

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP346 2018 Forsyth
 Northside Hospital Forsyth

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID: HOSP346
 Facility Name: Northside Hospital Forsyth County: Forsyth

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Gamma Knife
 CON: 2013-010

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: 1/1/2018 Ending: 12/31/2018

3. Was the service identified above operational for the full report period?

Yes

If "No," explain:

Part B: Signature and Contact

I have reviewed the responses to this survey and certify that the information is true and accurate. I understand that the information submitted in this survey is subject to compliance review by the Department.

Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/10/2019

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

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Gamma Knife

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 474,426	13
Uncompensated Charity Care	\$ 440,338	21
Totals	\$ 914,764	33
Adjusted Gross Revenue	\$ 5,880,999	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC174 2018 Habersham
 Northside Habersham Imaging

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$25,225	30
Uncompensated Charity Care	\$70,673	88
Totals	\$95,898	118
Adjusted Gross Revenue	\$2,389,197	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC108 2018 Douglas
MRI and Imaging of Douglasville

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$17,542	7
Uncompensated Charity Care	\$33,988	17
Totals	\$51,530	24
Adjusted Gross Revenue	\$822,091	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC117 2018 Cherokee
MRI & Imaging of Woodstock

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$271,507	160
Uncompensated Charity Care	\$622,605	932
Totals	\$894,112	1,072
Adjusted Gross Revenue	\$13,599,387	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC115 2018 Fulton
MRI & Imaging of Hapeville

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID: *Northside/*
Facility Name: *Hapeville Imaging* County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$9,541	11
Uncompensated Charity Care	\$52,562	39
Totals	\$62,103	49
Adjusted Gross Revenue	\$1,495,437	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC113 2018 Gwinnett
MRI & Imaging of Snellville

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$120,616	104
Uncompensated Charity Care	\$242,392	199
Totals	\$363,008	299
Adjusted Gross Revenue	\$6,944,273	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC177 2018 Fulton
MRI and Imaging of Johns Creek

Part A: General Information

Georgia Department of Community Health

1. Year: 2018
 Facility UID: DTRC177
 Facility Name: MRI and Imaging of Johns Creek *Northside/McGinnis Ferry Imaging* County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:
 Beginning: Ending:

3. Was the service identified above operational for the full report period?

If "No," explain:

Part B: Signature and Contact

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$69,561	38
Uncompensated Charity Care	\$238,129	265
Totals	\$307,690	298
Adjusted Gross Revenue	\$5,910,497	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC164 2018 Cobb
Northside Marble Mill Imaging

Part A: General Information**Georgia Department of Community Health**

1. Year: 2018

Facility UID: DTRC164
 Facility Name: Northside Marble Mill Imaging County: Cobb

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2011-025

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: 1/1/2018 Ending: 12/31/2018

3. Was the service identified above operational for the full report period?

Yes

If "No," explain:

Part B: Signature and Contact

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Authorized Signature: Brian J. Toporek Title: Senior Planner Date: 7/10/2019

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

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 99,737	38
Uncompensated Charity Care	\$ 103,710	63
Totals	\$ 203,447	99
Adjusted Gross Revenue	\$ 3,655,494	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC157 2018 Clayton
Northside Riverdale Imaging

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID: DTRC157
Facility Name: Northside Riverdale Imaging County: Clayton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
CON: 2010-015

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: 11/1/2018 Ending: 12/31/2018

3. Was the service identified above operational for the full report period?

Yes

If "No," explain:

Part B: Signature and Contact

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Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/10/2019

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

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$257,203	174
Uncompensated Charity Care	\$193,860	264
Totals	\$451,063	431
Adjusted Gross Revenue	\$4,071,113	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC109 2018 Hall
 MRI & Imaging of Gainesville

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$488,638	349
Uncompensated Charity Care	\$849,670	999
Totals	\$1,338,308	1,316
Adjusted Gross Revenue	\$13,885,620	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC171 2018 Fulton
 OMI Diagnostics - Lake Hearn

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

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Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 206,247	65
Uncompensated Charity Care	\$ 193,083	90
Totals	\$ 399,330	154
Adjusted Gross Revenue	\$ 4,299,256	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC175 2018 Fulton
 Northside Roswell Imaging

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 79,574	55
Uncompensated Charity Care	\$ 96,871	71
Totals	\$ 176,445	125
Adjusted Gross Revenue	\$ 3,733,704	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC047 2018 Fulton
MRI & Imaging of North Fulton

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID: County:
Facility Name:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 87,832	44
Uncompensated Charity Care	\$ 69,411	44
Totals	\$ 157,243	88
Adjusted Gross Revenue	\$ 4,210,038	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC112 2018 Forsyth
MRI & Imaging of Cumming

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:

CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

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Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 162,376	63
Uncompensated Charity Care	\$ 302,723	248
Totals	\$ 465,099	311
Adjusted Gross Revenue	\$ 5,387,321	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC163 2018 Douglas
 OMI Diagnostics-Douglasville

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$150,935	72
Uncompensated Charity Care	\$147,040	173
Totals	\$297,974	240
Adjusted Gross Revenue	\$4,145,396	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC105 2018 Clarke
MRI & Imaging of Athens

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

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Report Period:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 80,686	80
Uncompensated Charity Care	\$ 226,958	264
Totals	\$ 307,644	344
Adjusted Gross Revenue	\$ 4,961,284	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC168 2018 Cobb
 Northside Marietta Imaging Center

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Report Period:

Beginning: Ending:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 456,048	168
Uncompensated Charity Care	\$ 244,578	262
Totals	\$ 700,625	422
Adjusted Gross Revenue	\$ 9,686,570	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2018 Cherokee
Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 48,420	15
Uncompensated Charity Care	\$ 170,104	79
Totals	\$ 218,525	94
Adjusted Gross Revenue	\$ 2,310,905	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2018 Cherokee
Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

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Report Period:

Beginning: Ending:

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 241,799	37
Uncompensated Charity Care	\$ 535,138	72
Totals	\$ 776,937	107
Adjusted Gross Revenue	\$8,567,530	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC110 2018 Fulton
 Duluth Diagnostic Imaging

Part A: General Information

Georgia Department of Community Health

1.

Year: 2018

Facility UID: Northside/Duluth
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

If "No," explain:

Part B: Signature and Contact

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 4,506	1
Uncompensated Charity Care	\$ 0	0
Totals	\$ 4,506	1
Adjusted Gross Revenue	\$ 4,506	

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2018 Cherokee
Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2018
Facility UID: HOSP541
Facility Name: Northside Hospital Cherokee County: Cherokee

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Radiation Therapy Services
CON: 2014-037

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:
Beginning: 1/1/2018 Ending: 12/31/2018

3. Was the service identified above operational for the full report period? Yes

If "No," explain:

Part B: Signature and Contact

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Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/10/2019

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

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Radiation Therapy Services

	Amount *	Number of Patients
Uncompensated Indigent Care	\$ 1,982,300	78
Uncompensated Charity Care	\$ 1,565,363	96
Totals	\$ 3,547,663	157
Adjusted Gross Revenue	\$ 20,372,293	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2018 Cherokee
Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2018

Facility UID:
Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
CON:

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Report Period:

Beginning: Ending:

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Authorized Signature: Title: Date:

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

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 241,799	37
Uncompensated Charity Care	\$ 535,138	72
Totals	\$ 776,937	107
Adjusted Gross Revenue	\$8,567,530	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2018 Cherokee
Northside Hospital Cherokee

Part A: General Information *Georgia Department of Community Health*

1. Year: 2018
 Facility UID: HOSP541
 Facility Name: Northside Hospital Cherokee County: Cherokee

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Radiation Therapy Services
 CON: 2014-037

2. Please report data for the hospital fiscal year ending in calendar year 2018 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2018 Ending: 12/31/2018

3. Was the service identified above operational for the full report period? Yes
 If "No," explain:

Part B: Signature and Contact

I have reviewed the responses to this survey and certify that the information is true and accurate. I understand that the information submitted in this survey is subject to compliance review by the Department.

Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/10/2019

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

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Radiation Therapy Services

	Amount *	Number of Patients
Uncompensated Indigent Care	\$ 1,982,300	78
Uncompensated Charity Care	\$ 1,565,363	96
Totals	\$ 3,547,663	157
Adjusted Gross Revenue	\$ 20,372,293	