## 2022 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum HOSP641- Emory University Hospital Smyrna

| Section 1: Hospital Only Data from Hospital Finance | ial Survey (HF   | S):                             |                                 |                              |                            |           |                                     |                                 |                    |   |  |
|---|--|---------------------------------|---------------------------------|------------------------------|----------------------------|-----------|-------------------------------------|---------------------------------|--------------------|---|--|
|   | Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care |                                 |                                 |                              |                            |           |                                     |                                 |                    |   |  |
| HFS Source:   | Part C, 1  | Part C, 1                       | Part C, 1                       | Part C, 1                    | Part C, 1                  | Part C, 1 | Part E, 1                           | Part E, 1                       | Part C, 1          |   |  |
|   | Gross Patient<br>Charges   | Medicare<br>Contractual<br>Adjs | Medicaid<br>Contractual<br>Adjs | Other<br>Contractual<br>Adjs | Hill Burton<br>Obligations | Bad Debt  | Gross<br>Indigent Care<br>(IP & OP) | Gross Charity<br>Care (IP & OP) | Other Free<br>Care | Total Deductions of All Types (Sum Col 2-9) | Net Patient<br>Revenue (Col<br>1 - 10) |
|   | 1  | 2                               | 3                               | 4                            | 5                          | 6         | 7                                   | 8                               | 9                  | 10  | 11                                     |
| Inpatient Gross Patient Revenue                     | . 0  | _                               |                                 |                              |                            |           | •                                   |                                 |                    |   |  |
| Outpatient Gross Patient Revenue                    | 14,872,516   |                                 |                                 |                              |                            |           |                                     |                                 |                    |   |  |
| Per Part C, 1. Financial Table                      | ,,,,,  | 5,475,806                       | 1,300,953                       | 2,901,719                    | 0                          | 0         |                                     |                                 | 0                  |   |  |
| Per Part E, 1. Indigent and Charity Care            |  | 3, 11 3, 2 3                    | .,,                             | _,,,,,,,,                    | -                          | -         | 160,985                             | 95,552                          |                    |   |  |
| Totals per HFS                                      | 14,872,516   | 5,475,806                       | 1,300,953                       | 2,901,719                    | 0                          | 0         | <u> </u>                            | -                               | 0                  | 9,935,015                                   | 4,937,501                              |
| Section 2: Reconciling Items to Financial Statemen  |  | 5, 11 5, 5 5                    | .,,                             | _,,,,,,,,,                   | -                          |           | 100,000                             | 33,332                          | (B)                | 3,000,000                                   | (B)                                    |
| Non-Hospital Services:                              |  |                                 |                                 |                              |                            |           |                                     |                                 | ,                  |   | ,                                      |
| > Professional Fees                                 | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > Home Health Agency                                | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > SNF/NF Swing Bed Services                         | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > Nursing Home                                      | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > Hospice   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > Freestanding Ambulatory Surg. Centers             | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0.0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| Bad Debt (Expense per Financials) (A)               |  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| Indigent Care Trust Fund Income                     |  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   |  |
| Other Reconciling Items:                            |  |                                 |                                 |                              |                            |           |                                     |                                 |                    |   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0.0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0.0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0.0   |  |
| > N/A   | 0.0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0.0   |  |
| Total Reconciling Items                             | 0  |                                 |                                 |                              |                            |           |                                     |                                 |                    | 0   | 0                                      |
| Total Per Form                                      | 14,872,516   |                                 |                                 |                              |                            |           |                                     |                                 |                    | 9,935,015                                   | 4,937,501                              |
| Total Per Financial Statements                      | 14872516.0   |                                 |                                 |                              |                            |           |                                     |                                 |                    | 2,222,310                                   | 4937501.0                              |
| Unreconciled Difference (Must be Zero)              | 0  |                                 |                                 |                              |                            |           |                                     |                                 |                    |   | 4337301.0                              |
| Office of the office (Must be Zero)                 | 0  |                                 |                                 |                              |                            |           |                                     |                                 |                    |   | U                                      |

<sup>(</sup>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).

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