HOSP706**

## 1. Identifcication

Facility Name:

Emory University Hospital

County:

DeKalb

Street Address:

1364 Clifton Road, NE

City:

Atlanta

Zip:

30322

Mailing Address:

1364 Clifton Road, NE

Mailing City:

Atlanta

Mailing Zip:

30322

Medicaid Provider Number:

0000712

Medicare Provider Number:

110010

## 3. Report Period

**Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). Do not use a different report period**

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:

Patty Pharo

Contact Title:

Senior Financial Accounting Analyst

Phone:

404-544-9702

Fax:

404-727-2606

Email:

patty.pharo@emoryhealthcare.org

# Part C: Ownership, Operation, and Management

## 1. Ownership, Operation and Management

**As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.**

## A. Facility Owner

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/1922

## B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

## C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

**Effective Date**

mm/dd/yyyy

## D. Operator's Parent Organization

**Full Legal Name (Or Not Applicable)**

Not Applicable

**Organization Type**

Not Applicable

**Effective Date**

mm/dd/yyyy

## E. Management Contractor

**Full Legal Name (Or Not Applicable)**

Emory Healthcare, Inc.

**Organization Type**

Not For Profit

**Effective Date**

01/01/1997

## F. Management's Parent Organization

**Full Legal Name (Or Not Applicable)**

Emory University

**Organization Type**

Not For Profit

**Effective Date**

01/01/1922

## 2. Changes in Ownership, Operation or Management

**Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the report period**

**If you checked the box for yes, please explain in the box below and include effective dates**

## 3.

Check the box to the right if your facility is part of a health care system ☑

Name

Emory Healthcare

City

Atlanta

State

GA

## 4.

Check the box to the right if your hospital is a division or subsidiary of a holding company ☐

Name

City

State

## 5.

Check the box to the right if the hospital itself operates subsidiary corporations ☐

Name

City

State

## 6.

Check the box to the right if your hospital is a member of an alliance ☑

Name

Vizient

City

Irving

State

TX

## 7.

Check the box to the right if your hospital is a participant in a health care network ☑

Name

Emory Healthcare

City

Atlanta

State

GA

## 8. Peer Review Process Related to Medical Errors

Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors ☑

## 9. Primary Care Physician Group Practice

Check the box to the right if the hospital owns or operates a primary care physician group practice ☐

## 10a. Managed Care Information: Formal Written Contract

**Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)**

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

## 10b. Manage Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer

| Type of Insurance Product | Hospital | Health Care System | Network | Joint Venture with Insurer |
|---|---|---|---|---|
| Health Maintenance Organization | ☐ | ☐ | ☐ | ☐ |
| Preferred Provider Organization | ☐ | ☐ | ☐ | ☐ |
| Indemnity Fee-for-Service Plan | ☐ | ☐ | ☐ | ☐ |
| Another Insurance Product Not Listed Above | ☐ | ☐ | ☐ | ☐ |

## 11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

# Part D: Inpatient Services

## 1. Utilization of Beds as Set Up and Staffed(SUS)

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

| Category | SUS Beds | Admissions | Inpatient Days | Discharges | Discharge Days |
|---|---|---|---|---|---|
| Obstetrics (no GYN, include LDRP) | 0 | 0 | 0 | 0 | 0 |
| Pediatrics (Non ICU) | 0 | 0 | 0 | 0 | 0 |
| Pediatric ICU | 0 | 0 | 0 | 0 | 0 |
| Gynecology (No OB) | 0 | 0 | 0 | 0 | 0 |
| General Medicine | 0 | 0 | 0 | 0 | 0 |
| General Surgery | 0 | 0 | 0 | 0 | 0 |
| Medical/Surgical | 468 | 18,158 | 128,383 | 24,163 | 191,485 |
| Intensive Care | 153 | 8,059 | 82,477 | 2,055 | 22,944 |
| Psychiatry | 0 | 0 | 0 | 0 | 0 |
| Substance Abuse | 0 | 0 | 0 | 0 | 0 |
| Adult Physical Rehabilitation (18 & Up) | 1 | 1 | 14 | 1 | 14 |
| Pediatric Physical Rehabilitation (0-17) | 0 | 0 | 0 | 0 | 0 |
| Burn Care | 0 | 0 | 0 | 0 | 0 |
| Swing Bed (Include All Utilization) | 0 | 0 | 0 | 0 | 0 |
| Long Term Care Hospital (LTCH) | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Total | 622 | 26,218 | 210,874 | 26,219 | 214,443 |

| Category | SUS Beds | Admissions | Inpatient Days | Discharges | Discharge Days |
|---|---|---|---|---|---|
| **Intensive Care Totals** | 153 | 8,059 | 82,477 | 2,055 | 22,944 |
| **Rehab Totals** | 1 | 1 | 14 | 1 | 14 |

## 2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

| Race/Ethnicity | Admissions | Inpatient Days |
|---|---|---|
| American Indian/Alaska Native | 27 | 280 |
| Asian | 848 | 6,191 |
| Black/African American | 12,138 | 102,144 |
| Hispanic/Latino | 1,397 | 10,864 |
| Pacific Islander/Hawaiian | 32 | 268 |
| White | 10,815 | 82,536 |
| Multi-Racial | 961 | 8,591 |
| Total | 26,218 | 210,874 |

## 3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal

| Gender | Admissions | Inpatient Days |
|---|---|---|
| Male | 13,238 | 110,868 |
| Female | 12,980 | 100,006 |
| Total | 26,218 | 210,874 |

## 4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal

| Primary Payment Source | Admissions | Inpatient Days |
|---|---|---|
| Medicare | 13,246 | 105,459 |
| Medicaid | 1,695 | 15,557 |
| Peachare | 0 | 0 |
| Third-Party | 9,324 | 74,528 |
| Self-Pay | 1,208 | 9,067 |
| Other | 745 | 6,263 |
| Total | 26,218 | 210,874 |

## 5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

797

## 6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

| Service | Charge |
|---|---|
| Private Room Rate | 2,111 |
| Semi-Private Room Rate | 0 |
| Operating Room: Average Charge for the First Hour | 10,979 |
| Average Total Charge for an Inpatient Day | 17,997 |

# Part E: Emergency Department and Outpatient Services

## 1. Emergency Visits

Please report the number of emergency visits only

50,422

## 2. Inpatient Admissions from ER

Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY

12,502

## 3. Beds Available

Please report the number of beds available in ER as of the last day of the report period

44

## 4. Utilization by Specific type of ER bed or room for the report period

| Type of ER Bed or Room | Beds | Visits |
|---|---|---|
| Beds dedicated for Trauma | 0 | 0 |
| Beds or Rooms dedicated for Psychiatric /Substance Abuse cases | 2 | 1,403 |
| General Beds | 42 | 49,019 |
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |

## 5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department

1,101

## 6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital

666,603

## 7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period

6,785

## 8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

## 9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

3,691

## 10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

1,901

# Part F: Services and Facilities

## 1a. Services and Facilities

**Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)**

Site Codes
1 = In-House - Provided by the Hospital
2 = Contract - Provided by a contractor but onsite
3 = Not Applicable

Service Status Codes
1 = On-Going
2 = Newly Initiated
3 = Discontinued
4 = Not Applicable

| Services/Facilities | Site Code | Service Status |
|---|---|---|
| Podatric Services | 1 | 1 |
| Renal Dialysis | 1 | 1 |
| ESWL | 1 | 1 |
| Billiary Lithotropter | 1 | 1 |
| Kidney Transplants | 1 | 1 |
| Heart Transplants | 1 | 1 |
| Other-Organ/Tissues Transplants | 1 | 1 |
| Diagnostic X-Ray | 1 | 1 |
| Computerized Tomography Scanner (CTS) | 1 | 1 |
| Radioisotope, Diagnositic | 1 | 1 |
| Positron Emission Tomography (PET) | 1 | 1 |
| Radioisotope, Therapeutic | 1 | 1 |
| Magnetic Resonance Imaging (MRI) | 1 | 1 |
| Chemotherapy | 1 | 1 |
| Respiratory Therapy | 1 | 1 |
| Occupational Therapy | 1 | 1 |
| Physical Therapy | 1 | 1 |
| Speech Pathology Therapy | 1 | 1 |
| Gamma Ray Knife | 3 | 4 |
| Audiology Services | 2 | 1 |
| HIV/AIDS Diagnostic Treatment/Services | 1 | 1 |
| Ambulance Services | 3 | 4 |
| Hospice | 2 | 1 |
| Respite Care Services | 3 | 4 |
| Ultrasound/Medical Sonography | 1 | 1 |
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |

## 1b. Report Period Workload Totals

**Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines**

| Category | Total |
|---|---|
| Number of Podiatric Patients | 430 |
| Number of Dialysis Treatments | 14,016 |
| Number of ESWL Patients | 0 |
| Number of ESWL Procedures | 0 |
| Number of ESWL Units | 0 |
| Number of Biliary Lithotripter Procedures | 256 |
| Number of Biliary Lithotripter Units | 1 |
| Number of Kidney Transplants | 604 |
| Number of Heart Transplants | 74 |
| Number of Other-Organ/Tissues Treatments | 817 |
| Number of Diagnostic X-Ray Procedures | 163,911 |
| Number of CTS Units (machines) | 11 |
| Number of CTS Procedures | 83,844 |
| Number of Diagnostic Radioisotope Procedures | 2,679 |
| Number of PET Units (machines) | 3 |
| Number of PET Procedures | 3,056 |
| Number of Therapeautic Radioisotope Procedures | 135 |
| Number of Number of MRI Units | 13 |
| Number of Number of MRI Procedures | 37,039 |
| Number of Chemotherapy Treatments | 4,536 |
| Number of Respiratory Therapy Treatments | 410,337 |
| Number of Occupational Therapy Treatments | 44,619 |
| Number of Physical Therapy Treatments | 69,870 |
| Number of Speech Pathology Patients | 3,255 |
| Number of Gamma Ray Knife Procedures | 0 |
| Number of Gamma Ray Knife Units | 0 |
| Number of Audiology Patients | 0 |
| Number of HIV/AIDS Diagnostic Procedures | 52,185 |
| Number of HIV/AIDS Patients | 1,452 |
| Number of Ambulance Trips | 0 |
| Number of Hospice Patients | 433 |
| Number of Respite care Patients | 0 |
| Number of Ultrasound/Medical Sonography Units | 62 |

| | |
|---|---|
| Number of Ultrasound/Medical Sonography Procedures | 23,478 |
| Number of Treatments, Procedures, or Patients (Other 1) | 0 |
| Number of Treatments, Procedures, or Patients (Other 2) | 0 |
| Number of Treatments, Procedures, or Patients (Other 3) | 0 |

## 2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

104

## 3. Robotic Surgery System

# Units

5

# Procedures

1,507

Type of Unit(s)

DaVinci Dual Console Xi (4), Da Vinci Ion

# Part G: Facility Workforce Informaton

## 1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

| Profession | Budgeted FTEs | Vacant Budgeted FTEs | Contract/Temporary Staff FTEs |
|---|---|---|---|
| Licensed Physicians | 11 | 0 | 0 |
| Physician Assistants Only (not including Licensed Physicians) | 0 | 0 | 0 |
| Registered Nurses (RNs Advanced Practice*) | 1,920 | 263 | 30 |
| Licensed Practical Nurses (LPNs) | 32 | 1 | 0 |
| Pharmacists | 127 | 5 | 0 |
| Other Health Services Professionals* | 1,669 | 139 | 35 |
| Administration and Support | 151 | 3 | 0 |
| All Other Hospital Personnel (not included in above) | 874 | 53 | 68 |

## 2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

| Type of Vacancy | Average Time Need To Fill Vacancies |
|---|---|
| Physician's Assistants | Not Applicable |
| Registered Nurses (RNs-Advance Practice) | 61-90 Days |
| Licensed Practical Nurses (LPNs) | More than 90 Days |
| Pharmacists | 31-60 Days |
| Other Health Services Professionals | 61-90 Days |
| All Other Hospital Personnel (not included above) | 31-60 Days |

## 3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

| Race/Ethnicity | Number of Physicians |
|---|---|
| American Indian/Alaska Native | 6 |
| Asian | 636 |
| Black/African American | 229 |
| Hispanic/Latino | 145 |
| Pacific Islander/Hawaiian | 0 |
| White | 1,183 |
| Multi-Racial | 61 |
| Total | 2,260 |

## 4. Medical Staff

**Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan)**

| Medical Specialties | Number of Medical Staff | Check if Any are Hospital Based | Number Enrolled as Providers in Medicaid/PeachCare | Number Enrolled as Providers in PEHB Plan |
|---|---|---|---|---|
| General and Family Practice | 1 | ☐ | 0 | 0 |
| General Internal Medicine | 33 | ☐ | 0 | 0 |
| Pediatricians | 2 | ☐ | 0 | 0 |
| Other Medical Specialties | 730 | ☑ | 0 | 0 |

| Surgical Specialties | Number of Medical Staff | Check if Any are Hospital Based | Number Enrolled as Providers in Medicaid/PeachCare | Number Enrolled as Providers in PEHB Plan |
|---|---|---|---|---|
| Obstetrics | 61 | ☐ | 0 | 0 |
| Non-OB Physicians Providing OB Services | 0 | ☐ | 0 | 0 |
| Gynecology | 4 | ☐ | 0 | 0 |
| Ophthalmology Surgery | 54 | ☐ | 0 | 0 |
| Orthopedic Surgery | 38 | ☐ | 0 | 0 |
| Plastic Surgery | 12 | ☐ | 0 | 0 |
| General Surgery | 85 | ☐ | 0 | 0 |
| Thoracic Surgery | 35 | ☐ | 0 | 0 |
| Other Surgical Specialties | 108 | ☑ | 0 | 0 |

| Other Specialties | Number of Medical Staff | Check if Any are Hospital Based | Number Enrolled as Providers in Medicaid/PeachCare | Number Enrolled as Providers in PEHB Plan |
|---|---|---|---|---|
| Anesthesiology | 271 | ☑ | 0 | 0 |
| Dermatology | 23 | ☐ | 0 | 0 |
| Emergency Medicine | 178 | ☑ | 0 | 0 |
| Nuclear Medicine | 16 | ☑ | 0 | 0 |
| Pathology | 80 | ☑ | 0 | 0 |
| Psychiatry | 58 | ☐ | 0 | 0 |
| Radiology | 253 | ☑ | 0 | 0 |
| Hospitalists | 108 | ☑ | 0 | 0 |
| Radiation Oncology | 40 | ☑ | 0 | 0 |
| Cardiovascular Disease | 70 | ☐ | 0 | 0 |

## 5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

| Profession | Number |
|---|---|
| Dentists (include oral surgeions) with Admitting Privleges | 11 |
| Podiatrists | 0 |
| Certified Nurse Midwives with Clinical Privileges in the Hospital | 0 |
| All Other Staff Affiliates with Clinical Privileges in the Hospital | 1,303 |

## 5b. Name of Other Professions

**Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.**

Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetist

**Comments and Suggestions**

Part G; #4 Emory University Hospital and Emory University Orthopaedics & Spine Hospital share the same medical roster

# Part H: Physician Name and License Number

## 1. Physicians on Staff

**Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template**

| Full Name | License Number |
|---|---|
| Jan Cecelia Kennedy | 31046 |
| Jun Ma | 80485 |
| A. Ebrahim Haroon | 59733 |
| Aamir Pervez | 105538 |
| Aaron David Gluth | 72553 |
| Aaron David Weiss | 75706 |
| Aaron Martrice Anderson | 64323 |
| Aaron Trammell | 74118 |
| Aarti Sekhar | 66064 |
| Aashni Patel | 101179 |
| Abayomi Oyeniyi Oyenuga | 104624 |
| Abdelrahman Montaser Anter | 103769 |
| Abdulrahman Masrani | 94681 |
| Abdulwahab Mustafa Ahmed Ewaz | 76070 |
| Abesh Niroula | 83351 |
| Abhinav Goyal | 59648 |
| Abhineet Uppal | 93637 |
| Abid Fazal | 96261 |
| Abimbola Faloye | 69590 |
| Aboude Nowaylati | 92452 |
| Achraf Makki | 96990 |
| Adam Brett Greenbaum | 80063 |
| Adam Christopher Webb | 59348 |
| Adam Craig Gordon | 94593 |
| Adam David Robertson Rowh | 96713 |
| Adam Ezra Goldman-Yassen | 85635 |
| Adam Gregory de la Garza | 81784 |
| Adam Jackson Mitchell | 71825 |
| Adam James Michalak | 98778 |
| Adam Matthew Klein | 56121 |

| Full Name | License Number |
|---|---|
| Adam Whittier Bingaman | 46738 |
| Adam  Shaver | 93959 |
| Adeboye Oluwaseyi Osunkoya | 59301 |
| Adekemi Ngozi Akano | 103015 |
| Adekemi Omosalewa Egunsola | 98613 |
| Aderajew Amsalu Taddesse | 83410 |
| Adesuwa Ighodaro Akhetuamhen | 96797 |
| Adina Lynn Alazraki | 42988 |
| Adiseshu V Gundlapalli | 84117 |
| Adriana Patricia Hermida | 59074 |
| Adrienne G. Van Curen | 74792 |
| Adviteeya Narasimhan Dixit | 79833 |
| Agena Renee Davenport-Nicholson | 67408 |
| Agni  Chandora | 96989 |
| Ahmad Hameed Al-Hajj | 55389 |
| Ahmad Marwan Muneer Nassar | 104596 |
| Ahmed Basim Al-Khafaji | 96445 |
| Aida D. Risman | 95601 |
| Aine Marie Kelly | 83236 |
| Aishat Folaranmi Mustapha | (blank) |
| Ajay Kumar Nooka | 63380 |
| Ajay Reddy Kamireddi | 80029 |
| Ajay  Premkumar | 91707 |
| Ajay  Tadepalli | 78917 |
| Akanksha  Mehta | 70201 |
| Akhila Mohan Rajaram | 92375 |
| Akshay Sharad Bedmutha | 100734 |
| Alaina Renate Steck | 70437 |
| Albert  Losken | 46160 |
| Alejandro Humberto Sardi-Freitez | 76161 |
| Alejandro Luis Feria | 103601 |
| Alejandro  Chavarriaga | 90031 |

| Full Name | License Number |
|---|---|
| Aleksander William Krazinski | 95969 |
| Alex Jon Sommerfeld | 85095 |
| Alexa Marie Robbins | 99750 |
| Alexander Abbas Vakili | 100367 |
| Alexander D. Truong | 66094 |
| Alexander David Kosiak | 105522 |
| Alexander Diaz Bode | 99982 |
| Alexander Paul Isakov | 49236 |
| Alexander S Prewitt | 85847 |
| Alexander  Choi | 100184 |
| Alexander  Papangelou | 74272 |
| Alexandra Kay Monroe | 86030 |
| Alexandra Maria Tiliakos | 63141 |
| Alexandra Marie Arges | 85785 |
| Alexandra  Michalowski | 103497 |
| Alexandrea Hyunjee Kim | 105074 |
| Alexey  Babak | 102432 |
| Alexis  Boscak | 102072 |
| Alfreda  Miller-Coleman | 56143 |
| Ali John Zarrabi | 76730 |
| Ali  Abouzia | 109325 |
| Ali  Aneizi | 104386 |
| Ali  Kashkouli | 59439 |
| Alice M Chae | 103885 |
| Alicia Marie Bonanno | 95422 |
| Aline  Camargo | 93896 |
| Alisa Cherisse Horsford | 63242 |
| Alisha Sara Kramer | 95558 |
| Alison Folger Ward | 83452 |
| Alison Kyung-Hwa Lee | 105445 |
| Alison Michelle Gizinski | 77744 |
| Aliza  Machefsky | 86229 |

| Full Name | License Number |
|---|---|
| Allan Ira Levey | 34885 |
| Allen Dale Beck | 33525 |
| Allesyn Jamelle Young | 93289 |
| Allison J Hyatt | 92807 |
| Alton B Farris | 62499 |
| Alyson  Goodwin | 68938 |
| Alyssa  Krasinskas | 70172 |
| Amalia Alice Jonsson | 88504 |
| Amalia Anne Weir Aldredge | 84276 |
| Amanda Carroll Mihalik-Wenger | 99797 |
| Amanda Kaye Haan | 85348 |
| Amanda Lauren Dempsey | 74265 |
| Amara Grace Decker | 100470 |
| Amara Zulfiqar Fazal | 92626 |
| Amelia Ann Langston | 44952 |
| Amir Hossein Davarpanahfakhr | 77358 |
| Amisha Shirishkumar Mehta | 76261 |
| Amit Manohar Saindane | 60499 |
| Amit  Bhakta | 80902 |
| Amit  Jethanandani | 99966 |
| Amit  Prabhakar | 78694 |
| Amit  Surapaneni | 85267 |
| Amita  Kulshreshtha | 99027 |
| Amol Madan Takalkar | 85681 |
| Amy Diane Kuhmichel | DN013687 |
| Amy Josephine Zeidan | 82796 |
| Amy Kathleen Hutchinson | 36185 |
| Amy Lirong Yan | 100347 |
| Amy Xuan Ho | 102910 |
| Amy  Garvey | 99643 |
| Ana Gabriela Antun | 64766 |
| Anand B Joshi | 84295 |

