



Part A: General Information

UID: HOSP902

1. Identification

Facility Name:

Emory Hillandale Hospital

County:

DeKalb

Street Address:

2801 Dekalb Medical Parkway

City:

Lithonia

Zip:

30058

Mailing Address:

2801 Dekalb Medical Parkway

Mailing City:

Lithonia

Mailing Zip:

30058

Medicaid Provider Number:

000000536U

Medicare Provider Number:

110226

2. Report Period

Please report data for the hospital fiscal year ending during calender year 2025 only. Do not use a different report period

Please indicate your Hospital Fiscal Year

From:

09/01/2024

To:

08/31/2025

Please indicate your Cost Report Year

From:

09/01/2024

To:

08/31/2025

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 experienced a trauma center designation change, 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:

Kathleen Hedrick

Contact Title:

Corporate Director of Gov't Reimbursement

Phone:

770-315-9300

Fax:

770-315-9300

Email:

kathleen.hedrick@emoryhealthcare.org

Part C: Financial Data and Indigent and Charity Care

1. Financial Table

Please report the following data elements. Data reported here must balance in other parts of the HFS.

Revenue or Expense	Amount
Inpatient Gross Patient Revenue	252,216,161
Total Inpatient Admissions accounting for Inpatient Revenue	5,904
Outpatient Gross Patient Revenue	375,921,248
Total Outpatient Visits accounting for Outpatient Revenue	98,341
Medicare Contractual Adjustments	202,343,686
Medicaid Contractual Adjustments	58,546,797
Other Contractual Adjustments	119,415,278
Hill Burton Obligations	0
Bad Debt (net of recoveries)	40,703,808
Gross Indigent Care	17,101,359
Gross Charity Care	42,223,579
Uncompensated Indigent Care (net)	17,101,359
Uncompensated Charity Care (net)	42,223,579
Other Free Care	116,592
Other Revenue/Gains	9,868,974
Total Expenses	132,318,029

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	Amount
Self-Pay/Uninsured Discounts	0
Admin Discounts	116,592
Employee Discounts	0
Prompt Pay/Small Balance Writeoffs	0
Total	116,592

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 2025? (Check box if yes.) ☒

If the hospital had a formal written policy(ies) during the reporting period, you are required to file a copy of the policy(ies) with the Department. Please e-mail a copy of the policy(ies) to Steve.Cappel@dch.ga.gov

2. Effective Date

What was the effective date of the policy or policies in effect during 2025?

07/11/2025

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 2025? (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	4,153,524	11,179,642	15,333,166
Outpatient	12,947,835	31,043,937	43,991,772
Total	17,101,359	42,223,579	59,324,938

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 Fund)	0
Federal Government	0
Non-Government Sources	0
Charitable Contributions	0
Trust Fund From Sale of Public Hospital	0
All Other	0
Total	0

The fields below must equal

Gross Uncompensated I/C Charges - Compensation	Net I/C Charges Reported in Part C
59,324,938	59,324,938

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	4,153,524	11,179,642	15,333,166
Outpatient	12,947,835	31,043,937	43,991,772
Total	17,101,359	42,223,579	59,324,938

Part F: Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

- 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)

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.)

Gordon	0	0	0	0	0	0	2	2,323
Greene	0	0	3	3,459	0	0	6	4,300
Gwinnett	4	55,163	141	243,923	27	232,633	515	785,495
Hall	0	0	3	13,958	0	0	12	21,462
Hancock	0	0	4	5,596	0	0	4	3,920
Haralson	0	0	0	0	0	0	2	1,681
Harris	0	0	1	250	0	0	0	0
Henry	17	115,008	283	655,685	36	714,277	921	1,468,579
Houston	0	0	1	245	0	0	11	13,364
Jackson	0	0	3	5,346	0	0	3	7,922
Jasper	0	0	1	3,811	0	0	8	8,779
Jones	0	0	0	0	0	0	4	2,839
Lamar	0	0	1	4,888	0	0	2	3,386
Laurens	0	0	0	0	0	0	2	2,653
Lee	0	0	0	0	0	0	2	1,500
Liberty	0	0	0	0	0	0	2	4,259
Lowndes	0	0	1	242	0	0	4	1,972
Madison	0	0	2	6,870	0	0	8	18,878
Marion	0	0	0	0	0	0	0	0
McDuffie	0	0	0	0	0	0	2	2,028
Mitchell	0	0	1	414	0	0	0	0
Monroe	0	0	0	0	0	0	2	1,267
Morgan	0	0	1	387	0	0	5	5,017
Murray	0	0	0	0	0	0	2	2,157
Muscogee	0	0	0	0	0	0	5	9,612
Newton	5	112,378	101	201,089	25	230,084	390	709,541
North Carolina	0	0	2	5,673	1	10,356	36	65,703
Oconee	0	0	0	0	0	0	2	70
Oglethorpe	0	0	0	0	0	0	1	657
Other Out of State	1	2,160	5	3,240	18	351,155	297	519,742
Paulding	1	31,223	5	3,533	2	615	11	26,927
Peach	0	0	1	204	0	0	2	80
Pike	0	0	0	0	0	0	5	1,262
Putnam	2	36,417	9	5,573	0	0	11	12,593
Richmond	0	0	4	7,907	0	0	15	24,544
Rockdale	7	78,982	182	242,505	22	280,122	502	802,887

Rockdale	7	78,963	162	342,303	32	330,132	392	633,667
South Carolina	0	0	1	2,272	4	50,609	40	38,561
Spalding	0	0	7	7,595	0	0	11	21,473
Stewart	0	0	1	95	0	0	0	0
Sumter	0	0	1	2,044	0	0	0	0
Tattnall	0	0	1	837	0	0	0	0
Tennessee	0	0	1	2,330	2	17,057	9	5,687
Thomas	0	0	0	0	0	0	3	3,990
Troup	0	0	0	0	0	0	1	1,629
Walton	1	7,737	17	40,789	4	27,732	77	72,891
Ware	0	0	0	0	0	0	2	2,356
Washington	0	0	1	2,513	0	0	4	1,365
White	0	0	0	0	0	0	2	989
Wilkes	0	0	1	2,272	0	0	0	0
Totals	417	4,153,524	6,326	12,947,835	1,082	11,179,642	21,057	31,043,937

Total I/C Charges for Outpatients	Total I/C Charges for Inpatients	Total I/C Charges
43,991,772	15,333,166	59,324,938

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 2025? (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 2025.

Patient Category	SFY2024 7/1/2023- 6/30/2024	SFY2025 7/1/2024- 6/30/2025	SFY2026 7/1/2025- 6/30/2026
A Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge	0	14,670,865	2,430,494
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	32,939,726	9,283,852
C Other Patients in accordance with the department approved policy	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

SFY2024 7/1/2023-6/30/2024

SFY2025 7/1/2024-6/30/2025

SFY2026 7/1/2025-6/30/2026

2025 HFS Hospital Financial Statements Reconciliation Addendum

Section one is pre-filled from the answers in Part C and Part E.

You may not complete this section until Part C and Part E, question 1 are complete. Every field in this section is a required field. Enter zeroes in numeric fields and "Not Applicable" or "N/A" in the description fields for "Other Non-Hospital" and "Other Reconciling Items" if not applicable.

[illegible]

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

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

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete. I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Jennifer Schuck

Date

08/07/2026



Title

Chief Executive Officer

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.

Financial Officer Signature

Lisa Urbistondo

Financial Officer Date

08/07/2026



Financial Officer Title

Chief Financial Officer, Hospital Division

Comments