



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2024 Hospital Financial Survey

Part A : General Information

1. Identification

UID:HOSP244

Facility Name: Tanner Medical Center Villa Rica

County: Carroll

Street Address: 601 Dallas Highway

City: Villa Rica

Zip: 30180

Mailing Address: 705 Dixie Street

Mailing City: Carrollton

Mailing Zip: 30117

Medicaid Provider Number: 110015

Medicare Provider Number: 000002032A

2. Report Period

Please report data for the hospital fiscal year ending during calendar year 2024 only.
Do not use a different report period.

Please indicate your hospital fiscal year.

From: 7/1/2023 To:6/30/2024

Please indicate your cost report year.

From: 07/01/2023 To:06/30/2024

☐

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's trauma center designation changed, provide the date and type of change.

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Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Keri Smith

Contact Title: VP of Finance

Phone: 770-812-8874

Fax: 770-812-9834

E-mail: kerismith@tanner.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	222,121,274
Total Inpatient Admissions accounting for Inpatient Revenue	8,264
Outpatient Gross Patient Revenue	685,704,859
Total Outpatient Visits accounting for Outpatient Revenue	164,615
Medicare Contractual Adjustments	302,071,118
Medicaid Contractual Adjustments	87,532,343
Other Contractual Adjustments:	150,096,400
Hill Burton Obligations:	0
Bad Debt (net of recoveries):	22,629,869
Gross Indigent Care:	23,664,697
Gross Charity Care:	3,187,654
Uncompensated Indigent Care (net):	23,664,697
Uncompensated Charity Care (net):	3,187,654
Other Free Care:	0
Other Revenue/Gains:	4,728,036
Total Expenses:	243,382,450

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?

07/01/2023

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.)?

350%

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 2024? (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	7,319,219	741,812	8,061,031
Outpatient	16,345,478	2,445,842	18,791,320
Total	23,664,697	3,187,654	26,852,351

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

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	7,319,219	741,812	8,061,031
Outpatient	16,345,478	2,445,842	18,791,320
Total	23,664,697	3,187,654	26,852,351

Part F : Patient Origin

1. Total Gross Indigent/Charity Care By Charges County

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.)

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)

County	Inp Ad-I	Inp Ch-I	Out Vis-I	Out Ch-I	Inp Ad-C	Inp Ch-C	Out Vis-C	Out Ch-C
Alabama	25	213,641	600	1,128,864	6	3,641	140	57,561
APPLING	0	0	29	41,024	0	0	0	0
BAKER	0	0	0	0	0	0	1	51
BANKS	0	0	1	4,382	0	0	0	0
BARROW	0	0	1	1,707	0	0	2	1,854
BARTOW	23	73,803	40	16,099	3	1,678	14	13,743
BERRIEN	0	0	0	0	1	1,708	0	0
BIBB	0	0	3	3,044	0	0	7	3,609
BULLOCH	0	0	0	0	0	0	2	1,906
BUTTS	1	1,490	11	38,321	0	0	3	261
CALHOUN	0	0	7	4,900	0	0	7	1,019
CARROLL	537	4,108,504	8,103	9,700,513	126	237,708	2,675	1,316,920
CHATHAM	0	0	0	0	0	0	2	1,608
CHATTOOGA	1	848	1	202	1	230	0	0
CHEROKEE	0	0	17	13,170	0	0	2	1,528
CLARKE	1	5,588	3	35,683	0	0	1	276
CLAYTON	4	11,976	21	19,207	0	0	19	8,302
COBB	26	465,230	392	497,942	18	33,217	241	100,633
COLQUITT	0	0	2	3,592	0	0	0	0
COLUMBIA	1	1,490	1	350	0	0	0	0
COWETA	3	5,278	123	99,624	3	3,015	12	6,262
DAWSON	0	0	0	0	0	0	2	618
DEKALB	3	17,744	56	123,012	0	0	17	1,315
DODGE	0	0	0	0	0	0	1	90
DOUGLAS	113	974,731	1,173	1,332,708	32	95,092	562	289,270
FANNIN	0	0	0	0	0	0	1	132
FAYETTE	1	1,877	5	6,625	0	0	0	0
Florida	3	117,549	19	81,880	0	0	2	1,374
FLOYD	7	10,740	19	9,940	6	1,150	25	3,328
FORSYTH	2	3,522	1	4,885	0	0	0	0
FRANKLIN	0	0	0	0	0	0	1	542
FULTON	5	10,537	74	89,995	2	1,432	62	35,729

