Georgia Department of Community Health

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP705

Facility Name: Emory University Hospital Midtown

County: Fulton

Street Address: 550 Peachtree Street NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicaid Provider Number: 000000503A

Medicare Provider Number: 110078

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	1,929,495,587
Total Inpatient Admissions accounting for Inpatient Revenue	29,091
Outpatient Gross Patient Revenue	3,117,740,167
Total Outpatient Visits accounting for Outpatient Revenue	512,948
Medicare Contractual Adjustments	1,791,117,271
Medicaid Contractual Adjustments	307,733,559
Other Contractual Adjustments:	966,936,984
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	90,001,844
Gross Indigent Care:	84,304,654
Gross Charity Care:	99,726,995
Uncompensated Indigent Care (net):	84,304,654
Uncompensated Charity Care (net):	97,626,995
Other Free Care:	2,900,692
Other Revenue/Gains:	148,039,537
Total Expenses:	1,471,882,502

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	805,593
Admin Discounts	1,820,591
Employee Discounts	0
Prompt Pay/Small Balance Writeoffs	274,508
Total	**2,900,692**

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	45,402,593	52,240,486	97,643,079
Outpatient	38,902,061	47,486,509	86,388,570
Total	**84,304,654**	**99,726,995**	**184,031,649**

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	2,100,000
Trust Fund From Sale Of Public Hospital	0
All Other	0
Total	**2,100,000**

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	45,402,593	51,437,682	96,840,275
Outpatient	38,902,061	46,189,313	85,091,374
Total	**84,304,654**	**97,626,995**	**181,931,649**

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	1	235	0	0	0	0
Atkinson	0	0	2	310	0	0	0	0
Bacon	0	0	1	50	1	4,930	0	0
Baker	0	0	1	537	0	0	0	0
Baldwin	2	3,382	48	60,668	0	0	12	6,909
Banks	0	0	17	45,504	3	63,902	19	4,987
Barrow	4	9,552	47	43,882	3	6,459	50	246,110
Bartow	7	258,847	63	405,013	3	271,632	37	235,389
Ben Hill	3	3,600	7	15,377	0	0	7	2,587
Berrien	1	135,468	6	7,817	1	330,611	7	14,028
Bibb	6	12,430	102	273,671	3	79,888	45	42,876
Bleckley	0	0	4	1,784	0	0	12	86,422
Brooks	0	0	3	2,198	0	0	1	1,835
Bryan	0	0	2	7,003	1	1,490	4	30,200
Bulloch	0	0	3	6,360	1	2,044	3	3,006
Burke	0	0	1	24	0	0	3	660
Butts	1	275	67	97,062	4	89,383	38	43,322
Calhoun	0	0	4	4,075	0	0	0	0
Camden	0	0	0	0	0	0	1	35
Candler	0	0	0	0	0	0	1	3,499
Carroll	20	596,775	133	259,037	15	2,571,427	121	251,069
Catoosa	0	0	3	3,089	0	0	4	4,892
Charlton	0	0	2	1,327	0	0	1	2,672
Chatham	0	0	22	33,372	0	0	19	44,278
Chattahoochee	0	0	2	1,316	0	0	0	0
Chattooga	1	377	9	3,292	2	340,434	24	166,917
Cherokee	4	180,938	111	251,113	14	478,856	0	0
Clarke	9	365,817	30	110,279	1	512,973	23	33,669
Clay	0	0	0	0	0	0	5	1,188
Clayton	106	2,368,556	1,300	2,130,265	154	4,534,160	905	1,427,099
Clinch	0	0	1	101,834	0	0	0	0
Cobb	57	1,573,166	696	2,866,898	76	1,560,327	848	2,014,250

Coffee	2	4,145	12	5,620	0	0	0	0
Colquitt	2	127,852	13	16,338	4	495,147	13	6,339
Columbia	0	0	11	40,123	1	28,406	12	16,389
Cook	0	0	12	16,587	3	6,646	3	88,117
Coweta	7	296,439	121	550,449	10	289,713	138	319,682
Crawford	0	0	8	636	0	0	1	105
Crisp	2	3,250	18	14,844	0	0	11	7,248
Dawson	1	315,558	9	6,093	3	225,883	28	106,589
Decatur	0	0	14	58,410	2	137,383	7	5,809
DeKalb	292	6,304,402	3,855	7,975,388	391	8,009,714	3,421	7,181,506
Dodge	0	0	4	3,926	1	1,775	2	3,075
Dooly	0	0	8	79,085	0	0	9	22,768
Dougherty	5	6,498	76	51,317	0	0	18	31,497
Douglas	18	443,133	236	574,612	21	209,230	240	543,749
Early	0	0	1	850	0	0	1	146
Echols	0	0	0	0	0	0	1	783
Effingham	0	0	10	2,510	0	0	8	12,758
Elbert	0	0	16	32,380	0	0	1	1,052
Emanuel	0	0	8	5,635	0	0	0	0
Evans	0	0	1	156	0	0	3	7,682
Fannin	0	0	8	7,356	1	16,330	7	50,066
Fayette	6	8,241	73	54,045	25	521,920	115	136,359
Florida	0	0	18	47,878	10	81,783	187	251,154
Floyd	7	364,105	74	329,100	5	635,255	60	176,619
Forsyth	2	46,339	54	114,620	8	395,269	62	188,962
Franklin	2	186,347	14	21,818	0	0	10	260,088
Fulton	1,230	20,866,402	10,286	14,253,520	991	18,089,961	8,711	16,461,562
Gilmer	1	158	11	29,813	0	0	2	1,779
Glynn	0	0	4	13,354	0	0	18	16,912
Gordon	1	390,089	36	237,632	3	4,571	34	569,063
Grady	1	1,300	3	3,767	0	0	0	0
Greene	1	1,750	7	2,493	0	0	4	11,367
Gwinnett	41	1,330,503	963	1,977,770	76	1,347,660	1,000	4,077,766
Habersham	0	0	38	85,071	0	0	15	9,717
Hall	2	96,365	110	264,892	5	676,012	163	891,758
Hancock	0	0	6	10,800	0	0	1	590
Haralson	5	125,538	29	37,108	0	0	17	67,660
Harris	0	0	9	6,990	0	0	9	27,955
Hart	0	0	8	10,110	0	0	3	190
Heard	2	1,494	9	7,338	0	0	9	349
Henry	55	3,127,325	798	868,992	75	2,399,737	773	1,716,158
Houston	0	0	56	146,734	3	47,881	120	125,304
Irwin	0	0	2	36,754	0	0	14	66,756
Jackson	3	11,112	48	121,675	3	19,578	46	61,658

Jasper	0	0	21	74,435	1	1,600	7	3,770
Jeff Davis	1	2,343	4	9,867	0	0	1	5,433
Jefferson	0	0	0	0	0	0	6	6,370
Jenkins	1	1,750	2	3,390	0	0	2	312
Jones	2	1,317	14	31,059	0	0	8	8,380
Lamar	2	3,476	25	21,611	1	6,147	55	242,749
Lanier	0	0	1	4,803	0	0	0	0
Laurens	1	629	11	2,785	0	0	5	3,412
Lee	0	0	2	175	0	0	3	1,253
Liberty	0	0	1	8,013	2	105,954	6	8,692
Lincoln	1	3,074	0	0	0	0	0	0
Long	0	0	1	4,268	0	0	0	0
Lowndes	1	198,642	19	53,375	7	485,152	21	43,990
Lumpkin	0	0	8	23,296	1	5,232	38	272,026
Macon	1	1,180	10	7,359	0	0	1	727
Madison	0	0	5	12,054	0	0	28	76,597
Marion	1	900	2	4,073	0	0	1	1,118
McDuffie	0	0	4	2,568	0	0	0	0
McIntosh	0	0	3	3,332	0	0	0	0
Meriwether	0	0	40	27,468	0	0	11	5,765
Mitchell	1	1,950	6	3,127	0	0	0	0
Monroe	4	5,223	13	9,146	2	53,137	11	41,475
Montgomery	0	0	6	2,861	0	0	1	1,114
Morgan	2	2,967	16	13,137	1	103,281	14	5,214
Murray	1	56,803	16	11,268	1	15,581	8	10,363
Muscogee	7	787,119	84	70,817	6	151,344	56	182,347
Newton	12	160,749	214	391,488	11	104,939	130	205,216
North Carolina	2	431	41	74,847	14	273,536	146	2,035,554
Oconee	0	0	3	8,127	0	0	0	0
Oglethorpe	0	0	1	41	0	0	2	2,719
Other Out of State	15	1,749,592	75	161,121	74	3,406,799	831	1,901,309
Paulding	6	688,849	62	43,356	5	235,234	49	59,050
Peach	2	2,140	12	9,053	1	14,667	13	44,941
Pickens	1	1,400	5	630	1	982	5	5,859
Pierce	0	0	2	1,384	0	0	0	0
Pike	0	0	7	14,417	0	0	7	10,650
Polk	4	69,760	0	0	1	6,270	0	0
Pulaski	0	0	2	98	0	0	5	2,346
Putnam	0	0	17	6,278	0	0	15	38,274
Quitman	0	0	1	177	0	0	0	0
Rabun	0	0	14	27,478	0	0	21	260,898
Randolph	1	2,525	2	2,643	0	0	0	0
Richmond	1	442	27	84,477	2	26,737	19	29,777
Rockdale	5	21,909	153	527,228	9	575,088	115	296,420

Schley	0	0	2	4,652	0	0	1	2,355
Screven	0	0	1	375	0	0	0	0
Seminole	0	0	0	0	0	0	1	5,586
South Carolina	2	73,272	15	20,793	15	331,576	109	228,429
Spalding	11	38,122	144	227,435	8	28,580	52	71,300
Stephens	2	1,865	20	7,542	0	0	21	54,084
Stewart	0	0	2	938	0	0	1	2,195
Sumter	1	6,000	12	5,565	1	49,180	1	15,640
Talbot	0	0	1	442	0	0	2	880
Taliaferro	0	0	0	0	1	11,034	0	0
Tattnall	0	0	1	230	0	0	2	45,812
Taylor	0	0	13	3,513	0	0	1	463
Telfair	0	0	1	15	0	0	2	877
Tennessee	0	0	4	6,399	10	241,586	42	72,946
Terrell	0	0	20	223,744	0	0	7	2,675
Thomas	0	0	2	631	0	0	10	14,343
Tift	4	170,427	46	140,960	0	0	33	1,233,691
Toombs	3	332,149	8	89,765	1	6,548	1	5
Towns	0	0	0	0	0	0	3	1,277
Treutlen	0	0	4	1,709	0	0	0	0
Troup	9	378,057	111	254,630	12	575,620	66	169,889
Turner	3	259,740	0	0	0	0	1	1,438
Twiggs	0	0	11	13,094	0	0	3	6,154
Union	0	0	3	824	1	64,462	8	9,124
Upson	6	52,577	0	0	5	89,060	38	1,039,421
Walker	0	0	7	8,951	0	0	8	11,179
Walton	7	8,087	121	310,714	5	477,431	128	369,575
Ware	0	0	1	21	0	0	1	630
Warren	0	0	0	0	0	0	1	3,730
Washington	0	0	7	15,350	0	0	0	0
Wayne	0	0	0	0	0	0	2	312
Webster	1	610,894	2	1,636	0	0	0	0
White	1	714	18	19,164	0	0	5	2,798
Whitfield	2	135,436	81	918,411	0	0	34	101,647
Wilcox	0	0	1	3	0	0	2	125
Wilkes	0	0	1	321	0	0	0	0
Wilkinson	1	2,555	3	8,234	1	166,591	2	834
Worth	0	0	5	890	3	138,768	9	9,989
Total	**2,037**	**45,402,593**	**21,405**	**38,902,062**	**2,126**	**52,240,486**	**19,725**	**47,486,508**

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	62,247,845	22,056,809
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	77,661,611	22,065,383
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	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	36,466	9,444

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: Adam Webb, MD

Date: 8/5/2025

Title: Chief Operating Officer, EUHM

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: