

## 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	4,334,650
Total Inpatient Admissions accounting for Inpatient Revenue	253
Outpatient Gross Patient Revenue	20,846,394
Total Outpatient Visits accounting for Outpatient Revenue	10,180
Medicare Contractual Adjustments	6,450,003
Medicaid Contractual Adjustments	2,235,379
Other Contractual Adjustments:	3,480,463
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	368,767
Gross Indigent Care:	1,351,450
Gross Charity Care:	657,218
Uncompensated Indigent Care (net):	1,351,450
Uncompensated Charity Care (net):	657,218
Other Free Care:	243,715
Other Revenue/Gains:	772,067
Total Expenses:	10,161,674

### 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	184,914
Employee Discounts	57,740
Small Balance Write Offs	1,061
<b>Total</b>	<b>243,715</b>

## 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?

07/01/2022

### 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.?

**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.)?

250%