GILMER	5	2,109	2	5,439	0	0	1	1,983
GORDON	0	0	0	0	1	947	0	0
GRADY	0	0	1	4,884	0	0	1	409
HALL	0	0	11	43,986	0	0	4	2,201
HARALSON	106	526,708	924	1,117,667	26	231,719	256	199,918
HART	0	0	4	644	0	0	1	126
HEARD	10	50,213	318	250,068	14	70,532	59	32,353
HENRY	2	1,890	4	935	0	0	3	587
JASPER	0	0	3	6,876	0	0	0	0
JOHNSON	0	0	1	646	0	0	0	0
JONES	0	0	0	0	0	0	2	1,015
LAMAR	0	0	0	0	0	0	1	678
LAURENS	0	0	1	480	0	0	0	0
LIBERTY	0	0	12	8,823	0	0	0	0
LOWNDES	0	0	0	0	0	0	1	604
LUMPKIN	0	0	0	0	0	0	1	1,086
MADISON	0	0	0	0	0	0	1	59
MERIWETHER	1	5,300	1	140	3	1,057	1	84
MUSCOGEE	9	11,196	6	3,198	4	7,479	6	2,240
NEWTON	0	0	3	388	0	0	3	4,238
North Carolina	3	2,714	9	31,379	0	0	1	198
Other Out of State	8	188,961	78	349,884	3	6,886	15	5,248
PAULDING	56	438,625	635	1,147,347	20	18,896	349	306,360
PEACH	0	0	3	3,867	0	0	0	0
PIKE	1	5,392	0	0	0	0	3	5,530
POLK	1	12,660	36	47,331	3	20,198	21	18,371
ROCKDALE	0	0	1	762	0	0	1	239
SCHLEY	0	0	0	0	0	0	1	3,641
South Carolina	0	0	9	23,929	1	955	2	2,044
SPALDING	1	23,629	1	6,094	0	0	0	0
SUMTER	0	0	2	9,599	0	0	0	0
Tennessee	2	8,820	10	12,043	0	0	2	527
TOWNS	0	0	1	103	0	0	0	0
TROUP	4	16,454	34	8,818	7	4,272	2	4,033
WALKER	0	0	1	1,520	0	0	0	0
WALTON	0	0	0	0	0	0	1	1,402
WAYNE	0	0	0	0	0	0	1	2,157
WHITE	0	0	1	959	0	0	0	0
WHITFIELD	0	0	0	0	0	0	1	36
WILKES	0	0	0	0	0	0	1	544
Total	965	7,319,219	12,814	16,345,478	280	741,812	4,543	2,445,842

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 2024?
(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 2024.

Patient Category		SFY 2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
A.	Qualified Medically Indigent Patients with incomes up to 125% of the Federal Poverty Level Guidelines and served without charge.	0	23,664,697	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	3,187,655	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.

SFY2022 7/1/21-6/30/22	SFY2024 7/1/22-6/30/23	SFY2024 7/1/23-6/30/24
0	18,602	0

Reconciliation Addendum

This section is printed in landscape format on a separate PDF file.

Electronic Signature

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.

Signature of Chief Executive: Loy Howard

Date: 7/25/2025

Title: CEO

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.

Signature of Financial Officer: Carol Crews

Date: 7/25/2025

Title: EVP/CFO

Comments: