

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	3,807,305
Total Inpatient Admissions accounting for Inpatient Revenue	678
Outpatient Gross Patient Revenue	70,788,437
Total Outpatient Visits accounting for Outpatient Revenue	21,693
Medicare Contractual Adjustments	11,623,153
Medicaid Contractual Adjustments	8,336,397
Other Contractual Adjustments:	31,612,831
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	7,414,107
Gross Indigent Care:	1,088,211
Gross Charity Care:	1,366,370
Uncompensated Indigent Care (net):	1,088,211
Uncompensated Charity Care (net):	1,366,370
Other Free Care:	0
Other Revenue/Gains:	4,044,479
Total Expenses:	23,412,887

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	0
Employee Discounts	0
	0
Total	0

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?

01/01/2024

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.?