# 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

For the Period October 1, 2022 through September 30 2023 (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, GA 31768

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

5. Governing Body (or Bodies) of Hospital Authority's Participating Units:

6. Person Authorized to respond to inquiries about this report:

   a. Name: Julie Bhavnani
   b. Title: CFO
   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 10/1/2022 Ending Date 9/30/2023
   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: 7/17/24
Signature of CEO (Original Signature)

James L. Matney- President & CEO
(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: Julie Bhavnani
Colquitt Regional Medical Center
P. o Box 40, Moultrie GA

For the Period October 1st, 2022 through September 30th, 2023.

## PART A. GENERAL INFORMATION

1. Name of Hospital Authority or Nonprofit: Hospital Authority of Colquitt County

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

3. Mailing Address (if different from Street Address):

4. County in which Hospital is located: Colquitt

5. Governing Body (or Bodies) of Hospital Authority's Participating Units:

6. Person Authorized to respond to inquiries about this report:
   a. Name: Julie Bhavnani
   b. Title: CFO
   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.

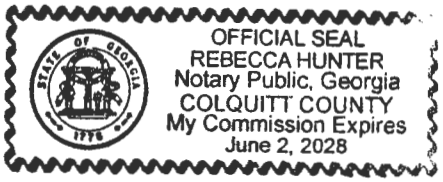
| | |
|---|---|
| Signature | Date: 7/17/24 |
| Julie Bhavnani | CFO |
| Name (please print or type) | Title |

Sworn to and subscribed before me this 17 day of July, 2024.

Rebecca Hunter
Notary Public

My Commission expires: June 2, 2028

[Notarial Seal]



**HOSPITAL AUTHORITY OF COULQUITT COUNTY**
**INDIGENT/CHARITY CARE WRITE-OFFS**
**FISCAL YEAR ENDED SEPTEMBER 2023**

| | Inpatient | | | |
|---|---|---|---|---|
| | Indigent | | Charity | |
| County | # Patients | Adjustments | # Patients | Adjustments |
| | | | | |
| | 0 | - | 0 | - |
| Ada | 1 | 1,750 | 0 | - |
| Ben Hill | 0 | - | 1 | 545.16 |
| Brooks | 16 | 189,210 | 1 | 569.50 |
| Colquitt | 232 | 1,534,591 | 66 | 148,265.44 |
| Cook | 3 | 2,917 | 0 | - |
| Lowndes | 1 | 1,580 | 0 | - |
| Macon | 1 | 4,950 | 0 | - |
| Mitchell | 6 | 6,525 | 0 | - |
| Out of State | 1 | 1,480 | 2 | 1,556.15 |
| Thomas | 10 | 107,676 | 2 | 6,015.81 |
| Tift | 1 | 1,125 | 0 | - |
| Worth | 4 | 14,084 | 0 | - |
| | | | | |
| Sub-total | **276** | **1,865,888** | **72** | **156,952.06** |

| | Outpatient | | | |
|---|---|---|---|---|
| | Indigent | | Charity | |
| County | # Patients | Adjustments | # Patients | Adjustments |
| | | | | |
| Ada | 1 | 90 | - | - |
| Ben Hill | 4 | 1,516 | 4 | 665 |
| Berrien | 6 | 11,179 | 0 | 0 |
| Brooks | 113 | 93,256 | 24 | 3,505 |
| Coffee | 3 | 799 | 0 | - |
| Colquitt | 2921 | 2,689,338 | 1079 | 386,481 |
| Cook | 53 | 29,337 | 15 | 41,618 |
| Dougherty | 6 | 2,069 | 3 | 1,323 |
| Houston | 0 | - | 16 | 441 |
| Lowndes | 42 | 13,636 | 9 | 37,450 |
| Mitchell | 98 | 28,387 | 61 | 57,088 |
| Out of State | 42 | 93,299 | 35 | 16,939 |
| Sumter | 0 | - | 3 | 639 |
| Thomas | 136 | 130,232 | 22 | 7,810 |
| Tift | 104 | 125,700 | 25 | 6,375 |
| Turner | 1 | 3,817 | 0 | - |
| Wilcox | ~~11~~ | ~~8,398~~ | | |
| Worth | ~~16~~ | ~~12,927~~ | | |
| | | | | |
| Sub-total | **3,557** | **3,253,978** | **1,296** | **560,332** |

| | | | | |
|---|---|---|---|---|
| **Grand Total** | **3,833** | **5,119,866** | **1,368** | **717,284** |

**Total write offs:** **5,837,151**