## 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).

<b>.</b>	After recording, please return to:		Grant D. Byers						
Clerk:			South Georgia Medical Center						
			P.O. Box 1727						
	Valdosta, GA 31603-1727								
For the	Period October 1,2017th	nrough Septen	mber 30 2018 (or dates for fiscal year).						
PART	A. GENERAL INFOR	RMATION							
1.	Facility Name or Hospital Hospital Author	Authority Na	ame: aldosta and Lowndes County, Georgia						
2.	Street Address: 2501 North Patterson Street Valdosta, GA 31602								
۷.									
3.	Mailing Address (if different from Street Address): P.O. Box 1727  Valdosta, GA 31603-1727								
٥.									
4.	County in which Facility or Hospital is located: Lowndes								
4.	County in which racinty of nospital is located.								
5.		Governing Body (or Bodies) of Hospital Authority's Participating Units:							
	CILY OF VAL	Luosta; Lu	owndes County						
6.	Person Authorized to res	Person Authorized to respond to inquiries about this report:							
	a. Name: Grant D. Byers								
	h Title. Chief Financial Officer								
	c. Phone Number: (229 ) 259-4162								
7.	Report data for the full p correct report period has below.	port data for the full preceding 12-month period, either calendar of fiscal year. Confirm that the precent report period has been used by completing the report period beginning and ending dates allow.							
	a. Report Period: B	Reginning Date	te 10/1/2017 Ending Date 9/30/2018						
	b. Was the hospital	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: 1-7-1								
	Bill Forbe		ture of CEO (Original Signature)  Executive Officer						
	DITT FOIDS		Printed Name and Title of CEO)						

	INF	PATIENT	OUTPATIENT		TOTAL	
COUNTY	# PATIENT	ADJUSTMENTS	# PATIENT	ADJUSTMENTS	# PATIENT	ADJUSTMENTS
ATKINSON	19	319,639	23	53,959	42	373,598
BEN HILL	2	56,749	6	763	8	57,512
BERRIEN	75	987,789	321	479,186	396	1,466,975
BIBB			2	1,534	2	1,534
BROOKS	51	1,250,727	154	249,138	205	1,499,865
CALHOUN			5	21,054	5	21,054
CHEROKEE	1	12,162	1	135	2	12,297
CLAY	1	47,739	3	10,705	4	58,444
CLAYTON			3	2,253	3	2,253
CLINCH	32	424,286	103	263,180	135	687,465
COFFEE	27	706,240	36	210,495	63	916,734
COLQUITT	15	1,105,942	79	74,514	94	1,180,456
СООК	101	1,708,706	159	282,825	260	1,991,531
CRISP	4	57,116	5	12,449	9	69,564
DOUGHERTY		· · · · · · · · · · · · · · · · · · ·	3	742	3	742
ECHOLS	10	115,074	21	22,828	31	137,901
FORSYTH	2	8,913	3	7,467	5	16,380
FULTON	5	37,416	7	5,972	12	43,388
HOUSTON	1	1,741	5	638	6	2,379
IRWIN	·	<u> </u>	13	2,943	13	2,943
JEFF DAVIS	1		4	3,580	5	3,580
LANIER	75	1,427,911	270	455,278	345	1,883,190
LEE		.,	2	13,540	2	13,540
LOWNDES	1,052	13,054,466	4,200	6,999,588	5,252	20,054,054
LUMPKIN			1	7,806	1	7,806
MADISON	12	168,057	37	86,663	49	254,719
MCDUFFIE	1	21,009	3	3,214	4	24,223
MCINTOSH	·	2.,000	2	1,579	2	1,579
NASSAU	2	26,146		1,070	2	26,146
PAULDING		201.10	1	675	1	675
PIERCE			6	394	6	394
SEMINOLE			2	1,111	2	1,111
TATTNALL			2	2,141	2	2,141
TAYLOR	1	16,856		2,171	1	16,856
THOMAS	5	108,924	7	8,024	12	116,948
TIFT	5	120,061	30	26,465	35	146,526
TUSCOLA	2	19,483		20,400	2	19,483
WARE	14	405,523	10	15,313	24	420,837
WAYNE	3	20,920	6	1,219	9	22,139
WILCOX	1	53,019	1	10,601	2	63,620
WORTH	<del>  '</del>	00,010	3	510	3	510
* GEORGIA TOTALS	1,520	22,282,612	5,539	9,340,480	7,059	31,623,093
* NON-GEORGIA TOTALS	53	771,432	121	350,269	174	
** GRAND TOTALS	1,573	23,054,044	5,660			1,121,701
SIMIND I OTALS	1,0/3	23,034,044	0,000	9,690,749	7,233	32,744,793