



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

HOSP346 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP346

1. Identification

Facility Name:

Northside Hospital Forsyth

County:

Forsyth

Street Address:

1200 Northside Forsyth Drive

City:

Cumming

Zip:

30041

Mailing Address:

1200 Northside Forsyth Drive

Mailing City:

Cumming

Mailing Zip:

30041

Medicaid Provider Number:

00000767

Medicare Provider Number:

110005

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). Do not use a different report period

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

Part B: Survey Contact Information

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

Contact Name:

Julie Ballantine

Contact Title:

Director, Strategic Planning

Phone:

404-851-6870

Fax:

404-250-3102

Email:

julie.ballantine@northside.com

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)

Northside Hospital, Inc.

Organization Type

Not For Profit

Effective Date

10/01/2002

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Northside Health Services, Inc.

Organization Type

Not For Profit

Effective Date

11/01/1991

C. Facility Operator

Full Legal Name (Or Not Applicable)

Northside Hospital, Inc.

Organization Type

Not For Profit

Effective Date

10/01/2002

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Northside Health Services, Inc.

Organization Type

Not For Profit

Effective Date

11/01/1991

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

03/06/2026

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

03/06/2026

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the report period

If you checked the box for yes, please explain in the box below and include effective dates

3.

Check the box to the right if your facility is part of a health care system

Name

Northside Hospital, Inc.

City

Atlanta

State

GA

4.

Check the box to the right if your hospital is a division or subsidiary of a holding company

Name

Northside Health Services, Inc.

City

Atlanta

State

GA

5.

Check the box to the right if the hospital itself operates subsidiary corporations

Name

City

State

6.

Check the box to the right if your hospital is a member of an alliance

Name

GA Alliance of Community Hospitals; VHA

City

N/A

State

N/A

7.

Check the box to the right if your hospital is a participant in a health care network

Name

Northside Health Network; NovaNet; Others

City

N/A

State

N/A

8. Peer Review Process Related to Medical Errors

Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors

9. Primary Care Physician Group Practice

Check the box to the right if the hospital owns or operates a primary care physician group practice

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

- Health Maintenance Organization(HMO)
- Preferred Provider Organization(PPO)
- Physician Hospital Organization(PHO)
- Provider Service Organization(PSO)
- Other Managed Care or Prepaid Plan

10b. Manage Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D: Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS).

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	50	4,199	13,625	4,174	13,547
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	333	11,395	81,471	11,397	81,209
Intensive Care	24	3,998	18,693	3,988	18,634
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	407	19,592	113,789	19,559	113,390

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	24	3,998	18,693	3,988	18,634
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity.

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	47	260
Asian	946	4,394
Black/African American	1,164	7,032
Hispanic/Latino	1,523	7,416
Pacific Islander/Hawaiian	0	0
White	13,901	83,171
Multi-Racial	2,011	11,516
Total	19,592	113,789

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal

Gender	Admissions	Inpatient Days
Male	7,278	48,592
Female	12,314	65,197
Total	19,592	113,789

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal

Primary Payment Source	Admissions	Inpatient Days
Medicare	9,806	68,117
Medicaid	1,041	5,614
Peachare	0	0
Third-Party	7,453	33,608
Self-Pay	1,185	6,009
Other	107	441
Total	19,592	113,789

5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

434

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	1,908
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	14,530
Average Total Charge for an Inpatient Day	14,383

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

54,447

2. Inpatient Admissions from ER

Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY

13,778

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period

34

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	0	0
Multipurpose Beds	34	68,225
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department

1,611

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital

279,113

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period

3,333

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

319

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

306

Part F: Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Service Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

Services/Facilities	Site Code	Service Status
Podiatric Services	1	1
Renal Dialysis	1	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	1	1
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

Category	Total
Number of Podiatric Patients	874
Number of Dialysis Treatments	2,596
Number of ESWL Patients	37
Number of ESWL Procedures	37
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	77,383
Number of CTS Units (machines)	11
Number of CTS Procedures	74,644
Number of Diagnostic Radioisotope Procedures	1,721
Number of PET Units (machines)	4
Number of PET Procedures	5,132
Number of Therapeutic Radioisotope Procedures	91
Number of Number of MRI Units	11
Number of Number of MRI Procedures	25,756
Number of Chemotherapy Treatments	1,478
Number of Respiratory Therapy Treatments	43,807
Number of Occupational Therapy Treatments	80,137
Number of Physical Therapy Treatments	190,192
Number of Speech Pathology Patients	4,489
Number of Gamma Ray Knife Procedures	166
Number of Gamma Ray Knife Units	1
Number of Audiology Patients	4,035
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	16
Number of Ultrasound/Medical Sonography Procedures	31,623

Number of Treatments, Procedures, or Patients (Other 1)	<input type="text" value="0"/>
Number of Treatments, Procedures, or Patients (Other 2)	<input type="text" value="0"/>
Number of Treatments, Procedures, or Patients (Other 3)	<input type="text" value="0"/>

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

3. Robotic Surgery System

Units

Procedures

Type of Unit(s)

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	<input type="text" value="100.3"/>	<input type="text" value="8.25"/>	<input type="text" value="1.94"/>
Physician Assistants Only (not including Licensed Physicians)	<input type="text" value="10.6"/>	<input type="text" value="1.4"/>	<input type="text" value="0"/>
Registered Nurses (RNs Advanced Practice*)	<input type="text" value="1,233.25"/>	<input type="text" value="86.05"/>	<input type="text" value="10.56"/>
Licensed Practical Nurses (LPNs)	<input type="text" value="77.6"/>	<input type="text" value="22.15"/>	<input type="text" value="0"/>
Pharmacists	<input type="text" value="78.6"/>	<input type="text" value="2.6"/>	<input type="text" value="0"/>
Other Health Services Professionals*	<input type="text" value="935.95"/>	<input type="text" value="146.43"/>	<input type="text" value="36.8"/>
Administration and Support	<input type="text" value="671.7"/>	<input type="text" value="20.83"/>	<input type="text" value="0"/>
All Other Hospital Personnel (not included in above)	<input type="text" value="271.2"/>	<input type="text" value="0"/>	<input type="text" value="5.35"/>

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	More than 90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	61-90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0
Total	0

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	277	<input checked="" type="checkbox"/>	0	0
General Internal Medicine	531	<input checked="" type="checkbox"/>	0	0
Pediatricians	261	<input checked="" type="checkbox"/>	0	0
Other Medical Specialties	967	<input checked="" type="checkbox"/>	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	300	<input checked="" type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	45	<input checked="" type="checkbox"/>	0	0
Ophthalmology Surgery	140	<input checked="" type="checkbox"/>	0	0
Orthopedic Surgery	172	<input checked="" type="checkbox"/>	0	0
Plastic Surgery	96	<input checked="" type="checkbox"/>	0	0
General Surgery	97	<input checked="" type="checkbox"/>	0	0
Thoracic Surgery	13	<input checked="" type="checkbox"/>	0	0
Other Surgical Specialties	155	<input checked="" type="checkbox"/>	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	160	<input checked="" type="checkbox"/>	0	0
Dermatology	55	<input checked="" type="checkbox"/>	0	0
Emergency Medicine	163	<input checked="" type="checkbox"/>	0	0
Nuclear Medicine	3	<input checked="" type="checkbox"/>	0	0
Pathology	36	<input checked="" type="checkbox"/>	0	0
Psychiatry	56	<input checked="" type="checkbox"/>	0	0
Radiology	146	<input checked="" type="checkbox"/>	0	0
Radiation Oncology	38	<input checked="" type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	67
Podiatrists	49
Certified Nurse Midwives with Clinical Privileges in the Hospital	103
All Other Staff Affiliates with Clinical Privileges in the Hospital	2,087

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

Nurse Practitioner, Nurse Anesthetist, Physician Assistant, Anesthesia Assistant, Optometrist, Psychologist, Dietitian

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
Demetria L. Aaron, MD	78201
Ashley Abbott, MD	101221
John T. Abbott, Jr, MD	60694
Nour Hisham Abboushi, MD	60695
Izzeldin K Abdalla, MD	74880
Mazen Ali Abdalla, MD	38414
Eddie K Abdalla, MD	76624
Abdelrahim Yamin Abdel, MD	98991
Monica Abdelmalak, MD	97971
Gihan Salah Abdel-Samed, MD	45376
Muhammad Hasan Omer Abdulrahman, MD	64732
Mekdess Asamnew Abebe, MD	86962
Janice Elise Abernathy, MD	100219
Mohamed Modar Abidian, MD	90948
Kamran Abolmaali, MD	80255
Jeffrey Abrams, MD	30707
Peter Jay Abramson, MD	38416
Richard Browe Abrohams, MD	25570
Hesham F. Abukhdeir, MD	82693
Steven Angelo D'Avino Accarino, MD	36077
Thomas V Adamkiewicz, MD	40851
Samuel Franklin Adams, Jr, MD	35797
Alan Loyd Adams, DO	76627
Kateena L Addae-Konadu, MD, PHD	92296
Swetha Addagatla, MD	79924
Julius Kolawole Adebisi, MD	58939
Pelumi Adedayo, MD	84018
Adekemi Oluseun Adedeji, DO	66237
Oluwatoyin Omolade Adedeji, MD	59354
Olaitan A Adeniji, MD	52670
Adeyinka Adeniyi, MD	92435

Full Name	License Number
Ibimina Adeoya, MD	98459
Ayodeji Adeoya, MD	75587
Santhi Adigopula, MD	68470
Kelvin Adjei-Twum, MD	102244
Kelly Marie Adkins, MD	60743
Madhurima Adulla, MD	57035
Simbo O Aduloju, MD	56674
Yordanos Agajyelleh, MD	99224
Komal Agarwal, MD	84950
Folatom Agbe-Davies, MD	87755
Olanrewaju Agbe-Davies, MD	88174
Arvind K Aggarwal, MD	56400
Deepak K. Aggarwal, MD	57767
Elfriede Ampong Agyemang, MD	79039
Zaheer Ahammad, DPM	POD001548
Amier Ahmad, MD	88150
Anbar Ahmad, MD	69748
Rehman Bienvenido Ahmad, DO	88227
Shelly J Ahmann, MD	46723
Shahzad Mahmud Ahmed, MD	81694
Huma Parveen Ahmed, MD	62935
Farhan Ahmed, MD	79694
Osman Ahmed, MD	62801
Kelly J Ahn, MD	39028
Jawaid Ahsan, MD	61937
Scott W Ainsworth, MD	35799
Nancy Aitcheson, MD	98865
Julius Olukayode Ajayi, MD	43843
Bamidele Ayotunde Ajibola, MD	64745
Maho Akamatsu, MD	43522
Mahfuza Akhtar, MD	87506
Olayinka Alade Akinpelu, MD	63991
Adebayo K Akinsola, MD	67381

Full Name	License Number
Omoleye Akinsola, MD	97786
Saresh Masroor Akmal, MD	95993
Mohammed Jaafar Atta Al Fayyadh, MD	84831
Seham Al Haddad, MD	68347
Hatem Al Kassem, MD	86699
Oluranti Adeleke Aladesanmi, MD	57918
M. Rabiul Alam, MD	61549
Carlos I Alarcon, MD	54534
Basil Salem Al-Awabdy, MD	68427
Clive Albert, MD	35800
Jeffrey J Albert, MD	39030
Todd Mark Albinger, MD	33509
Amy K. Alderman, MD	65203
Diane Z Alexander, MD	34996
Anthony Joseph Alfano, DO	100438
Aaron M Alford, MD	56397
Corrie V E Alford, MD	57567
Ayman Salah Al-Hakim, MD	23012
Sameerah Alkhairy Ali, MD	99939
Mohammed Tahir Ali, MD	101724
Sehar Sikendar Ali, MD	104227
Syed Faizan Ali, MD	94576
Nasima Ali, MD	56797
Bakhtiar Ali, MD	68877
Ahmed Naser Ali, MD	65988
Arif Nasir Ali, MD	62803
Mirza Haider Ali, MD	75369
Birmaji Ali, MD	86160
Osman Ali, MD	98492
Chinwe Nwabundo Aligwekwe, MD	66241
Zoubin Alikhani, MD	67883
Tiffany Sanders Alima, DO	67606
Mariam Ali-Mucheru, MD	88221

Full Name	License Number
Idi Allen, MD	70849
Michael Norman Allen, DO	94962
Robert Lee Allen, MD	33926
Roosevelt Allen, Jr, MD	36083
Jonathon C. Allen, MD	56949
John Brandon Allison, DO	88375
Patris Almasi, MD	88757
Zin Htet Alonso, MD	88718
Riyadh R Al-Rubaye, MD	74165
Riad Alsayed Ahmad, MD	54203
Alexis Matrka Alva, MD	100443
Anahita Alvanpour, MD	90463
Milton Lazaro Alvarez, DO	58567
Ronald J Alvarez, MD	51405
Francisco Javier Amador, MD	100230
Wayne Lee Ambroze, Jr, MD	33019
Jennifer L Amerson, MD	37122
Neil Dilip Amin, MD	71461
Neha Amin, DO	79929
Tarak Hareh Amin, DPM	305043
Dipakkumar Premanand Amin, MD	94394
Shivan Harish Amin, MD	67528
Aakash R Amin, MD	58725
Prashant R. Amin, MD	71953
Folake Tokunbo Aminu, MD	62871
Kailash Sundareshan Amruthur, MD	92683
Shirish Amrutia, MD	70034
Chukwudi Bato Amu, MD	26967
Mercy Ingrid Amua-Quarshie, MD	87567
Tyler Inchul An, DO	79573
Girish Anand, MD	66243
Indu Stacey Anand, MD	45698
David Nelson Anderson, MD	58843

