GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP706

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: 000000712A

Medicare Provider Number: 11-0010

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: 9/1/2023 To:8/31/2024

Please indicate your cost report year. ☐
From: 09/01/2023 To:08/31/2024

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: Richard Algood

Contact Title: Corporate Director - Reimbursement

Phone: 404-727-6018

Fax: 404-727-7359

E-mail: richard.algood@emory.edu

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	3,130,945,700
Total Inpatient Admissions accounting for Inpatient Revenue	24,503
Outpatient Gross Patient Revenue	1,702,570,139
Total Outpatient Visits accounting for Outpatient Revenue	626,130
Medicare Contractual Adjustments	1,598,622,839
Medicaid Contractual Adjustments	226,755,630
Other Contractual Adjustments:	1,183,392,231
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	105,246,739
Gross Indigent Care:	67,212,463
Gross Charity Care:	92,265,778
Uncompensated Indigent Care (net):	67,212,463
Uncompensated Charity Care (net):	92,265,778
Other Free Care:	4,305,113
Other Revenue/Gains:	16,763,143
Total Expenses:	1,332,825,456

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	4,305,113
Employee Discounts	0
	0
Total	**4,305,113**

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?

01/03/2023

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.?

Corporate Director, Revenue Cycle

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.)?

225%

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	55,112,241	76,036,573	131,148,814
Outpatient	12,100,222	16,229,205	28,329,427
Total	**67,212,463**	**92,265,778**	**159,478,241**

2. Sources of Indigent and Charity Care Funding

Please indicate the source of funding for indigent and/or charity care in the table below.

Source of Funding	Amount
Home County	0
Other Counties	0
City Or Cities	0
Hospital Authority	0
State Programs And Any Other State Funds (Do Not Include Indigent Care Trust Funds)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**0**

3. Net Uncompensated Indigent and Charity Care Charges

Total net indigent care must balance to Part C net indigent care and total net charity care must balance to Part C net charity care.

Patient Type	Indigent Care	Charity Care	Total
Inpatient	55,112,241	76,036,573	131,148,814
Outpatient	12,100,222	16,229,205	28,329,427
Total	**67,212,463**	**92,265,778**	**159,478,241**

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	2	1,634	5	963	0	0	2	4,355
Atkinson	0	0	5	19,468	1	89,685	1	2,263
Bacon	0	0	0	0	1	21,785	0	0
Baker	0	0	1	160	0	0	0	0
Baldwin	3	6,570	22	20,757	2	14,141	6	5,376
Banks	0	0	19	1,700	0	0	7	944
Barrow	4	4,105	43	77,622	13	601,506	45	35,988
Bartow	1	28,265	52	84,711	5	45,807	37	53,532
Ben Hill	4	346,689	11	5,928	1	60,991	0	0
Berrien	4	138,156	3	8,518	2	38,437	0	0
Bibb	9	89	35	26,057	14	642,196	30	10,389
Bleckley	0	0	2	544	0	0	2	1,231
Brooks	0	0	0	0	1	98,421	2	4,328
Bryan	1	196,303	0	0	1	147,430	1	354
Bulloch	0	0	4	2,078	3	2,207	5	26,111
Burke	0	0	4	367	0	0	1	928
Butts	7	204,697	37	84,745	3	47,500	24	16,577
Calhoun	0	0	3	497	0	0	1	0
Camden	0	0	0	0	2	750	2	1,094
Candler	0	0	0	0	1	12,378	0	0
Carroll	16	453,038	77	66,628	28	2,043,317	70	130,716
Catoosa	4	624,356	4	8,297	2	169,829	3	2,139
Charlton	0	0	0	0	1	54,475	0	0
Chatham	1	1,188	15	5,094	5	938,803	5	325
Chattooga	2	2,384	7	1,590	3	121,693	0	0
Cherokee	10	2,541,351	124	153,889	8	361,272	100	57,065
Clarke	6	10,217	26	110,205	5	223,936	15	28,518
Clay	0	0	0	0	0	0	1	106
Clayton	63	6,142,258	675	696,974	73	3,550,900	346	508,204
Clinch	0	0	4	2,316	0	0	2	2,346
Cobb	29	615,232	687	365,271	48	1,426,929	602	726,666
Coffee	3	271,833	8	5,471	1	72,423	1	1,129

