



Part A: General Information

UID: HOSP439

1. Identification

Facility Name:

Emory Hospital Warner Robins fka Houston Healthcare - Warner Robins

County:

Houston

Street Address:

1600 Watson Blvd

City:

Warner Robins

Zip:

31093

Mailing Address:

1600 Watson Blvd

Mailing City:

Warner Robins

Mailing Zip:

31093

Medicaid Provider Number:

0000000976A

Medicare Provider Number:

11-0069

2. Report Period

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

Please indicate your Hospital Fiscal Year

From:

01/01/2025

To:

12/31/2025

Please indicate your Cost Report Year

From:

01/01/2025

To:

12/31/2025

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	401,998,516
Total Inpatient Admissions accounting for Inpatient Revenue	12,914
Outpatient Gross Patient Revenue	552,977,777
Total Outpatient Visits accounting for Outpatient Revenue	219,761
Medicare Contractual Adjustments	366,402,988
Medicaid Contractual Adjustments	54,626,409
Other Contractual Adjustments	211,613,810
Hill Burton Obligations	0
Bad Debt (net of recoveries)	30,956,316
Gross Indigent Care	18,936,153
Gross Charity Care	26,063,416
Uncompensated Indigent Care (net)	18,936,153
Uncompensated Charity Care (net)	26,063,416
Other Free Care	4,607,543
Other Revenue/Gains	5,400,789
Total Expenses	280,972,433

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	4,370,166
Employee Discounts	0
Small Balance	237,377
Total	4,607,543

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?

06/25/2025

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.

Chief Financial Officer

4. Charity Care Provisions

Did the policy or policies include provisions for the care that is defined as charity pursuant to HFMA guidelines and the definitions contained in the Glossary that accompanies this survey (i.e., a sliding fee scale or the accomodation to provide care without the expectation of compensation for patients whose individual or family income exceeds 125% of federal poverty level guidelines)? (Check box if yes.)



5. Maximum Income Level

If you had a provision for charity care in your policy, as reflected by responding yes to item 4, what was the maximum income level, expressed as a percentage of the federal poverty guidelines, for a patient to be considered for charity care (e.g., 185%, 200%, 235%, etc.)

300%

6. Agreements Concerning the Receipt of Government Funds

Did the hospital have an agreement or agreements with any city or county concerning the receipt of government funds for indigent and/or charity care during 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	8,386,246	6,318,888	14,705,134
Outpatient	10,549,907	19,744,528	30,294,435
Total	18,936,153	26,063,416	44,999,569

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
44,999,569	44,999,569

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	8,386,246	6,318,888	14,705,134
Outpatient	10,549,907	19,744,528	30,294,435
Total	18,936,153	26,063,416	44,999,569

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.)

Colquitt	0	0	2	4,577	0	0	4	8,840
Columbia	0	0	0	0	0	0	3	5,267
Cook	0	0	0	0	0	0	1	1
Coweta	0	0	0	0	0	0	3	11,170
Crawford	0	0	23	54,269	3	11,386	42	41,574
Crisp	0	0	12	40,118	2	2,583	26	31,236
Dade	0	0	0	0	0	0	0	0
Dawson	0	0	0	0	0	0	0	0
Decatur	0	0	0	0	0	0	2	3,690
DeKalb	0	0	2	8,484	1	89,410	15	27,538
Dodge	3	9,603	10	83,891	1	1,103	44	99,139
Dooly	2	89,547	20	28,448	10	148,462	90	65,657
Dougherty	0	0	7	5,910	0	0	7	16,358
Douglas	0	0	0	0	0	0	3	3,190
Early	0	0	1	2,719	0	0	0	0
Echols	0	0	0	0	0	0	0	0
Effingham	0	0	0	0	0	0	2	6,685
Elbert	0	0	0	0	0	0	1	1,997
Emanuel	0	0	0	0	0	0	4	3,831
Evans	0	0	0	0	0	0	0	0
Fannin	0	0	0	0	0	0	2	5,786
Fayette	0	0	0	0	0	0	0	0
Florida	3	51,237	10	20,782	0	0	45	101,957
Floyd	0	0	0	0	0	0	2	1,594
Forsyth	0	0	0	0	0	0	2	2,881
Franklin	0	0	0	0	0	0	1	3,360
Fulton	0	0	3	7,709	2	3,675	18	30,744
Gilmer	0	0	0	0	0	0	1	17
Glascocock	0	0	0	0	0	0	0	0
Glynn	0	0	0	0	0	0	2	2,333
Gordon	0	0	0	0	0	0	0	0
Grady	0	0	0	0	0	0	1	2,665
Greene	0	0	0	0	0	0	0	0
Gwinnett	0	0	0	0	0	0	8	13,154
Habersham	0	0	0	0	0	0	0	0
Hall	0	0	1	13	1	8,824	1	202