Full Name	License Number
Stephen Milledge Anderson, MD	72507
Larry Wilkins Anderson, DO	20648
Christopher Bryan Anderson, MD	54967
Samantha L Anderson, MD	49158
Brittany Young Anderson, MD	85599
Melissa Hirsu Anderson, MD	70131
Andrew Dylan Anderson, MD	94965
John Steven Andrachuk, MD	69532
Robert Joseph Andrews, MD	80260
Hans Wolfram Andrews, MD	91809
Valisia A Andrews, MD	46291
Jacqueline N Anglade, MD	52879
Ronald E Anglade, MD	52529
Mary Grace R Ani, MD	46029
Ifeyinwa Anigbogu, MD	90231
Suman Annambhotla, MD	70035
Irfan Ansari, MD	46032
Betty Lue Anthony, MD	45385
Steven Louis Anton, MD	19137
Dawit T Antonios, MD	55388
Gertrude Nkiru Anyakwo, MD	65078
Chukwuma Tonna Apakama, MD	105550
Michael Ira Appel, MD	47568
Joshua Appelstein, MD	80341
Zoya Kvitash Arbiser, MD	45702
Brent Joseph Archer, MD	62307
Sahand Arfaie, MD	91301
David Barry Arkin, MD	28136
Eva S Arkin, MD	22887
Joshua French Armentrout, MD	83174
Richard C. Aronoff, DPM	POD000909
Vijay Lakshmi Arora, MD	21633
Brian H. Arslanian, MD	67871

Full Name	License Number
Amir H. Aryaie, MD	75376
Ammar Ali Mubarak Asban, MD	105134
Obehi A Asemota, MD	78986
Nasir Asghar, MD	63286
Salman Ashfaq, MD	47878
Mohammad Ashkiani, MD	96080
Michael Eugene Ashmore, MD	27024
Farooq Ashraf, MD	48590
Bernadette Wang Ashraf, MD	48834
Sunbal Ashraf, MD	104325
Hammad Aslam, MD	83433
David Asrael, MD	51291
Murad Cherif Assaad, MD	76937
Michael Solomon Assefa, MD	87671
Sanjay Athavale, MD	69172
Elizabeth L. Atkins, MD	54653
Brendan Thomas Atkinson, MD	84449
Rekha N Attigere, MD	61822
Ralf Gerald Augenstein, MD	52420
Brooke Augustin, MD	76290
Vaidehi Avadhani, MD	77934
Sreedevi Veluvarti Avdhani, MD	80411
Madhu Belur Avdhani, MD	81535
Mosaab Awad, MD	83801
Srinivasa Rao Ayinala, MD	52531
Stephen M Ayres, MD	30947
Olha I. Azad, MD	66990
Moshe Bachar, MD	73154
Lizamarie Bachier-Rodriguez, MD	89377
Thomas Scheele Backer, MD	30711
Scott David Bader, MD	65928
Daniel Joseph Badia, DO	86527
Herman Bagga, MD	93428

Full Name	License Number
Shahrokh Chaichian Bagheri, MD, DMD	54541
Shahrokh Chaichian Bagheri, MD, DMD	DN014207
Nima Bahraini, MD	82659
Kaydra Bailey, MD	104410

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only). You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Appli	1	0	0	0	0	0	0	0	0	0	0	0	0
Bacoi	0	1	0	0	0	0	0	0	0	0	0	0	0
Baldv	4	2	0	0	0	0	0	0	0	0	0	0	0
Bank	19	16	2	0	0	0	0	0	0	0	0	0	0
Barro	84	78	42	0	0	0	0	0	0	0	0	0	0
Barto	15	16	6	0	0	0	0	0	0	0	0	0	0
Bibb	9	17	1	0	0	0	0	0	0	0	0	0	0
Brant	1	0	1	0	0	0	0	0	0	0	0	0	0
Brool	1	0	0	0	0	0	0	0	0	0	0	0	0
Bullo	0	1	0	0	0	0	0	0	0	0	0	0	0
Butts	3	1	0	0	0	0	0	0	0	0	0	0	0
Carrc	9	24	0	0	0	0	0	0	0	0	0	0	0
Cator	0	2	0	0	0	0	0	0	0	0	0	0	0
Chatt	6	1	0	0	0	0	0	0	0	0	0	0	0
Chatt	0	2	0	0	0	0	0	0	0	0	0	0	0
Cherc	489	473	130	0	0	0	0	0	0	0	0	0	0
Clark	10	9	1	0	0	0	0	0	0	0	0	0	0
Clayt	26	17	2	0	0	0	0	0	0	0	0	0	0
Cobb	175	292	39	0	0	0	0	0	0	0	0	0	0
Colur	3	1	0	0	0	0	0	0	0	0	0	0	0
Cook	0	1	0	0	0	0	0	0	0	0	0	0	0
Cowe	9	17	1	0	0	0	0	0	0	0	0	0	0
Craw	0	2	0	0	0	0	0	0	0	0	0	0	0
Daws	1,816	825	356	0	0	0	0	0	0	0	0	0	0
Deca	0	2	0	0	0	0	0	0	0	0	0	0	0
DeKa	173	225	46	0	0	0	0	0	0	0	0	0	0
Douc	1	5	0	0	0	0	0	0	0	0	0	0	0
Douc	13	36	2	0	0	0	0	0	0	0	0	0	0
Elber	3	2	1	0	0	0	0	0	0	0	0	0	0
Emar	1	0	0	0	0	0	0	0	0	0	0	0	0
Fanni	24	36	3	0	0	0	0	0	0	0	0	0	0

Fayet	12	15	3	0	0	0	0	0	0	0	0	0	0
Floric	71	27	7	0	0	0	0	0	0	0	0	0	0
Floyd	1	3	0	0	0	0	0	0	0	0	0	0	0
Forsy	7,980	3,549	1,342	0	0	0	0	0	0	0	0	0	0
Frank	5	8	1	0	0	0	0	0	0	0	0	0	0
Fulto	2,766	2,133	757	0	0	0	0	0	0	0	0	0	0
Gilmer	35	45	3	0	0	0	0	0	0	0	0	0	0
Glynn	1	0	0	0	0	0	0	0	0	0	0	0	0
Gord	10	15	1	0	0	0	0	0	0	0	0	0	0
Greer	3	7	0	0	0	0	0	0	0	0	0	0	0
Gwin	3,049	2,060	903	0	0	0	0	0	0	0	0	0	0
Habersham	60	60	5	0	0	0	0	0	0	0	0	0	0
Hall	1,300	813	319	0	0	0	0	0	0	0	0	0	0
Hancock	0	1	0	0	0	0	0	0	0	0	0	0	0
Haralson	2	7	0	0	0	0	0	0	0	0	0	0	0
Harri	1	2	0	0	0	0	0	0	0	0	0	0	0
Hart	3	11	0	0	0	0	0	0	0	0	0	0	0
Harris	0	1	0	0	0	0	0	0	0	0	0	0	0
Henry	33	34	8	0	0	0	0	0	0	0	0	0	0
Houston	1	6	0	0	0	0	0	0	0	0	0	0	0
Jackson	160	170	56	0	0	0	0	0	0	0	0	0	0
Jasper	2	3	0	0	0	0	0	0	0	0	0	0	0
Jefferson	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	0	3	0	0	0	0	0	0	0	0	0	0	0
Lamar	1	1	0	0	0	0	0	0	0	0	0	0	0
Laurens	2	0	1	0	0	0	0	0	0	0	0	0	0
Lee	0	2	0	0	0	0	0	0	0	0	0	0	0
Liber	1	1	0	0	0	0	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Lown	2	1	0	0	0	0	0	0	0	0	0	0	0
Lumpkin	443	341	81	0	0	0	0	0	0	0	0	0	0

Madi	0	5	0	0	0	0	0	0	0	0	0	0	0
McDi	0	3	0	0	0	0	0	0	0	0	0	0	0
Meriv	0	1	0	0	0	0	0	0	0	0	0	0	0
Mitcl	3	0	0	0	0	0	0	0	0	0	0	0	0
Monr	5	4	0	0	0	0	0	0	0	0	0	0	0
Mont	1	0	0	0	0	0	0	0	0	0	0	0	0
Morg	2	3	0	0	0	0	0	0	0	0	0	0	0
Murr	3	5	0	0	0	0	0	0	0	0	0	0	0
Musc	8	2	1	0	0	0	0	0	0	0	0	0	0
Newt	24	14	4	0	0	0	0	0	0	0	0	0	0
Nortl	38	64	2	0	0	0	0	0	0	0	0	0	0
Ocon	3	3	0	0	0	0	0	0	0	0	0	0	0
Othe	136	45	8	0	0	0	0	0	0	0	0	0	0
Oglel	1	4	0	0	0	0	0	0	0	0	0	0	0
Pauld	26	19	2	0	0	0	0	0	0	0	0	0	0
Peact	1	1	0	0	0	0	0	0	0	0	0	0	0
Picke	66	103	9	0	0	0	0	0	0	0	0	0	0
Pike	8	2	1	0	0	0	0	0	0	0	0	0	0
Polk	7	6	0	0	0	0	0	0	0	0	0	0	0
Pulas	0	1	0	0	0	0	0	0	0	0	0	0	0
Putn	1	7	1	0	0	0	0	0	0	0	0	0	0
Rabu	13	17	2	0	0	0	0	0	0	0	0	0	0
Richn	5	0	0	0	0	0	0	0	0	0	0	0	0
Rockl	10	11	1	0	0	0	0	0	0	0	0	0	0
Spalc	11	6	3	0	0	0	0	0	0	0	0	0	0
Soutl	33	37	0	0	0	0	0	0	0	0	0	0	0
Stepl	19	22	4	0	0	0	0	0	0	0	0	0	0
Sumt	1	2	0	0	0	0	0	0	0	0	0	0	0
Tenn	21	31	1	0	0	0	0	0	0	0	0	0	0
Taliaf	1	0	0	0	0	0	0	0	0	0	0	0	0
Thor	2	1	0	0	0	0	0	0	0	0	0	0	0
Tift	1	2	0	0	0	0	0	0	0	0	0	0	0
Town	5	5	5	5	5	5	5	5	5	5	5	5	5

TOOT	0	0	0	0	0	0	0	0	0	0	0	0	0
Town	21	29	1	0	0	0	0	0	0	0	0	0	0
Trouc	3	8	0	0	0	0	0	0	0	0	0	0	0
Turne	0	2	0	0	0	0	0	0	0	0	0	0	0
Unioi	37	49	1	0	0	0	0	0	0	0	0	0	0
Upso	2	3	0	0	0	0	0	0	0	0	0	0	0
Walki	1	2	0	0	0	0	0	0	0	0	0	0	0
Waltc	72	100	23	0	0	0	0	0	0	0	0	0	0
Wash	0	1	0	0	0	0	0	0	0	0	0	0	0
White	113	111	13	0	0	0	0	0	0	0	0	0	0
Whiti	9	6	0	0	0	0	0	0	0	0	0	0	0
Wilcc	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilki	0	3	0	0	0	0	0	0	0	0	0	0	0
Alabe	40	25	1	0	0	0	0	0	0	0	0	0	0
Totals	19,592	12,183	4,199	0	0	0	0	0	0	0	0	0	0

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="22"/>	25
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	3	22	25

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="4,593"/>	<input type="text" value="12,026"/>	<input type="text" value="19,988"/>	36,607
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	4,593	12,026	19,988	36,607

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="2,631"/>	<input type="text" value="3,381"/>	<input type="text" value="10,071"/>	16,083
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	2,631	3,381	10,071	16,083

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	32
Asian	669
Black/African American	989
Hispanic/Latino	907
Pacific Islander/Hawaiian	1
White	8,563
Multi-Racial	1,022
Total	12,183

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	77
Ages 15-64	6,759
Ages 65-74	3,181
Ages 75-85	1,936
Ages 85 and Up	230
Total	12,183

3. Gender

Please report the total number of ambulatory patients by age gender.

Gender	Number of Ambulatory Patients
Male	5,092
Female	7,091
Total	12,183

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	4,992
Medicaid	277
Third-Party	6,514
Self-Pay	400
Total	12,183

Perinatal Services Addendum

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

Number of Delivery Rooms:

2

Number of Birthing Rooms:

0

Number of LDR Rooms:

12

Number of LDRP Rooms:

0

Number of Cesarean Sections:

1,412

Total Live Births:

4,007

Total Live Births (Live and Late Fetal Deaths):

4,030

Total Deliveries (Births + Early Fetal Deaths and Induced Terminations):

4,436

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	54	3,717	11,986	332
Specialty Care (Intermediate Neonatal Care)	17	252	2,546	177
Subspecialty Care (Intensive Neonatal Care)	4	69	712	45
Total	75	4,038	15,244	554

Part C: Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	12	42
Asian	528	1,683
Black/African American	264	1,000
Hispanic/Latino	652	2,053
Pacific Islander/Hawaiian	0	0
White	2,153	6,838
Multi-Racial	590	2,009
Total	4,199	13,625

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	1	3
Ages 15-44	4,186	13,579
Ages 45 and Up	12	43
Total	4,199	13,625

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

16,995

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

45,732

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

Do you have paid medical interpreters on staff? (Check the box, if yes)

If you checked yes, how many? (FTEs)

FTE- 2 PRN -10

What languages do they most often interpret?

FTE- Spanish PRNs include Korean, Vietnamese, Mandarin, Chinese, Portuguese and ASL

When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual hospital staff member

Community Volunteer Interpreter

Refer patient to outside agency

Bilingual member of patient's family

Telephone interpreter service

Other

Please describe

System utilizes agency interpreters as well as video remote interpretation

Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.):

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	4	0	0	0
Korean	0	0	0	0
Vietnamese	0	0	0	0

What training have you provided to your staff to assure cultural competency and the provision of Culturally and Linguistically Appropriate Services (CLAS) to your patients?

Newly hired staff completes a computer based learning module, regarding cultural competency and language services. Annual computer based learning to continue education regarding cultural competence and language services. Interpretation Department provides spot education as needed and in-services to departments.

What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?

As demand fluxes the need for languages fluxes as well, addition of more interpreters across other languages such as Amharic and Haitian Creole. We are also seeing an increase in native rare dialects example Mumm.

In what languages are the signs written that direct patients within your facility?

Language One:

English

Language Two:

Spanish

Language Three:

Language Four:

If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)

If you checked yes, what is the name and location of that health care center or clinic?

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

1.

If yes please list each nurse below: 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. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
CHILES, TAKAYLA	1200 Northside Forsy	128	FL	No	08/25/2025 to 12/31/2025
MCPHERSON, JODI	1200 Northside Forsy	1323	GA	No	05/18/2022 to 02/13/2025
ARIWODO, CHISARA	1200 Northside Forsy	3474	GA	No	06/27/2016 to 12/31/2025
ECKLES, EMILY N.	1200 Northside Forsy	3250	GA	No	02/06/2017 to 12/31/2025
TRENT, CONSTANCE	1200 Northside Forsy	3208	GA	No	03/20/2017 to 12/31/2025
KENNEY, BROOK N.	1200 Northside Forsy	252	GA	No	04/23/2025 to 06/04/2025
JONES, RICHARD C.	1200 Northside Forsy	2438	GA	No	04/29/2019 to 12/31/2025
WATSON, KIRSTEN T	1200 Northside Forsy	2270	GA	No	10/14/2019 to 12/31/2025
HICKS, REBECCA A.	1200 Northside Forsy	261	GA	No	04/14/2025 to 12/31/2025
MCKELDIN, CHARLE	1200 Northside Forsy	1878	GA	No	11/09/2020 to 12/31/2025
PRITCHETT, JEAN EA	1200 Northside Forsy	1787	GA	No	02/08/2021 to 12/31/2025
MILLER, TYNESHIA	1200 Northside Forsy	1689	GA	No	05/17/2021 to 12/31/2025
JOSUE, JOANNE N.	1200 Northside Forsy	674	FL	No	02/26/2024 to 12/31/2025
BOWERS, KRISTIN M	1200 Northside Forsy	1493	GA	No	11/29/2021 to 12/31/2025
MINOR, CAITLIN J.	1200 Northside Forsy	198	GA	No	06/16/2025 to 10/31/2025
MILLET -FARLOUGH,	1200 Northside Forsy	1409	GA	No	02/21/2022 to 12/31/2025
PHAM, ASHLEY T.	1200 Northside Forsy	1395	GA	No	03/07/2022 to 02/26/2025
CHETOUHI, OUIZA	1200 Northside Forsy	1388	GA	No	03/14/2022 to 12/31/2025
HARMON, TIMOTHY	1200 Northside Forsy	1260	GA	No	07/20/2022 to 12/31/2025
STANLEY, KYLEE R.	1200 Northside Forsy	1239	GA	No	08/10/2022 to 12/01/2025
MARTIN, MACIE M.	1200 Northside Forsy	1220	GA	No	08/29/2022 to 04/16/2025
ALLEN, AMBER	1200 Northside Forsy	1092	GA	No	01/04/2023 to 12/31/2025
SHELDON, NECOLE	1200 Northside Forsy	1043	TN	No	02/22/2023 to 12/31/2025
IRWIN, KRYSTAL J.	1200 Northside Forsy	961	GA	No	05/15/2023 to 11/23/2025
KANG, VIVIAN N.	1200 Northside Forsy	940	GA	No	06/05/2023 to 09/18/2025
ONWUKA, AGNES O	1200 Northside Forsy	905	GA	No	07/10/2023 to 12/31/2025
WILLIAMS, TAMMIE	1200 Northside Forsy	842	IN	No	09/11/2023 to 12/31/2025
BRADY, KAYLA	1200 Northside Forsy	812	GA	No	10/11/2023 to 02/05/2025
CALLOWAY, KAMYIA	1200 Northside Forsy	749	GA	No	12/13/2023 to 12/31/2025
BROWN, BRIDGETTE	1200 Northside Forsy	723	GA	No	01/08/2024 to 02/27/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
HERRING, AYLLEXUS	1200 Northside Forsy	30	GA	No	12/01/2025 to 12/31/2025
GUINDON, SARA E.	1200 Northside Forsy	653	GA	No	03/18/2024 to 12/31/2025
ROBERSON, VANESS	1200 Northside Forsy	632	VA	No	04/08/2024 to 12/31/2025
MATHEW, BRIANNA	1200 Northside Forsy	616	GA	No	04/24/2024 to 12/31/2025
WILLIAMS, KASHIA	1200 Northside Forsy	604	GA	No	05/06/2024 to 05/19/2025
WEDDERBURN, FION	1200 Northside Forsy	562	GA	No	06/17/2024 to 08/01/2025
SIHACHACK, NAOMI	1200 Northside Forsy	457	GA	No	09/30/2024 to 12/31/2025
HARRELL, ABIGAIL	1200 Northside Forsy	450	GA	No	10/07/2024 to 12/31/2025
HEWELL, BRITTANY	1200 Northside Forsy	450	GA	No	10/07/2024 to 12/31/2025
WOODS, JAVANTI	1200 Northside Forsy	427	GA	No	10/30/2024 to 06/21/2025
GALAN LEON, KARL	1200 Northside Forsy	422	GA	No	11/04/2024 to 02/18/2025
SMITH, SHARDAE S.	1200 Northside Forsy	408	FL	No	11/18/2024 to 12/31/2025
MANN, ELIZABETH	1200 Northside Forsy	387	GA	No	12/09/2024 to 12/31/2025
LOFTMAN, MERVIN	1200 Northside Forsy	359	NJ	No	01/06/2025 to 12/19/2025
REED, EMILY M.	1200 Northside Forsy	359	GA	No	01/06/2025 to 06/25/2025
RANDOLPH, CHARO	1200 Northside Forsy	352	GA	No	01/13/2025 to 12/31/2025
MCLEOD, MUSU	1200 Northside Forsy	310	GA	No	02/24/2025 to 08/05/2025
REED, JORDAN	1200 Northside Forsy	296	GA	No	03/10/2025 to 09/12/2025
PRITCHARD, TYLER M	1200 Northside Forsy	282	GA	No	03/24/2025 to 12/31/2025
ALLEN, SABRINA	1200 Northside Forsy	282	FL	No	03/24/2025 to 12/31/2025
AKPOROKAH, RUTH	1200 Northside Forsy	147	GA	No	08/06/2025 to 12/31/2025
POINDEXTER, BRITTI	1200 Northside Forsy	142	GA	No	08/11/2025 to 11/16/2025
MITCHELL, LASHON	1200 Northside Forsy	135	GA	No	08/18/2025 to 12/31/2025
NELSON, MAKAYLA	1200 Northside Forsy	100	GA	No	09/22/2025 to 12/31/2025
SIVELS, KALAFIA	1200 Northside Forsy	30	GA	No	12/01/2025 to 12/31/2025
JONES, ANDREA	1200 Northside Forsy	1304	GA	No	06/06/2022 to 12/31/2025
DENT, MYKAH J.	1200 Northside Forsy	658	GA	No	03/13/2024 to 07/14/2025
RATHEE, EKTA	1200 Northside Forsy	840	IN	No	09/13/2023 to 03/28/2025
HUBERT, MELANA D	1200 Northside Forsy	805	GA	No	10/18/2023 to 12/31/2025
WOOTEN, HEATHER	1200 Northside Forsy	1808	GA	No	01/18/2021 to 12/31/2025
CAMELI-KLEIN, MAR	1200 Northside Forsy	1528	GA	No	10/25/2021 to 12/31/2025
ASKARIAN, SAMANE	1200 Northside Forsy	7065	GA	No	08/28/2006 to 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
BROWN, MARLO A.	1200 Northside Forsy	541	GA	No	07/08/2024 to 05/14/2025
BESEN, BERNADETTE	1200 Northside Forsy	728	GA	No	01/03/2024 to 12/31/2025
MAKSYMUK, LIDIYA	1200 Northside Forsy	170	GA	No	07/14/2025 to 10/17/2025
CORDOBA, ELVIA C.	1200 Northside Forsy	5245	GA	No	08/22/2011 to 12/31/2025
KITT, JOSEPHINE L.	1200 Northside Forsy	667	GA	No	03/04/2024 to 12/31/2025
GAUL, NANCY D.	1200 Northside Forsy	1262	GA	No	07/18/2022 to 12/31/2025
MCKENZIE, SHELLI-A	1200 Northside Forsy	723	GA	No	01/08/2024 to 12/31/2025
MEJIA, ELISA	1200 Northside Forsy	5931	GA	No	10/05/2009 to 12/31/2025
IWUJI, JOY	1200 Northside Forsy	5616	GA	No	08/16/2010 to 12/31/2025
INCORVAIA, HOLLY J	1200 Northside Forsy	709	GA	No	01/22/2024 to 12/31/2025
DARNELL, RITA M.	1200 Northside Forsy	5336	GA	No	05/23/2011 to 12/31/2025
BERNY, BARBARA	1200 Northside Forsy	835	GA	No	09/18/2023 to 06/09/2025
DAVIS, TANDRA L.	1200 Northside Forsy	343	GA	No	01/22/2025 to 12/31/2025
ROBINS, JON P.	1200 Northside Forsy	4923	GA	No	07/09/2012 to 12/31/2025
GANN, KELLY Q.	1200 Northside Forsy	1491	GA	No	12/01/2021 to 12/31/2025
THOMAS, HEATHER	1200 Northside Forsy	4741	GA	No	01/07/2013 to 09/05/2025
BASTIAN, BROOKE	1200 Northside Forsy	2354	GA	No	07/22/2019 to 12/31/2025
CALLEN, SUZANNE M	1200 Northside Forsy	2039	GA	No	06/01/2020 to 12/31/2025
BOSCH, LAUREN P.	1200 Northside Forsy	119	NM	No	09/03/2025 to 12/31/2025
BURNS, CARRIE L.	1200 Northside Forsy	217	GA	No	05/28/2025 to 12/31/2025
LENOX, ASHLEY F.	1200 Northside Forsy	408	GA	No	11/18/2024 to 12/31/2025
HOLMGREEN, BRUCE	1200 Northside Forsy	4426	GA	No	11/18/2013 to 12/31/2025
VLAIC, MONICA R.	1200 Northside Forsy	4398	GA	No	12/16/2013 to 12/31/2025
KENNEDY, THERESA	1200 Northside Forsy	4321	AL	No	03/03/2014 to 12/31/2025
BEADLE, KEREIDA A.	1200 Northside Forsy	4216	GA	No	06/16/2014 to 12/31/2025
FORTENBERRY, CHELSEA	1200 Northside Forsy	4188	GA	No	07/14/2014 to 12/31/2025
WILLIAMSON, LAURIE	1200 Northside Forsy	273	GA	No	04/02/2025 to 09/01/2025
CHAMBLIN, AMANDA	1200 Northside Forsy	1059	GA	No	02/06/2023 to 12/31/2025
CHAMLEE, KIMBERLY	1200 Northside Forsy	324	GA	No	02/10/2025 to 12/31/2025
STEINER, MICHAELA	1200 Northside Forsy	3845	GA	No	06/22/2015 to 12/31/2025
ROGERS, JESSICA K.	1200 Northside Forsy	450	GA	No	10/07/2024 to 12/31/2025
COPPIAROLI, MARIA	1200 Northside Forsy	3908	GA	No	04/20/2015 to 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
DEANS, JUSTIN M.	1200 Northside Forsy	3852	GA	No	06/15/2015 to 12/31/2025
SLUDER, ELIZABETH	1200 Northside Forsy	3836	GA	No	07/01/2015 to 12/31/2025
KOHS, BETHANY J.	1200 Northside Forsy	3747	GA	No	09/28/2015 to 12/31/2025
NEWSOM, VERA B.	1200 Northside Forsy	3726	GA	No	10/19/2015 to 12/31/2025
CARWISE, CEDRIC R.	1200 Northside Forsy	233	GA	No	05/12/2025 to 12/31/2025
BENO, ALYSSA M.	1200 Northside Forsy	3726	GA	No	10/19/2015 to 12/31/2025
JENKINS, JUDITH C.	1200 Northside Forsy	238	GA	No	05/07/2025 to 12/31/2025
NACES, JINGLE D.	1200 Northside Forsy	1444	GA	No	01/17/2022 to 12/31/2025
JOHNSON, DAMETR	1200 Northside Forsy	660	GA	No	03/11/2024 to 12/31/2025
MITCHELSON, MARI	1200 Northside Forsy	3586	GA	No	03/07/2016 to 12/31/2025
DEVEAU, TIFFANIE K	1200 Northside Forsy	142	GA	No	08/11/2025 to 12/31/2025
ORFI, DAWN	1200 Northside Forsy	884	GA	No	07/31/2023 to 12/31/2025
SCABINO, MARIA N.	1200 Northside Forsy	3411	GA	No	08/29/2016 to 12/31/2025
KIM, ELIZABETH	1200 Northside Forsy	1330	GA	No	05/11/2022 to 02/02/2025
BAUMGARTNER, EM	1200 Northside Forsy	282	GA	No	03/24/2025 to 12/31/2025
RAKESTRAW, SARAH	1200 Northside Forsy	3264	GA	No	01/23/2017 to 12/31/2025
CLAUDE, NANCY	1200 Northside Forsy	3208	GA	No	03/20/2017 to 12/31/2025
MCDONALD, CYNDA	1200 Northside Forsy	3152	GA	No	05/15/2017 to 12/31/2025
MCCAUSLAND, CAN	1200 Northside Forsy	3124	GA	No	06/12/2017 to 12/31/2025
SKAHILL, MATTHEW	1200 Northside Forsy	910	GA	No	07/05/2023 to 12/31/2025
ABUTU, OMEYI E.	1200 Northside Forsy	1899	GA	No	10/19/2020 to 12/31/2025
STRICKLAND, JENNI	1200 Northside Forsy	569	GA	No	06/10/2024 to 12/31/2025
KIRBY, RACHEL A.	1200 Northside Forsy	3054	GA	No	08/21/2017 to 12/31/2025
TUMLIN, JAMI	1200 Northside Forsy	1822	GA	No	01/04/2021 to 12/31/2025
PITTERS, JOSHUA D.	1200 Northside Forsy	1402	GA	No	02/28/2022 to 12/31/2025
HARKINS, KARLIE F.	1200 Northside Forsy	2984	GA	No	10/30/2017 to 12/31/2025
SHIDELER, AMY E.	1200 Northside Forsy	2935	GA	No	12/18/2017 to 12/31/2025
HERNANDEZ, LUCAS	1200 Northside Forsy	2949	GA	No	12/04/2017 to 12/31/2025
TAYLOR, AMANDA T	1200 Northside Forsy	674	GA	No	02/26/2024 to 12/31/2025
HANNAHAN, SHAN	1200 Northside Forsy	2935	GA	No	12/18/2017 to 12/31/2025
BOLDING, ALEXIS K.	1200 Northside Forsy	2900	GA	No	01/22/2018 to 12/31/2025
FRIESZ, ANNA M.	1200 Northside Forsy	513	GA	No	08/05/2024 to 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
PIRKLE, KERI N.	1200 Northside Forsy	2900	GA	No	01/22/2018 to 12/31/2025
TONG, AMANDA R.	1200 Northside Forsy	539	GA	No	07/10/2024 to 12/31/2025
PALERMO Sr., MICH	1200 Northside Forsy	1274	FL	No	07/06/2022 to 12/31/2025
DARNELL, MCKENZIE	1200 Northside Forsy	2781	GA	No	05/21/2018 to 12/31/2025
BREH, MIRANDA J.	1200 Northside Forsy	2795	GA	No	05/07/2018 to 12/31/2025
MORGAN, KRISTEN J.	1200 Northside Forsy	100	GA	No	09/22/2025 to 12/31/2025
PIRKLE, KELLY E.	1200 Northside Forsy	2767	GA	No	06/04/2018 to 12/31/2025
TRIGG, ALEXIS M.	1200 Northside Forsy	2767	GA	No	06/04/2018 to 12/31/2025
COOPER, MEGAN T.	1200 Northside Forsy	2767	GA	No	06/04/2018 to 12/31/2025
THOMAS, ERICA M.	1200 Northside Forsy	2753	GA	No	06/18/2018 to 12/31/2025
BOSWELL, SYDNEY L.	1200 Northside Forsy	2760	GA	No	06/11/2018 to 12/31/2025
SHIPES, EMMA K.	1200 Northside Forsy	1024	GA	No	03/13/2023 to 12/31/2025
TERRELL, SARAH M.	1200 Northside Forsy	2767	GA	No	06/04/2018 to 12/31/2025
PARKER, KAYCI	1200 Northside Forsy	450	GA	No	10/07/2024 to 02/17/2025
SMITH, KATHERINE C.	1200 Northside Forsy	2767	GA	No	06/04/2018 to 12/31/2025
YOUNG BLOOD, HANNAH	1200 Northside Forsy	2746	GA	No	06/25/2018 to 12/31/2025
PASKO, QUENTIN T.	1200 Northside Forsy	2746	GA	No	06/25/2018 to 12/31/2025
BRUMBALOW, ZACHARY	1200 Northside Forsy	2746	GA	No	06/25/2018 to 12/31/2025
COLEY, OLIVIA J.	1200 Northside Forsy	2746	GA	No	06/25/2018 to 12/31/2025
JACKSON, STEPHAN	1200 Northside Forsy	2718	GA	No	07/23/2018 to 12/31/2025
KENDRICK, NADIA L.	1200 Northside Forsy	982	GA	No	04/24/2023 to 04/16/2025
DI IORIO, MICHAEL J.	1200 Northside Forsy	2704	GA	No	08/06/2018 to 12/31/2025
CARACCILO, HAYDEN	1200 Northside Forsy	2704	GA	No	08/06/2018 to 12/31/2025
MCKEE, CARRIE L.	1200 Northside Forsy	2627	GA	No	10/22/2018 to 12/31/2025
LEBLANC, MEGYNE B.	1200 Northside Forsy	2508	GA	No	02/18/2019 to 12/31/2025
HRINKO-KRAEMER, JENNIFER	1200 Northside Forsy	1087	GA	No	01/09/2023 to 12/31/2025
LONDON, MADISON	1200 Northside Forsy	2550	GA	No	01/07/2019 to 12/31/2025
WARD, MEGAN E.	1200 Northside Forsy	2536	GA	No	01/21/2019 to 03/14/2025
ANDERSON, MORGAN	1200 Northside Forsy	2543	GA	No	01/14/2019 to 07/29/2025
SIUT, VIVIANA A.	1200 Northside Forsy	2508	GA	No	02/18/2019 to 12/31/2025
SIMPSON, AMANDA	1200 Northside Forsy	2508	GA	No	02/18/2019 to 10/03/2025
KRESS, MARCIE L.	1200 Northside Forsy	2501	GA	No	02/25/2019 to 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
SEABOLT, CARLISLE	1200 Northside Forsy	569	GA	No	06/10/2024 to 12/31/2024
SIERRA, MARISSA K.	1200 Northside Forsy	2459	GA	No	04/08/2019 to 12/31/2024
WEIFORD, ELIZABET	1200 Northside Forsy	2424	GA	No	05/13/2019 to 12/31/2024
BOUDOUICIES, LESLI	1200 Northside Forsy	2424	GA	No	05/13/2019 to 12/31/2024
BLOCK, MADISON L.	1200 Northside Forsy	2424	GA	No	05/13/2019 to 12/31/2024
MARKS, ANNSLEY S.	1200 Northside Forsy	2403	GA	No	06/03/2019 to 12/31/2024
GAGNE, MCKENNA	1200 Northside Forsy	2396	GA	No	06/10/2019 to 12/31/2024
MORGAN, KATHERIN	1200 Northside Forsy	2368	GA	No	07/08/2019 to 12/31/2024
CHELLADORAI, ESTH	1200 Northside Forsy	2368	GA	No	07/08/2019 to 12/31/2024
THORNBERRY, SHAR	1200 Northside Forsy	2368	GA	No	07/08/2019 to 12/31/2024
MCARTHUR, ERIN A.	1200 Northside Forsy	2354	GA	No	07/22/2019 to 12/31/2024
EDWARDS, KELLY L.	1200 Northside Forsy	2347	GA	No	07/29/2019 to 12/31/2024
KOWALKE, MIA C.	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
FRAZEUR, ANSLEY J.	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
MARCELENO LOPEZ	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
DUNCAN, LINDSEY B	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
WHITE, ERICA	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
FEE, LAUREN R.	1200 Northside Forsy	2340	GA	No	08/05/2019 to 12/31/2024
TRUCKS, MARY K.	1200 Northside Forsy	2326	GA	No	08/19/2019 to 12/31/2024
LEE, JAEIN	1200 Northside Forsy	2291	GA	No	09/23/2019 to 12/31/2024
WAKIM, SHAYDE E.	1200 Northside Forsy	44	GA	No	11/17/2025 to 12/31/2025
MORRISON, ALEX	1200 Northside Forsy	2277	GA	No	10/07/2019 to 12/31/2024
ROBINSON, JASMIN	1200 Northside Forsy	352	NC	No	01/13/2025 to 05/19/2025
DURU, SAMUEL U.	1200 Northside Forsy	926	GA	No	06/19/2023 to 12/31/2024
DOLEMAN Jr., DERR	1200 Northside Forsy	1220	GA	No	08/29/2022 to 12/31/2024
MILDREN, MARISA	1200 Northside Forsy	2179	GA	No	01/13/2020 to 12/31/2024
PAOLOZZI, MICHAEL	1200 Northside Forsy	2172	GA	No	01/20/2020 to 04/13/2024
KUBIAK, COURTNEY	1200 Northside Forsy	2186	GA	No	01/06/2020 to 12/31/2024
FUELL, KATHERINE	1200 Northside Forsy	2221	GA	No	12/02/2019 to 12/31/2024
BARBER, ANDREA R.	1200 Northside Forsy	919	GA	No	06/26/2023 to 03/25/2024
HOLMAN, REGINA	1200 Northside Forsy	2144	GA	No	02/17/2020 to 12/31/2024
MARTIN, JORDYN T.	1200 Northside Forsy	2186	GA	No	01/06/2020 to 12/31/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
SUMMERS, ANASTA	1200 Northside Forsy	296	GA	No	03/10/2025 to 12/31/2025
MCMILLAN, DONNI	1200 Northside Forsy	3887	GA	No	05/11/2015 to 12/31/2025
RAOUL-ACCOO, YVE	1200 Northside Forsy	2186	GA	No	01/06/2020 to 12/31/2025
WATKINS, GABRIELL	1200 Northside Forsy	2172	GA	No	01/20/2020 to 12/31/2025
PALMER, SARAH A.	1200 Northside Forsy	2186	GA	No	01/06/2020 to 12/31/2025
SNIDER, ASHLEY N.	1200 Northside Forsy	2172	GA	No	01/20/2020 to 12/31/2025
BARGANZ, MORGAN	1200 Northside Forsy	2165	GA	No	01/27/2020 to 12/31/2025
SIBERSKI, TAYLOR G.	1200 Northside Forsy	2151	GA	No	02/10/2020 to 12/31/2025
SHERWOOD, PATRIC	1200 Northside Forsy	2123	GA	No	03/09/2020 to 09/05/2025
HUFFMAN, LYNDEN	1200 Northside Forsy	1185	GA	No	10/03/2022 to 12/31/2025

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Lynn Jackson

Date

03/06/2026

Title

CEO, Northside Hospital Forsyth

Comments

NOTES ABOUT THIS SURVEY:

Various Areas of the AHQ and Addenda: Race/Ethnicity of Patients: The determination of a patient's race is based on the discretion of the admissions clerk. If the admissions clerk is unsure of the patient's race, the clerk must choose "Multi-racial/Unknown". In addition, "Hispanic" or "Latino" are ethnic characteristics, meaning that Hispanic patients may be of any race. As such, the figures provided should be considered only a very rough approximation of



Response Errors

TAB

QUESTION

ERROR