| Full Name | License Number |
|---|---|
| Anand D Shah | 74096 |
| Anand Sagar Jain | 80740 |
| Anant  Mandawat | 79840 |
| Ananth  Vadde | 68959 |
| Anastasios Peter Costarides | 38716 |
| Andre L Scott | 51545 |
| Andre Lavar Holder | 71809 |
| Andre Romell Matthews | 61291 |
| Andrea Leah Crowell | 68497 |
| Andrea Maria Corujo Rodriguez | 80564 |
| Andrea Morrison Dabney | 66274 |
| Andrea Renee Dillard | 70087 |
| Andres Anibal Rodriguez Ruiz | 72103 |
| Andres Mauricio Patino | 80010 |
| Andres Wei-Chiao Su | 83546 |
| Andres  Chang | 85560 |
| Andrew Butler Scot Muir | 52079 |
| Andrew C Smith | 103684 |
| Andrew Carl Furman | 36158 |
| Andrew D Rhim | 104024 |
| Andrew Fredrick Fischer | 91523 |
| Andrew Hebb Miller | 38873 |
| Andrew Hill Milby | 76442 |
| Andrew Isaac Geller | 67300 |
| Andrew Jay Patterson | 82076 |
| Andrew Lee Smith | 35765 |
| Andrew McLeod Pendley | 67585 |
| Andrew Michael Hendrick | 68026 |
| Andrew Robert Murphy | 102766 |
| Andrew Ward Elson | 95675 |
| Andrew  Lupo | 95114 |
| Andrew  Yu | 95567 |

| Full Name | License Number |
|---|---|
| Anee Sophia Jackson | 96960 |
| Anees Quyyumi | 50669 |
| Aneesh Kautilya Mehta | 60220 |
| Angel Rodrigo Leon | 30129 |
| Angela Suzette Camfield | 62104 |
| Anika Backster | 67893 |
| Anita Beheruz Sethna | 64268 |
| Anita S Deshpande | 93161 |
| Anjan Bhattacharyya | 87130 |
| Anju Anna Oommen | 66386 |
| Ankit Ajay Bhargava | 89804 |
| Ankit D Patel | 60960 |
| Ankit Agrawal | 80283 |
| Ankita Agarwal | 86482 |
| Ankita Satpute | 102498 |
| Ankita Tirath | 99639 |
| Ann Catherine Schwartz | 44350 |
| Anna Austin Von | 65623 |
| Anna Irene Holbrook | 65678 |
| Anna Jade Hartzog | 91732 |
| Anna Kathryn Deal | 80049 |
| Anna Maria McCrate | 80501 |
| Anna Mariah Kirsch | 80458 |
| Anna Quay Yaffee | 70797 |
| Anna Rebecca Cruz | 76807 |
| Anna Valentinovna Trofimova | 87940 |
| Anna Woodbury | 67188 |
| Anne Elisa Cossu | 92183 |
| Anne Elizabeth Gill | 73532 |
| Anne L Piantadosi | 83776 |
| Anne Marie Lips | 95774 |
| Anne Marie McKenzie-Brown | 31979 |

| Full Name | License Number |
|---|---|
| Anne Marie Van Beuningen | 88043 |
| Annelys  Roque Gardner | 88672 |
| Annemarie  Cardell | 97699 |
| Annette Marie Esper | 54776 |
| Annie  Massart | 70486 |
| Annie  Yao | 72593 |
| Antasia  Giebler | 83676 |
| Anthony Brian Law | 86538 |
| Anthony M Brausch | (blank) |
| Anthony Michael Hunter | 85106 |

*Only use commas to separate values*

# Part I: Patient Origin Table

## 1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

**Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template.The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.**

| County | Inpat | Surg | OB | P18+ | P13-17 | P0-12 | S18+ | S13-17 | E18+ | E13-17 | E0-12 | LTCH | Rehab |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alaban | 519 | 75 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Applin | 14 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Atkinsc | 9 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bacon | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Baker | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Baldwi | 87 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Banks | 23 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Barrow | 160 | 42 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bartow | 180 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ben Hil | 43 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Berrien | 36 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bibb | 328 | 71 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleckle | 31 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brantle | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brooks | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bryan | 10 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bulloch | 27 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Burke | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Butts | 104 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Calhou | 12 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Camde | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Candle | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carroll | 384 | 82 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Catoos | 27 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Charltc | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chatha | 97 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chattal | 20 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chatto | 19 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cherok | 343 | 81 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clarke | 101 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clay | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Claytor | 897 | 188 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinch | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cobb | 969 | 325 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Coffee | 50 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Colquit | 43 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Columl | 45 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cook | 37 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cowet | 239 | 70 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crawfo | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crisp | 32 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dade | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawso | 40 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Decatu | 21 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DeKalb | 7,530 | 1,619 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dodge | 37 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dooly | 38 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dough | 167 | 38 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dougl | 329 | 90 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Early | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Echols | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Effingh | 26 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elbert | 32 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Emanu | 17 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Evans | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fannin | 30 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fayette | 209 | 82 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Florida | 172 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Floyd | 130 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Forsyth | 181 | 61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Frankli | 39 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fulton | 3,170 | 968 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fulton | 5,170 | 968 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gilmer | 24 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Glasco | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Glynn | 29 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gordor | 93 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grady | 20 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Greene | 42 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gwinne | 1,993 | 527 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Habers | 63 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hall | 279 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hancoc | 20 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haralsc | 75 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Harris | 98 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hart | 34 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Heard | 26 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Henry | 904 | 253 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Houstc | 412 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Irwin | 17 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jackso | 164 | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jasper | 48 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jeff Da | 13 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jefferso | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jenkins | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Johnso | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jones | 17 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lamar | 39 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lanier | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lauren | 59 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lee | 38 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Liberty | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lincoln | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Long | 7 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lownd | 91 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lumpk | 36 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Macon | 30 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madisc | 17 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Marion | 19 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| McDuf | 17 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| McInto | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Meriwe | 51 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Miller | 7 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mitche | 31 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Monro | 48 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Montg | 17 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morga | 47 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Murray | 51 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Musco | 361 | 65 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newto | 354 | 63 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| North ( | 143 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oconee | 25 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other ( | 260 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ogleth | 11 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pauldir | 163 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Peach | 104 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Picken | 42 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pierce | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pike | 60 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Polk | 78 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pulaski | 28 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Putnan | 44 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Quitma | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rabun | 24 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Randol | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Richmc | 94 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rockda | 365 | 83 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Schley | 16 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Screver | 5 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Seminc | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spaldir | 164 | 52 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South ( | 174 | 42 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stephe | 38 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stewar | 12 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sumter | 58 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tennes | 112 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talbot | 18 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Taliafer | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tattnall | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Taylor | 20 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Telfair | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Terrell | 25 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thoma | 46 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tift | 138 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Toomb | 30 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Towns | 19 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Treutle | 7 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Troup | 126 | 38 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Turner | 27 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Twiggs | 17 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Union | 33 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Upson | 69 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walker | 35 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walton | 357 | 83 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ware | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Warren | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Washir | 22 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Wayne | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Webste | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wheele | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White | 36 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Whitfie | 117 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilcox | 19 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilkes | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilkins | 23 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Worth | 39 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **26,218** | **6,164** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

# Surgical Services Addendum

## 1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

| Room Type | Dedicated Inpatient Rooms | Dedicated Outpatient Rooms | Shared Rooms | Total |
|---|---|---|---|---|
| General Operating | 0 | 0 | 33 | 33 |
| Cystoscopy (OR Suite) | 0 | 0 | 1 | 1 |
| Endoscopy (OR Suite) | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 34 | 34 |

## 2. Procedures by Type of Room

Please report the number of procedures by type of room.

| Room Type | Dedicated Inpatient Rooms | Dedicated Outpatient Rooms | Shared Inpatient Rooms | Shared Outpatient Rooms | Total |
|---|---|---|---|---|---|
| General Operating | 0 | 0 | 5,959 | 5,786 | 11,745 |
| Cystoscopy | 0 | 0 | 67 | 378 | 445 |
| Endoscopy | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 6,026 | 6,164 | 12,190 |

## 3. Patients by Type of Room

Please report the number of patients by type of room.

| Room Type | Dedicated Inpatient Rooms | Dedicated Outpatient Rooms | Shared Inpatient Rooms | Shared Outpatient Rooms | Total |
|---|---|---|---|---|---|
| General Operating | 0 | 0 | 5,959 | 5,786 | 11,745 |
| Cystoscopy | 0 | 0 | 67 | 378 | 445 |
| Endoscopy | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 6,026 | 6,164 | 12,190 |

# Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

## 1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

| Race/Ethnicity | Number of Ambulatory Patients |
|---|---|
| American Indian/Alaska Native | 12 |
| Asian | 200 |
| Black/African American | 2,440 |
| Hispanic/Latino | 338 |
| Pacific Islander/Hawaiian | 9 |
| White | 3,070 |
| Multi-Racial | 95 |
| Total | 6,164 |

## 2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

| Age of Patient | Number of Ambulatory Patients |
|---|---|
| Ages 0-14 | 1 |
| Ages 15-64 | 3,746 |
| Ages 65-74 | 1,418 |
| Ages 75-85 | 853 |
| Ages 85 and Up | 146 |
| Total | 6,164 |

## 3. Gender

Please report the total number of ambulatory patients by age gender.

| Gender | Number of Ambulatory Patients |
|---|---|
| Male | 2,692 |
| Female | 3,472 |
| Total | 6,164 |

## 4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

| Primary Payment Source | Number of Ambulatory Patients |
|---|---|
| Medicare | 2,724 |
| Medicaid | 330 |
| Third-Party | 3,032 |
| Self-Pay | 78 |
| Total | 6,164 |

# Psychiatric/Substance Abuse Services Addendum

## Part A: Psychiatric and Substance Abuse Data by Program

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

| Patient Type | Distribution of CON-Authorized Beds | Set-Up and Staffed Beds |
|---|---|---|
| A- General Acute Psychiatric Adults 18 and over | 0 | 0 |
| B- General Acute Psychiatric Adolescents 13-17 | 0 | 0 |
| C- General Acute Psychiatric Children 12 and under | 0 | 0 |
| D- Acute Substance Abuse Adults 18 and over | 0 | 0 |
| E- Acute Substance Abuse Adolescents 13-17 | 0 | 0 |
| F- Extended Care Adults 18 and over | 0 | 0 |
| G- Extended Care Adolescents 13-17 | 0 | 0 |
| H- Extended Care Adolescents 0-12 | 0 | 0 |
| | 0 | 0 |

## 2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

| Program Type | Admissions | Inpatient Days | Discharges | Discharge Days | Average Charge Per Patient Day | Check if the Program is JCAHO Accredited |
|---|---|---|---|---|---|---|
| General Acute Psychiatric Adults 18 and over | 0 | 0 | 0 | 0 | 0 | ☐ |
| General Acute Psychiatric Adolescents 13-17 | 0 | 0 | 0 | 0 | 0 | ☐ |
| General Acute Psychiatric Children 12 and Under | 0 | 0 | 0 | 0 | 0 | ☐ |
| Acute Substance Abuse Adults 18 and over | 0 | 0 | 0 | 0 | 0 | ☐ |
| Acute Substance Abuse Adolescents 13-17 | 0 | 0 | 0 | 0 | 0 | ☐ |
| Extended Care Adults 18 and over | 0 | 0 | 0 | 0 | 0 | ☐ |
| Extended Care Adolescents 13-17 | 0 | 0 | 0 | 0 | 0 | ☐ |
| Extended Care Adolescents 0-12 | 0 | 0 | 0 | 0 | 0 | ☐ |

## Part B: Psychiatric and Substance Abuse Utilization by Race/Ethnicity, Gender, and Payment Source

### 1. Race/Ethnicity

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

| Race/Ethnicity | Admissions | Inpatient Days |
|---|---|---|
| American Indian/Alaska Native | 0 | 0 |
| Asian | 0 | 0 |
| Black/African American | 0 | 0 |
| Hispanic/Latino | 0 | 0 |
| Pacific Islander/Hawaiian | 0 | 0 |
| White | 0 | 0 |
| Multi-Racial | 0 | 0 |
| Total | 0 | 0 |

### 2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications

| Gender of Patient | Number of Admissions | Inpatient Days |
|---|---|---|
| Male | 0 | 0 |
| Female | 0 | 0 |
| Total | 0 | 0 |

| Total Psych Admissions from Patient Origin Table |
|---|
| 0 |

## 3. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

| Primary Payment Source | Number of Patients | Inpatient Days |
|---|---|---|
| Medicare | 0 | 0 |
| Medicaid | 0 | 0 |
| Third-Party | 0 | 0 |
| Self-Pay | 0 | 0 |
| PeachCare | 0 | 0 |

# Georgia Minority Health Advisory Council Addendum

**Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:**

Do you have paid medical interpreters on staff? (Check the box, if yes) ☑

If you checked yes, how many? (FTEs)

3.0

What languages do they most often interpret?

Spanish

**When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)**

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☑

Telephone interpreter service ☑

Other ☑

Please describe

Video Remote Interpretation agency (iPad); We provide an Agency Interpreter coordinated by us; Over the phone interpretation

Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.):

| Top 3 most common non-English languages spoken by your patients | Percent of patients for whom this is their preferred language | # of physicians on staff who speak this language | # of nurses on staff who speak this language | # of other employed staff who speak this language |
|---|---|---|---|---|
| Spanish | 0 | 0 | 0 | 0 |
| Vietnamese | 0 | 0 | 0 | 0 |
| Korean | 0 | 0 | 0 | 0 |

**What training have you provided to your staff to assure cultural competency and the provision of Culturally and Linguistically Appropriate Services (CLAS) to your patients?**

Interpreter Staff Training - All interpreter staff are required to be qualified medical interpreters and must complete a minimum of 40 hours of medical interpreter training. Interpreters receive onboarding and ongoing professional development focused on medical terminology, ethics and standards of practice, patient confidentiality, and effective communication in clinical settings.

**What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?**

As demand for language services continues to increase across our hospitals and clinics, additional interpreter staffing and expanded access to interpretation modalities are essential. This includes in-person interpreters as well as ensuring staff have access to the appropriate video and phone interpretation equipment.

**In what languages are the signs written that direct patients within your facility?**

**Language One:**

English

**Language Two:**

Some in Spanish

**Language Three:**

**Language Four:**

**If an unisured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)**

**If you checked yes, what is the name and location of that health care center or clinic?**

Grady Walk-In Center, 56 Jesse Hill Jr Dr SE, Atlanta, GA 30303;  Good Samaritan Clinic, 1015 Donald Lee Hollowell Pkwy. NW, Atlanta, GA 30318

# Comprehensive Inpatient Physical Rehabilitation Addendum

## 1. Admissions and Days of Care by Race

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

| Race/Ethnicity | Admissions | Inpatient Days |
|---|---|---|
| American Indian/Alaska Native | 0 | 0 |
| Asian | 0 | 0 |
| Black/African American | 0 | 0 |
| Hispanic/Latino | 0 | 0 |
| Pacific Islander/Hawaiian | 0 | 0 |
| White | 1 | 14 |
| Multi-Racial | 0 | 0 |
| Total | 1 | 14 |

## 2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

| Gender of Patient | Number of Admissions | Inpatient Days |
|---|---|---|
| Male | 1 | 14 |
| Female | 0 | 0 |
| Total | 1 | 14 |

## 3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort

| Age Cohort | Number of Admissions | Inpatient Days |
|---|---|---|
| 0-17 | 0 | 0 |
| 18-64 | 1 | 14 |
| 65-84 | 0 | 0 |
| 85 Up | 0 | 0 |
| Total | 1 | 14 |

# Part B: Referral Source

## 1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

| Referral Source | Admissions |
|---|---|
| Acute Care Hospital/General Hospital | 1 |
| Long Term Care Hospital | 0 |
| Skilled Nursing Facility | 0 |
| Traumatic Brain Injury Facility | 0 |
| | 0 |
| Total | 1 |

## Part C: Payers

### 1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

| Primary Payment Source | Admissions |
|---|---|
| Medicare | 0 |
| Third-Party/Commercial | 0 |
| Self-Pay | 1 |
| Other | 0 |
| Total | 1 |

### 2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

1

## Part D: Admissions by Diagnosis Code

### 1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

| Diagnosis | Admissions |
|---|---|
| 1 Stroke | 1 |
| 2 Brain Injury | 0 |
| 3 Amputation | 0 |
| 4 Spinal Cord | 0 |
| 5 Fracture of the femur | 0 |
| 6 Neurological disorders | 0 |
| 7 Multiple Trauma | 0 |
| 8 Congenital deformity | 0 |
| 9 Burns | 0 |
| 10 Osteoarthritis | 0 |
| 11 Rheumatoid arthritis | 0 |
| 12 Systemic vasculidities | 0 |
| 13 Joint replacement | 0 |
| All Other | 0 |
| Total | 1 |

## Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

**1.**

If yes please list each nurse below: 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. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Aaron,Courtney An | 1364 Clifton Road N | 13 months | Georgia | No | 12/9/2024 |
| Abdi,Nimo Moham | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Abdulai,Abisola Ayo | 1364 Clifton Road N | 5 months | Georgia | No | 8/11/2025 |
| Abdullahi,Susan An | 1364 Clifton Road N | 20 months | Georgia | No | 4/28/2024 |
| Aboagye,Theresa B | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Abosi,Emma Jane Ir | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Abraham,Raissa Cla | 1364 Clifton Road N | 19 months | Georgia | No | 6/17/2024 |
| Abreha,Yohana Hag | 1364 Clifton Road N | 8 months | Georgia | No | 4/21/2025 |
| Abreu,Briana Alexza | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Acosta,Michael | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Acosta,Philip Peter | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Adams,Asana Chey | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Adams,Lynn Matyje | 1364 Clifton Road N | 24 months | Georgia | No | 1/22/2024 |
| Adegbesan,Elizabet | 1364 Clifton Road N | 3 months | Georgia | No | 10/6/2025 |
| Adkins,Nadia Imari | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |
| Agbidi,Kwadjovi Se | 1364 Clifton Road N | 10 months | Georgia | No | 3/16/2025 |
| Agosin,Isabella Ferr | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Ahmed,Afsana Priya | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Ahmed,Faiza Jamal | 1364 Clifton Road N | 42 months | Georgia | No | 7/24/2022 |
| Ajayi,Sibusiso Jean | 1364 Clifton Road N | 3 months | Georgia | No | 9/28/2025 |
| Akbas,Sule | 1364 Clifton Road N | 6 months | Georgia | No | 7/7/2025 |
| Akhtar,Dipali | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Akinla,Olufunmilola | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Akinsinmide,Esther | 1364 Clifton Road N | 4 months | Georgia | No | 9/15/2025 |
| Akintoye,Bayonle A | 1364 Clifton Road N | 39 months | Georgia | No | 10/30/2022 |
| Akude,Azyka Sophi | 1364 Clifton Road N | 15 months | Georgia | No | 10/21/2024 |
| Alabi,Eyitayo A | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Alarcon,Jennifer Lea | 1364 Clifton Road N | 6 months | Georgia | No | 7/6/2025 |
| Albert,Nicole Denis | 1364 Clifton Road N | 33 months | Georgia | No | 4/3/2023 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Albritton,Helen See | 1364 Clifton Road N | 40 months | Georgia | No | 9/4/2022 |
| Alexander,Deborrah | 1364 Clifton Road N | 10 months | Georgia | No | 3/2/2025 |
| Alexander,Michelle | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Alford,Koya Na'on | 1364 Clifton Road N | 39 months | Georgia | No | 10/30/2022 |
| Ali,Zakiya Nasreen | 1364 Clifton Road N | 23 months | Georgia | No | 2/5/2024 |
| Alias,Cini | 1364 Clifton Road N | 4 months | Georgia | No | 9/14/2025 |
| Allen,Derek Eugene | 1364 Clifton Road N | 4 months | Georgia | No | 9/14/2025 |
| Allen,Racquel Celes | 1364 Clifton Road N | 10 months | Georgia | No | 3/10/2025 |
| Allen,Victoria Elaine | 1364 Clifton Road N | 2 months | Georgia | No | 10/20/2025 |
| Allison,Wanda S | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Alves,Shianne Niche | 1364 Clifton Road N | 4 months | Georgia | No | 8/25/2025 |
| Amartey,Victoria Ar | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Amon,Gabriella Luc | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Amsterdam,Chere L | 1364 Clifton Road N | 13 months | Georgia | No | 12/2/2024 |
| Anda,William Weyc | 1364 Clifton Road N | 9 months | Georgia | No | 3/31/2025 |
| Anderson,Benjamin | 1364 Clifton Road N | 3 months | Georgia | No | 9/22/2025 |
| Anderson,Diamond | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Anderson,Hollie | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Anderson,Howard C | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Anderson,Melissa R | 1364 Clifton Road N | 42 months | Georgia | No | 7/24/2022 |
| Anderson,Shikeyla I | 1364 Clifton Road N | 3 months | Georgia | No | 9/28/2025 |
| Anderson,Tia Monic | 1364 Clifton Road N | 5 months | Georgia | No | 7/28/2025 |
| Andrews,Jancy | 1364 Clifton Road N | 30 months | Georgia | No | 7/10/2023 |
| Andrews,Kayla Nicc | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Andrews,Taylor Mor | 1364 Clifton Road N | 3 months | Georgia | No | 10/12/2025 |
| Ankomah,Victoria C | 1364 Clifton Road N | 3 months | Georgia | No | 10/12/2025 |
| Anzeumafack,Naom | 1364 Clifton Road N | 17 months | Georgia | No | 8/4/2024 |
| Arefin,Shereena Lak | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Armada,Mary Joy S | 1364 Clifton Road N | 5 months | Georgia | No | 7/21/2025 |
| Armand,Julia | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Armstrong,Jordan M | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Arnold,Anique | 1364 Clifton Road N | 7 months | Georgia | No | 6/8/2025 |
| Arnold,Tanesheia Si | 1364 Clifton Road N | 5 months | Georgia | No | 7/28/2025 |
| Ash,Atriphinique Ap | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Asis,Alyssa Nicole | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Askins,Tamalyn Jane | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Assam,Logan Tyler | 1364 Clifton Road N | 28 months | Georgia | No | 9/3/2023 |
| Assefa,Alem Messel | 1364 Clifton Road N | 6 months | Georgia | No | 7/7/2025 |
| Athanassiades,Kath | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Atkinson,Quovonne | 1364 Clifton Road N | 42 months | Georgia | No | 7/24/2022 |
| Aurelus,Maureen M | 1364 Clifton Road N | 6 months | Georgia | No | 7/6/2025 |
| Austin,Julia Otto | 1364 Clifton Road N | 5 months | Georgia | No | 8/4/2025 |
| Austin,Sheila | 1364 Clifton Road N | 20 months | Georgia | No | 4/28/2024 |
| Ayala,Destiny Salcic | 1364 Clifton Road N | 17 months | Georgia | No | 8/4/2024 |
| Ayers,Jennifer L | 1364 Clifton Road N | 50 months | Georgia | No | 12/6/2021 |
| Babatunde,Aishat C | 1364 Clifton Road N | 26 months | Georgia | No | 11/26/2023 |
| Badgett,Michelle M | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Bah,Aminata | 1364 Clifton Road N | 14 months | Georgia | No | 10/27/2024 |
| Bah,Boubacar | 1364 Clifton Road N | 6 months | Georgia | No | 7/6/2025 |
| Baker,Brandy Nicole | 1364 Clifton Road N | 2 months | Georgia | No | 10/26/2025 |
| Bakhiet,Omer Mukh | 1364 Clifton Road N | 7 months | Georgia | No | 6/8/2025 |
| Bamidele,Adebanke | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Bananao,Vernaliza K | 1364 Clifton Road N | 1 month | Georgia | No | 11/17/2025 |
| Banjoh,Modupe Olu | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Banks,Courtney Jad | 1364 Clifton Road N | 16 months | Georgia | No | 9/16/2024 |
| Barber,Christopher | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Barikos,Krista Leigh | 1364 Clifton Road N | 8 months | Georgia | No | 4/21/2025 |
| Barker,Adam M. | 1364 Clifton Road N | 19 months | Georgia | No | 6/24/2024 |
| Barnes,DiAsia Ange | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Barnett,Lindsey Nic | 1364 Clifton Road N | 37 months | Georgia | No | 12/5/2022 |
| Barocas,Sophie Gra | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Baron,Eric Mitchel | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Barrett,Justina Lyne | 1364 Clifton Road N | 15 months | Georgia | No | 9/29/2024 |
| Barrett,Lisa Michelle | 1364 Clifton Road N | 11 months | Georgia | No | 2/2/2025 |
| Barrett,Turpin W. | 1364 Clifton Road N | 49 months | Georgia | No | 1/3/2022 |
| Barry,Sean | 1364 Clifton Road N | 3 months | Georgia | No | 10/12/2025 |
| Bass,Jesse Troy | 1364 Clifton Road N | 29 months | Georgia | No | 8/14/2023 |
| Bather,Dionne Rose | 1364 Clifton Road N | 14 months | Georgia | No | 10/27/2024 |
| Beatty,Elizabeth Nic | 1364 Clifton Road N | 8 months | Georgia | No | 4/27/2025 |
| Beauchamp,Samant | 1364 Clifton Road N | 8 months | Georgia | No | 4/27/2025 |
| Belizaire,Sheika | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |
| Bell,Niesha | 1364 Clifton Road N | 18 months | Georgia | No | 7/7/2024 |
| Bellon,Rebekah Lea | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Bennett,Monique A | 1364 Clifton Road N | 23 months | Georgia | No | 2/12/2024 |
| Bergeaud,Laeticia J | 1364 Clifton Road N | 15 months | Georgia | No | 10/13/2024 |
| Bernard,Steevensor | 1364 Clifton Road N | 5 months | Georgia | No | 7/28/2025 |
| Bernardin,Livenie D | 1364 Clifton Road N | 14 months | Georgia | No | 10/28/2024 |
| Berrocal,Jasmine D | 1364 Clifton Road N | 20 months | Georgia | No | 5/6/2024 |
| Berry,Kayla Nikole | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Bibbo,Yuliya Bolesla | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Biggs-Cassidy,Danie | 1364 Clifton Road N | 5 months | Georgia | No | 7/28/2025 |
| Binger,Olivia Lavon | 1364 Clifton Road N | 8 months | Georgia | No | 5/11/2025 |
| Birara,Meseret Abte | 1364 Clifton Road N | 3 months | Georgia | No | 10/12/2025 |
| Black,Kendra Marcia | 1364 Clifton Road N | 3 months | Georgia | No | 9/28/2025 |
| Blake,Jennifer Marie | 1364 Clifton Road N | 27 months | Georgia | No | 10/16/2023 |
| Blakemore,Jesse Gu | 1364 Clifton Road N | 26 months | Georgia | No | 11/6/2023 |
| Blanco,Kayla Janiva | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |
| Blanding,Germira Ta | 1364 Clifton Road N | 15 months | Georgia | No | 9/29/2024 |
| Blessitt,Ashley Deni | 1364 Clifton Road N | 24 months | Georgia | No | 1/8/2024 |
| Bogale,Meklit Amde | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Bohannon,Jennifer | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Bohrer,Isaac James | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Boland,Kimberly Ga | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Bolden,Kendalyn Ar | 1364 Clifton Road N | 16 months | Georgia | No | 9/9/2024 |
| Bonhomme,Ashley | 1364 Clifton Road N | 12 months | Georgia | No | 1/5/2025 |
| Boone,Brooke Denr | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Borders,Summer Ra | 1364 Clifton Road N | 1 month | Georgia | No | 11/23/2025 |
| Boswell,Davis Bracy | 1364 Clifton Road N | 6 months | Georgia | No | 7/6/2025 |
| Boucard,Betsy Carr | 1364 Clifton Road N | 5 months | Georgia | No | 8/17/2025 |
| Bourgeois,John And | 1364 Clifton Road N | 22 months | Georgia | No | 3/17/2024 |
| Bowen,Virginia A. | 1364 Clifton Road N | 39 months | Georgia | No | 10/30/2022 |
| Bowers,Kendra Ren | 1364 Clifton Road N | 7 months | Georgia | No | 6/8/2025 |
| Bowers,Natalia | 1364 Clifton Road N | 15 months | Georgia | No | 10/18/2024 |
| Boyd,Thai Alexandr | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Boynton,Alliyah Nic | 1364 Clifton Road N | 38 months | Georgia | No | 11/13/2022 |
| Bradley,Alexandria | 1364 Clifton Road N | 11 months | Georgia | No | 2/16/2025 |
| Braxton,Anna Marie | 1364 Clifton Road N | 8 months | Georgia | No | 5/12/2025 |
| Bridger,Naomi | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Bridgers,Isabella Ro | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Britton,Anna Claire | 1364 Clifton Road N | 2 months | Georgia | No | 10/20/2025 |
| Brooks,Lily Caroline | 1364 Clifton Road N | 20 months | Georgia | No | 4/28/2024 |
| Brown,Angela Yvett | 1364 Clifton Road N | 20 months | Georgia | No | 5/12/2024 |
| Brown,Derek C | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |
| Brown,Jaleesa Ta-Ju | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Brown,JaQueda N | 1364 Clifton Road N | 5 months | Georgia | No | 8/17/2025 |
| Brown,Kenesha Tam | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Brown,Kenijah | 1364 Clifton Road N | 7 months | Georgia | No | 5/27/2025 |
| Brown,Kevonna Dor | 1364 Clifton Road N | 21 months | Georgia | No | 3/31/2024 |
| Brown,Kylie Frances | 1364 Clifton Road N | 5 months | Georgia | No | 8/18/2025 |
| Brown,Myeshia Sha | 1364 Clifton Road N | 8 months | Georgia | No | 5/19/2025 |
| Brown,Sanaija Tyne | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Brown,Shannon | 1364 Clifton Road N | 2 months | Georgia | No | 11/9/2025 |
| Brown,Sierra Danae | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Brown,Terica Bianca | 1364 Clifton Road N | 5 months | Georgia | No | 8/4/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Browning,Jordan Al | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Brown-Walters,Nicc | 1364 Clifton Road N | 15 months | Georgia | No | 9/23/2024 |
| Bryan,Justin Edward | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Bryan,Marcus Dway | 1364 Clifton Road N | 1 month | Georgia | No | 11/17/2025 |
| Bryant,Daija Vashaw | 1364 Clifton Road N | 5 months | Georgia | No | 7/28/2025 |
| Buchanan,Lauren M | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Buchanan,Tushana | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Buffa,Kylie Ashlyn | 1364 Clifton Road N | 3 months | Georgia | No | 10/12/2025 |
| Burke,Lauren Nicole | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Burke,Tasharia Adio | 1364 Clifton Road N | 14 months | Georgia | No | 10/27/2024 |
| Burkes,Tameka D | 1364 Clifton Road N | 41 months | Georgia | No | 8/21/2022 |
| Burnett,Niaressia La | 1364 Clifton Road N | 3 months | Georgia | No | 9/28/2025 |
| Burney,Jaila Alexis | 1364 Clifton Road N | 28 months | Georgia | No | 9/3/2023 |
| Burton,Morgan Eliz | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Burtton,Tonecesa C | 1364 Clifton Road N | 114 months | Georgia | No | 8/15/2016 |
| Bussenius,Abrielle V | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Butts,Antoinette Jill | 1364 Clifton Road N | 6 months | Georgia | No | 6/22/2025 |
| Cacayorin,Jeremy R | 1364 Clifton Road N | 6 months | Georgia | No | 7/7/2025 |
| Cain,Mary Margaret | 1364 Clifton Road N | 16 months | Georgia | No | 9/1/2024 |
| Calloway,Janelle | 1364 Clifton Road N | 42 months | Georgia | No | 7/18/2022 |
| Callwood,Lorraine L | 1364 Clifton Road N | 22 months | Georgia | No | 3/3/2024 |
| Cameus,Eline | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Campbell,Allison Le | 1364 Clifton Road N | 5 months | Georgia | No | 8/18/2025 |
| Campbell,LaWanda | 1364 Clifton Road N | 20 months | Georgia | No | 4/28/2024 |
| Camposano,Christo | 1364 Clifton Road N | 25 months | Georgia | No | 12/18/2023 |
| Camp-Woods III,Jar | 1364 Clifton Road N | 3 months | Georgia | No | 10/6/2025 |
| Cannon,Sakelya Na | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Cantave,Kathleen | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Carballido,Blanca P | 1364 Clifton Road N | 36 months | Georgia | No | 1/9/2023 |
| Cariaga,Sarah Galla | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Carr,Raymond Dalt | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Carroll,Claudia Eliza | 1364 Clifton Road N | 5 months | Georgia | No | 7/21/2025 |
| Carson,Erin Brynn | 1364 Clifton Road N | 3 months | Georgia | No | 9/22/2025 |
| Carson,Morgan Ros | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Carswell Kelly,Natas | 1364 Clifton Road N | 4 months | Georgia | No | 8/31/2025 |
| Carter,Patrisha Jene | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Carter-Jasper,Stacy | 1364 Clifton Road N | 15 months | Georgia | No | 9/29/2024 |
| Case,Megan Lynn | 1364 Clifton Road N | 78 months | Georgia | No | 8/11/2019 |
| Case,Robert J | 1364 Clifton Road N | 3 months | Georgia | No | 9/28/2025 |
| Casey,Sarah Grace | 1364 Clifton Road N | 71 months | Georgia | No | 3/8/2020 |
| Cassagnol,Cheneal | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Cesare,Laurah Irmin | 1364 Clifton Road N | 20 months | Georgia | No | 5/6/2024 |
| Chambliss,Sydney N | 1364 Clifton Road N | 5 months | Georgia | No | 8/3/2025 |
| Chapman,James An | 1364 Clifton Road N | 45 months | Georgia | No | 4/17/2022 |
| Charley,Evelyn Jee Y | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |
| Chastney,Erin Elizab | 1364 Clifton Road N | 64 months | Georgia | No | 10/4/2020 |
| Chellani,Bhageshree | 1364 Clifton Road N | 9 months | Georgia | No | 3/30/2025 |

*Only use commas to separate values*

**Example Entry:** Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

*Note: This is an example and there is no unit requirement for Duration*

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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

**Authorized Signature**

Angel Leon, MD

**Date**

04/01/2026

**Title**

Chief Operating Officer, EUH

**Comments**