Hancock	0	0	0	0	0	0	1	316
Haralson	0	0	0	0	0	0	0	0
Harris	0	0	0	0	0	0	0	0
Hart	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0
Henry	0	0	2	7,141	1	1,035	18	20,640
Houston	263	6,265,906	3,587	7,514,283	536	4,377,307	12,019	14,628,742
Irwin	0	0	0	0	0	0	2	2,312
Jackson	0	0	0	0	0	0	0	0
Jasper	0	0	1	430	0	0	1	355
Jeff Davis	0	0	1	360	0	0	1	139
Jefferson	0	0	0	0	0	0	0	0
Jenkins	0	0	0	0	0	0	0	0
Johnson	0	0	0	0	1	1,525	6	10,760
Jones	0	0	2	601	2	27,857	34	37,059
Lamar	0	0	0	0	0	0	6	6,291
Lanier	0	0	0	0	0	0	0	0
Laurens	1	37,697	9	28,535	1	64,886	35	44,948
Lee	0	0	1	635	0	0	1	202
Liberty	0	0	0	0	0	0	1	809
Lincoln	0	0	0	0	0	0	0	0
Long	0	0	0	0	0	0	1	7,648
Lowndes	0	0	2	5,138	0	0	12	22,465
Lumpkin	0	0	1	2,759	0	0	0	0
Macon	10	394,798	40	395,080	24	80,943	145	162,003
Madison	0	0	0	0	0	0	1	171
Marion	0	0	1	13	1	56,838	5	2,740
McDuffie	0	0	0	0	0	0	1	736
McIntosh	0	0	0	0	0	0	0	0
Meriwether	0	0	0	0	0	0	1	395
Miller	0	0	0	0	0	0	0	0
Mitchell	0	0	0	0	0	0	1	192
Monroe	1	34,391	0	0	4	29,639	17	33,185
Montgomery	0	0	0	0	0	0	1	6,445
Morgan	0	0	0	0	0	0	0	0
Murray	0	0	0	0	0	0	0	0

	Muscogee	0	0	0	0	1	59,048	9	11,919
	Newton	0	0	1	8,574	0	0	3	12,456
	North Carolina	1	16,465	3	11,014	0	0	34	17,869
	Oconee	0	0	0	0	0	0	1	1,891
	Other Out of State	1	14,563	20	22,082	7	76,647	122	237,989
	Oglethorpe	0	0	0	0	0	0	0	0
	Paulding	0	0	0	0	0	0	0	0
	Peach	31	698,115	541	1,306,928	79	510,332	1,559	1,956,884
	Pickens	0	0	0	0	0	0	0	0
	Pierce	0	0	0	0	0	0	2	460
	Pike	0	0	0	0	0	0	3	24,637
	Polk	0	0	0	0	0	0	2	3,816
	Pulaski	5	158,560	64	95,572	21	210,189	196	163,708
	Putnam	0	0	0	0	0	0	4	5,474
	Quitman	0	0	0	0	0	0	0	0
	Rabun	0	0	0	0	0	0	0	0
	Randolph	0	0	0	0	0	0	1	62
	Richmond	0	0	0	0	0	0	3	5,309
	Rockdale	0	0	0	0	0	0	0	0
	Schley	0	0	0	0	0	0	1	69
	Screven	0	0	0	0	0	0	1	3,901
	Seminole	0	0	0	0	0	0	0	0
	Spalding	0	0	1	5,289	1	801	2	4,499
	South Carolina	0	0	1	737	2	2,937	15	20,583
	Stephens	0	0	0	0	0	0	0	0
	Stewart	0	0	0	0	0	0	0	0
	Sumter	0	0	2	628	0	0	29	65,262
	Tennessee	0	0	2	5,023	2	14,177	7	6,566
	Talbot	0	0	0	0	0	0	0	0
	Taliaferro	0	0	0	0	0	0	0	0
	Tattnall	1	21,451	1	5,565	0	0	0	0
	Taylor	1	23,691	24	84,601	15	95,929	128	133,937
	Telfair	0	0	4	9,860	1	54,386	12	13,993
	Terrell	0	0	0	0	0	0	1	2,786
	Thomas	1	10,355	0	0	0	0	1	4,004
	Tift	0	0	1	318	0	0	12	20,933

Toombs	0	0	0	0	2	8,902	4	2,330
Towns	0	0	0	0	0	0	0	0
Treutlen	0	0	0	0	0	0	2	4,344
Troup	0	0	5	17,696	1	5,077	3	925
Turner	0	0	0	0	0	0	1	16
Twiggs	1	94,325	23	68,423	1	683	85	65,643
Union	0	0	0	0	0	0	0	0
Upson	1	31,408	4	1,995	0	0	5	6,820
Walker	0	0	0	0	0	0	0	0
Walton	0	0	0	0	0	0	2	42,290
Ware	0	0	0	0	0	0	1	18
Warren	0	0	0	0	0	0	0	0
Washington	0	0	1	19	0	0	7	26,481
Wayne	0	0	0	0	0	0	3	5,838
Webster	0	0	1	2,659	0	0	1	269
Wheeler	0	0	0	0	0	0	1	78
White	0	0	0	0	0	0	0	0
Whitfield	0	0	0	0	0	0	0	0
Wilcox	2	61,146	1	2,492	3	38,304	16	48,504
Wilkes	0	0	0	0	0	0	0	0
Wilkinson	0	0	2	684	1	54,252	6	21,334
Worth	0	0	1	5,214	0	0	2	7,320
Totals	349	8,386,246	4,693	10,549,907	764	6,318,888	15,755	19,744,528

Total I/C Charges for Outpatients	Total I/C Charges for Inpatients	Total I/C Charges
30,294,435	14,705,134	44,999,569

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	0	0
B Medically Indigent Patients with incomes between 125% and 200% of the Federal Poverty Level Guidelines where adjustments were made to patient amounts due in accordance with an established sliding scale	0	0	0
C Other Patients in accordance with the department approved policy	0	0	0

3. Patients Served

Indicate the number of patients served by SFY.

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

Kevin Splaine

Date

08/07/2026



Title

Chief Executive Officer, Emory Hospital Warner Robins/Perry

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