

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 31768

For the Period October 1, 2023 through September 30 2024 (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): _____
4. County in which Facility or 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
7. Report data for the full preceding 12-month period, either calendar or 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 10/1/2023 Ending Date 9/30/2024
 - b. Was the hospital operational for the entire year? ☒ Yes ☐ No
If No, provide the dates the hospital was operational (*explain*): _____
8. Verification of Review by Facility Chief Executive Officer:

Reviewed and Approved: James L. Matney Date: 03/24/2025
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 31768

For the Period October 1, 2023 through September 30, 2024.

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)

<u>Name of Hospital Authority Member (or Family Member)</u>	<u>Name of Entity</u>	<u>Type of Ownership Interest</u>	<u>Percentage Ownership Interest</u>	<u>Nature of Business Transaction</u>
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.

<u>Name of Nonprofit Board Member (or Family Member)</u>	<u>Name of Entity</u>	<u>Type of Ownership Interest</u>	<u>Percentage Ownership Interest</u>	<u>Nature of Business Transaction</u>
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.

Julie
Signature
Julie Bhavnani

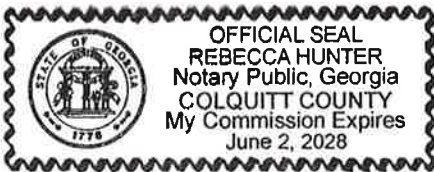
3/24/25
Date
CFO
Title

Name (please print or type)

Sworn to and subscribed before me this 24 day of March, 2025.

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 2024

County	Inpatient				
	Indigent		Charity		
	# Patients	Adjustments	# Patients	Adjustments	
Berrien	3	67,992.3			
Brooks	12	213,563.1	3	2,716.0	
Colquitt	312	2,340,514.9	81	276,449.8	
Cook	11	131,329.2	1	15,865.0	
Dougherty	1	13,703.4			
Lowndes	4	10,183.6			
Macon	1	325.0			
Mitchell	5	5,859.4	5	9,101.9	
Out of State	1	1,556.0	3	7,881.5	
Thomas	9	85,267.3			
Tift	10	67,186.8	1	3,206.1	
Turner	1	6,710.6			
Worth	7	7,904.0	2	1,759.6	
Sub-total	377	2,952,095.6	96	316,979.9	

County	Outpatient				
	Indigent		Charity		
	# Patients	Adjustments	# Patients	Adjustments	
Atkinson	2	1,710			
Ben Hill	6	836			
Berrien	36	108,369	4	1,300	
Brooks	113	91,584	51	15,600	
Coffee			1	8,367	
Colquitt	4860	4,297,556	1240	434,136	
Cook	107	437,895	14	12,985	
Crisp			1	800	
Dougherty	13	12,667			
Irwin	11	3,622			
Lowndes	45	63,975	13	5,809	
Macon	3	580			
Mitchell	167	189,185	39	34,318	
Out of State	57	54,516	20	3,286	
Sumter	3	1,010			
Thomas	127	188,274	24	30,974	
Tift	102	233,900	41	26,268	
Turner	7	36,619	4	2,872	
Wilcox	11	6,893			
Worth	42	16,587	12	2,672	
Sub-total	5,712	5,745,776	1,464	579,387	

Grand Total	6,089	8,697,872	-	1,560	896,366
Total write offs:		9,594,239			