ANNUAL COMMUNITY BENEFIT REPORT

[As Required Pursuant to O.C.G.A. § 31-7-90.1(a) and O.C.G.A. § 14-3-305 (d)]

To be filed with the Clerk of the Superior Court of the County in which the Authority's Hospital is located and with the governing body (or bodies) of the Authority's participating unit(s).

Clerk: After recording, please return to: Julie Bhavnani
Colquitt Regional Medical Center
P.O Box 40, Moultrie GA 31776

For the Period October 1, 2021 through September 30 2022 (or dates for fiscal year).

PART A. GENERAL INFORMATION

1. Facility Name or Hospital Authority Name: Hospital Authority of Colquitt County, Georgia

2. Street Address: 3131 South Main Street, Moultrie, GA- 31768

3. Mailing Address (if different from Street Address): P.O Box 40
Moultrie, Georgia 31776

4. County in which Facility or Hospital is located: Colquitt County

5. Governing Body (or Bodies) of Hospital Authority's Participating Units: City of Moultrie, Colquitt County

6. Person Authorized to respond to inquiries about this report:
   a. Name: Julie Bhavnani
   b. Title: Vice President and Chief Financial Officer
   c. Phone Number: (229) 891-9244

7. Report data for the full preceding 12-month period, either calendar of fiscal year. Confirm that the correct report period has been used by completing the report period beginning and ending dates below.
   a. Report Period: Beginning Date 10/1/2021 Ending Date 9/30/2022
   b. Was the hospital operational for the entire year? [X]Yes [ ]No
   If No, provide the dates the hospital was operational (*explain*):

8. Verification of Review by Facility Chief Executive Officer:

Reviewed and Approved: _____ Date: 8/17/23
Signature of CEO (Original Signature)

Julie Bhavnani, Vice president and Chief Financial Officer
(Typed/Printed Name and Title of CEO)

ANNUAL REPORT OF CERTAIN TRANSACTIONS

[As Required Pursuant to O.C.G.A. §31-7-90.1 and O.C.G.A. §14-3-305(d)]

To be filed with the Clerk of the Superior Court of the County in which the Authority's Hospital is located and with the governing body (or bodies) of the Authority's participating unit(s).

Note: A separate form should be completed and filed for the Hospital Authority and each nonprofit corporation formed, created or operated by or on behalf of the Hospital Authority (a "Nonprofit") in order to operate the hospital.

Clerk: After recording, please return to: Colquitt Regional Medical Center
James I. Matney, President & CEO
P.O Box 40, Moultrie, GA 31776

For the Period October 1, 2021 through September 30, 2022.

PART A. GENERAL INFORMATION

1. Name of Hospital Authority or Nonprofit: Hospital Authority of Colquitt County, Georgia
2. Street Address: 3131 South Main Street, Moultrie, GA 31768
3. Mailing Address (if different from Street Address): P.O Box 40
Moultrie, GA 31776
4. County in which Hospital is located: Colquitt
5. Governing Body (or Bodies) of Hospital Authority's Participating Units: City Of Moultrie, Colquitt County
6. Person Authorized to respond to inquiries about this report:
   a. Name: Julie Bhavnani
   b. Title: Vice President & Chief Financial Officer
   c. Phone Number: (229) 891-9244

PART B. BUSINESS TRANSACTIONS – HOSPITAL AUTHORITY

If this report is being filed on behalf of a Hospital Authority, please identify below any entity in which a Hospital Authority member (or a Hospital Authority member's spouse, child or sibling) has a direct or indirect ownership of assets or stock constituting between 10% and 25% and which Transacted Business with the Hospital Authority during the year covered by this report. (Attach additional pages, if necessary.) For purposes hereof, the term "Transacted Business" means any sale or lease of any personal property, real property, or services on behalf of oneself or on behalf of any third party as an agent, broker, dealer, or representative.

B. BUSINESS TRANSACTIONS - HOSPITAL AUTHORITY (Continued)

Name of Hospital Authority Member (or Family Member)	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Nature of Business Transaction
1.				
2.				
3.				
4.				
5.				

PART C. BUSINESS TRANSACTIONS -- NONPROFIT

If this report is being filed on behalf of a Nonprofit, please identify below any entity in which a member of the board of such Nonprofit (or such board member's spouse, child or sibling) has a direct or indirect ownership of assets or stock constituting between 10% and 25% and which Transacted Business with the Nonprofit during the year covered by this report. (Attach additional pages, if necessary.) For purposes hereof, the term "Transacted Business" means any sale or lease of any personal property, real property, or services on behalf of oneself or on behalf of any third party as an agent, broker, dealer, or representative.

Name of Nonprofit Board Member (or Family Member)	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Nature of Business Transaction
1.				
2.				
3.				
4.				
5.				

PART D. CERTIFICATION

By signing below, I certify that, to the best of my knowledge and belief, this report is complete and accurate as of the date of signing.

Signature

8/17/23
Date

Julie Bhavnani
Name (please print or type)

Vice President & CFO
Title

Sworn to and subscribed before me this 17 day of August, 2023.

Rebecca Hunter
Notary Public

My Commission expires: June 2, 2024
[Notarial Seal]

OFFICIAL SEAL
REBECCA HUNTER
NOTARY PUBLIC – GEORGIA
COLQUITT COUNTY
My Commission Expires June 2, 2024

HOSPITAL AUTHORITY OF COULQUITT COUNTY
INDIGENT/CHARITY CARE WRITE-OFFS
FISCAL YEAR ENDED SEPTEMBER 2021

	Inpatient			
	Indigent		Charity	
County	# Patients	Adjustments	# Patients	Adjustments
Colquitt	309	2,140,860	109	661,629.52
Thomas	4	18,452	7	62,697.34
Out of State	1	14,712		-
Brooks	5	5,237	3	6,951.54
Mitchell	8	68,817	2	1,882.60
Tift	6	8,245	3	1,755.00
Lowndes	2	1,301		-
Cook	1	1,580	1	1,630.10
Ben Hill	1	683		-
Worth	4	5,873		-
Dougherty	1	1,800	1	15,858.03
Turner	1	29,455	1	1,557.60
Cobb		-	1	1,488.86
Sub-total	**343**	**2,297,014**	**128**	**755,450.59**

	Outpatient			
	Indigent		Charity	
County	# Patients	Adjustments	# Patients	Adjustments
Colquitt	3,811	3,543,548	1,647	639,255
Thomas	156	167,814	39	27,003
Out of State	34	20,153	29	34,797
Brooks	121	143,803	41	18,151
Mitchell	81	68,680	39	38,238
Webster	1	300		-
Pierce	4	11,789		-
Tift	87	127,989	18	14,419
Lowndes	40	30,146	5	20,579
Cook	34	18,374	34	8,011
Macon	3	161		-
Ben Hill	13	5,231	11	1,393
Franklin	3	3,712		-
Worth	13	9,757	4	915
Lee	2	4,987	5	743
Dougherty	28	41,054		-
Whitfield	9	1,913		-
Turner		-	1	52
Berrien	19	6,572	14	7,947
Twiggs		-	7	(412)
Cobb		-	5	1,931
Sub-total	**4,459**	**4,205,981**	**1,899**	**813,024**

Grand Total	**4,802**	**6,502,996**	**2,027**	**1,568,474**

Total write offs: **8,071,470**