Colquitt	4	274,264	22	4,727	3	78,100	8	12,100
Columbia	1	861	15	19,589	5	140,834	16	60,382
Cook	4	270,391	10	75,667	1	36,792	3	4,519
Coweta	4	192,585	166	263,612	10	265,004	97	100,514
Crawford	0	0	3	443	0	0	1	1,171
Crisp	1	1,650	7	2,456	4	793,983	4	9,375
Dawson	1	1,100	4	256	1	343	12	29,370
Decatur	2	158,578	9	24,931	0	0	4	7,223
DeKalb	654	15,905,929	5,351	4,136,537	540	16,386,856	3,914	5,309,888
Dodge	3	2,220	3	1,620	0	0	0	0
Dooly	4	78,523	8	9,884	3	53,733	0	0
Dougherty	7	6,307	37	72,236	4	465,350	32	18,091
Douglas	10	223,992	132	135,334	16	2,278,860	92	111,150
Echols	0	0	0	0	1	501,400	0	0
Effingham	3	121,686	2	222	2	612,471	9	20,125
Elbert	2	407	11	10,388	0	0	2	3,700
Emanuel	2	3,745	6	3,990	0	0	1	292
Evans	0	0	1	35	0	0	0	0
Fannin	1	1,753	4	1,424	0	0	7	2,958
Fayette	2	76,029	99	120,411	10	146,176	51	52,109
Florida	1	2,550	13	15,355	10	162,446	80	147,097
Floyd	10	21,486	44	137,104	3	922,563	25	109,590
Forsyth	1	750	43	1,431	3	41,554	45	38,757
Franklin	1	1,280	11	2,306	1	41,041	0	0
Fulton	280	5,548,690	2,379	1,531,766	175	10,738,935	1,787	2,374,650
Gilmer	5	178,766	16	7,966	1	37,380	2	2,211
Glynn	2	190,112	2	8,950	3	1,060,537	8	10,885
Gordon	8	319,556	25	36,432	10	625,243	19	210,828
Grady	0	0	4	5,202	1	12,857	0	0
Greene	2	69,726	3	925	1	324	3	1,258
Gwinnett	88	1,671,653	1,354	1,080,825	110	6,871,613	1,192	1,785,003
Habersham	4	9,759	15	25,068	4	142,022	6	4,896
Hall	27	2,201,504	82	147,616	13	827,476	78	281,459
Hancock	1	63,333	10	2,987	0	0	0	0
Haralson	10	46,191	16	53,714	0	0	4	9,123
Harris	3	5,438	23	3,663	6	746,521	18	26,844
Hart	2	41,079	6	12,785	1	1,975	1	1,289
Heard	2	3,050	34	6,463	0	0	7	4,824
Henry	54	3,991,776	674	466,255	54	4,696	484	1,009,155
Houston	7	281,279	37	35,565	12	3,206,163	48	89,398
Irwin	0	0	5	3,836	4	304,523	14	22,014
Jackson	6	238,924	26	18,407	9	255,322	44	45,831
Jasper	3	303,567	14	19,719	1	106,401	3	1,493
Jeff Davis	4	52,905	12	55,266	2	16,126	3	6,609

Jefferson	0	0	1	62	0	0	0	0
Johnson	0	0	1	190	0	0	0	0
Jones	2	186,300	11	6,953	2	41,718	10	18,792
Lamar	1	1,475	10	5,056	2	9,661	12	30,873
Lanier	1	7,832	1	29	0	0	0	0
Laurens	1	789	16	9,247	3	492,756	6	7,837
Lee	1	1,600	5	1,161	0	0	8	15,686
Liberty	0	0	0	0	1	8,211	2	2,134
Lincoln	0	0	4	3,565	0	0	0	0
Long	0	0	0	0	0	0	2	441
Lowndes	5	4,158	13	13,675	9	1,475,059	17	26,138
Lumpkin	1	423,585	7	1,601	0	0	7	6,965
Macon	1	37,271	6	6,511	0	0	0	0
Madison	0	0	8	8,808	0	0	3	518
Marion	2	345,261	6	555	0	0	0	0
McDuffie	0	0	6	1,161	0	0	1	452
McIntosh	0	0	0	0	1	65,728	3	614
Meriwether	6	4,106	80	37,244	1	41,069	7	11,642
Miller	0	0	0	0	0	0	1	276
Mitchell	1	1,870	13	3,294	0	0	2	350
Monroe	1	975	23	3,685	1	10,661	5	49,142
Montgomery	0	0	2	947	0	0	0	0
Morgan	2	44,859	10	5,615	0	0	8	2,638
Murray	2	244,770	9	3,695	4	259,526	3	3,781
Muscogee	12	277,504	59	25,440	14	437,018	24	106,824
Newton	19	477,699	154	159,714	7	59,617	101	142,351
North Carolina	7	486,663	22	54,481	15	1,523,894	56	348,050
Oconee	0	0	4	30,293	1	38,434	19	18,528
Oglethorpe	1	1,722	4	1,875	0	0	0	0
Other Out of State	20	1,632,933	103	131,445	57	3,304,663	413	505,442
Paulding	2	2,967	79	45,945	4	77,464	49	102,907
Peach	4	520,376	11	4,180	9	358,625	13	36,242
Pickens	0	0	5	1,474	1	47,560	7	28,292
Pierce	1	1,005	7	1,213	0	0	0	0
Pike	0	0	8	8,349	0	0	15	11,070
Polk	4	174,907	69	108,052	5	12,986	26	31,190
Pulaski	2	641,910	4	12,276	0	0	0	0
Putnam	3	4,935	11	4,190	6	443,463	5	5,315
Rabun	1	2,050	2	3,561	0	0	6	3,639
Richmond	4	568,408	10	8,261	3	178,892	9	24,374
Rockdale	22	65,705	196	344,490	23	898,865	136	230,931
Schley	1	1,490	0	0	0	0	1	23
Screven	0	0	0	0	2	546,436	0	0
Seminole	0	0	0	0	0	0	1	0

South Carolina	6	792,003	17	53,002	3	489,433	38	63,320
Spalding	10	247,651	92	56,643	11	676,540	26	18,564
Stephens	3	38,992	29	16,776	1	11,795	11	57,317
Stewart	1	120	0	0	0	0	3	9,989
Sumter	3	4,807	18	49,159	1	2,433	8	6,385
Talbot	0	0	3	726	0	0	0	0
Taliaferro	1	52,152	2	58	0	0	0	0
Tattnall	0	0	0	0	2	96,654	2	2,532
Taylor	1	101,677	8	966	1	14,557	0	0
Telfair	1	1,958	4	55,120	1	8,826	3	3,932
Tennessee	0	0	6	2,583	5	199,488	25	89,615
Terrell	4	6,932	4	388	0	0	2	223
Thomas	5	8,256	4	559	2	164,755	2	3,799
Tift	7	396,977	11	2,249	6	443,562	7	34,331
Toombs	1	1,875	8	25,871	2	1,890	1	3,859
Towns	1	0	4	1,122	1	23,606	7	3,680
Treutlen	0	0	2	289	0	0	0	0
Troup	11	91,211	484	83,045	9	181,870	84	164,064
Turner	3	459,068	14	172	1	31,231	2	34
Twiggs	2	22,799	2	248	2	55,463	1	847
Union	1	2	4	1,492	0	0	5	4,420
Upson	4	254	31	32,654	7	246,437	10	45,584
Walker	2	1,613	4	454	1	1,893,819	0	0
Walton	11	101,728	143	143,919	11	763,408	155	281,502
Ware	0	0	4	1,048	0	0	4	5,286
Warren	1	335	2	465	0	0	0	0
Washington	1	5,855	3	408	0	0	1	517
Wayne	1	812,719	2	25	1	72,528	0	0
Webster	0	0	4	1,400	0	0	0	0
Wheeler	0	0	0	0	1	63,477	0	0
White	0	0	12	83,916	4	183,998	17	24,764
Whitfield	15	385,816	30	98,743	4	253,521	31	73,632
Wilcox	0	0	1	21	1	1,138,890	3	6,332
Wilkes	1	1,133	1	25	0	0	0	0
Wilkinson	1	1,252,209	10	427	1	13,658	0	0
Worth	2	7,212	9	14,738	0	0	8	4,355
Total	**1,625**	**55,112,238**	**14,563**	**12,100,222**	**1,498**	**76,036,576**	**10,869**	**16,229,205**

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 2024? (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 2024.

	Patient Category	SFY 2022 7/1/21-6/30/22	SFY2024 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	50,812,432	16,400,031
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	66,136,131	26,129,647

3. Patients Served

Indicate the number of patients served by SFY.

SFY2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	11,831	2,196

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 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: Angel Leon, MD

Date: 8/5/2025

Title: Chief Operating Officer, EUH, EUOSH

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: Lisa Urbistondo

Date: 8/5/2025

Title: Vice President & Chief Financial Officer

Comments: