ANNUAL COMMUNITY BENEFIT REPORT

1. · · · · · · · · · · · · · ·

[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).

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Clerk:	After recording, please return to:		John Moore				
			South Georgia Medical Center				
			P.O. Box 1727				
			Valdosta, GA 31603-1727				
For the	e Period	October 1,2022through Sept	ember 30 2023 (or dates for fiscal year).				
PART	Α.	GENERAL INFORMATION	5				
1.	Facility Name or Hospital Authority Name:						
2.	Street	Address: 2501 North Pa	atterson Street				
Ζ.	Street	Valdosta, GA	31602				
•		Address life different from St	reet Address): P.O. Box 1727				
3.	Mailin	g Address (if different from St	Valdosta, GA 31603-1727				
32 1			Lowndes				
4.	Count	y in which Facility or Hospital	Is located:				
5.	Gover	erning Body (or Bodies) of Hospital Authority's Participating Units:					
	City of Valdosta; Lowndes County						
c	Porco	n Authorized to respond to inq	uiries about this report.				
6.	reisu	na a rigir — — — — — — — — — — — — — — — — — — —					
	a.	Name: <u>John Moore</u>					
	b.	Title: <u>Senior Vice Pr</u>	esident and Chief Financial Officer				
	с.	Phone Number: (229) 2	59-4162				
7.	Repor	t data for the full preceding 1	2-month period, either calendar of fiscal year. Confirm that the				
7.	correc	t report period has been used	by completing the report period beginning and ending dates				
	below						
	95 		te 10/1/2022 Ending Date 9/30/2023				
	a.	Report Period: Beginning Da Was the hospital operationa	I for the entire year? [X]Yes []No				
	b.	If No, provide the dates the	hospital was operational (<i>explain</i>):				
25			to for the Officer				
8.	Verifi	cation of Review by Facility Cl					
	Revie	Reviewed and Approved: Date: 12/29/23					
	S/gnature of CEO (Original Signature)						
	John Moore, Senior Vice President and Chief Financial Officer						
		(Туре	d/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 low with the governing body (or bodies) of the Authority's participating un Note: A separate form should be completed and filed for the Hospital Authority and each nonp corporation formed, created or operated by or on behalf of the Hospital Authority (a "Nor in order to operate the hospital. Clerk: After recording, please return to: South Georgia Medical Center Ronald E. Dean, President and CEO P.O. Box 1727, Valdosta, GA 31603 	rofit profit")
For the PeriodOctober 1October 30	<u>, 2023</u> .
PART A. GENERAL INFORMATION	
1. Name of Hospital Authority or Nonprofit: Hospital Authority of Valdosta and Lowndes County, Ge	eorgia
2. Street Address: 2501 North Patterson Street Valdosta, GA 31602	
3. Mailing Address (if different from Street Address): <u>P.O. Box 1727</u> Valdosta, GA 31603-	1727
4. County in which Hospital is located: Lowndes	
5. Governing Body (or Bodies) of Hospital Authority's Participating Units: City of Valdosta; Lowndes County	
 6. Person Authorized to respond to inquiries about this report: a. Name: <u>John Moore</u> b. Title: <u>Senior Vice President and Chief Financial Of</u> c. Phone Number: (229) 259-4162 	ficer
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.

в.	BUSINESS TRANSA	CTIONS - HOSP	ITAL AUTHORITY (C	ontinued)	
	Name of Hospital Authority Member (or Family Member)	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Nature of Business <u>Transaction</u> Sales/
1.					······
2.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.					
4.					
-					
5.					
P	ART C. BUSINESS	TRANSACTION	IS NONPROFIT		
of ov th pu re	his report is being filed on be the board of such Nonprofit vnership of assets or stock c e Nonprofit during the yea rposes hereof, the term "Tr al property, or services on ealer, or representative.	(or such board me onstituting betwee r covered by this ransacted Busine	ember's spouse, child en 10% and 25% and s report. (Attach addi ss" means any sale o	or sibling) has a which Transacte itional pages, if r r lease of any pe	direct or indirect d Business with necessary.) For rsonal property,
	Name of Nonprofit Board Member <u>(or Family Member)</u>	Name of Entity	Type of Ownership Interest	Percentage Ownership Interest	Business
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.

12/29/23 Date of Moore Signature Chief Financial Officer John Moore Title Name (please print or type) Sworn to and subscribed before me this _29th day of December , 2023. Notary Public £ On expires: I Seal] My Commission expires: 01 - 15 - 2024 3

Hospital Authority of Valdosta and Lowndes County, Georgia Indigent/Charity Write-offs Fiscal Year Ended September 30, 2023

	INPATIENT		OUTPATIENT		TOTAL	
COUNTY	# PATIENT	ADJUSTMENTS	# PATIENT	ADJUSTMENTS	# PATIENT	ADJUSTMENTS
ALACHUA			2	2,843	2	2,843
ATKINSON	6	74,548	47	38,057	53	112,605
BACON	1	80,365	52	83,304	53	163,669
BAKER			4	6,596	4	6,596
BALDWIN			1	1,066	1	1,066
BARROW			1	2,750	1	2,750
BAY	1	21,471	18	24,716	19	46,187
BEN HILL	9	315,145	22	165,136	31	480,281
BERRIEN	74	2,447,380	1,423	2,528,698	1,497	4,976,078
BLOUNT	1	1,556			1	1,556
BRANTLEY			1	741	1	741
BREVARD			1	642	1	642
BROOKS	68	1,544,462	1,019	2,042,532	1,087	3,586,994
BROWARD			3	1,435	3	1,435
CABARRUS			1	465	1	465
CAMDEN	1	21,688	4	18,236	5	39,925
CHARLTON			7	11,507	7	11,507
СНАТНАМ			3	2,255	3	2,255
CITRUS			3	27,488	3	27,488
CLARKE			1	2,432	1	2,432
CLAY	1	44,598	3	8,170	4	52,768
CLAYTON		11,000	2	4,478	2	4,478
CLEVELAND			1	312	- 1	312
CLINCH	23	584,062	255	480,818	278	1,064,879
СОВВ	23	65,604	3	884	5	66,489
COFFEE	5	5,789	77	185,991	82	191,780
COLLETON		0,100	4	1,090	4	1,090
COLQUITT	6	410,909	81	232,985	87	643,894
COLUMBIA		110,000	2	2,334	2	2,334
COOK	56	2,175,408	1,058	1,766,247	1,114	3,941,655
CRAVEN	1	17,185	1,000 1	1,700,247	1	17,185
CRISP		11,100	2	72	2	72
DECATUR			4	65,539	4	65,539
DECATOR			2	1,962	2	1,962
DOOLY	1	60.605	2	1,002	1	60,605
DOUGHERTY		00,000	6	11.509	6	11,509
DUVAL			8	16,921	8	16,921
ECHOLS	32	617,504	537	1,092,693	569	1,710,197
ELBERT		290,664		1,092,093	1	290,664
ESCAMBIA	1	250,004	1	1,737	1	1,737
FORSYTH			5		5	2,079
			5 1	2,079	1	1,648
		25 500		1,648	14	98,912
GLYNN	1	25,698	13	73,214	6	
GRADY			6	5,160		5,160
GWINNETT			1	2,788	1	2,788
HAMILTON	7	235,095	103	300,814	110	535,909
HENRY	1	11,900	1	947	2	12,847
HILLSBOROUGH			1	1,417	1	1,417
HOUSTON			3	1,590	3	1,590
IREDELL	1	4,650			1	4,650

	INF	INPATIENT		PATIENT	1	TOTAL
COUNTY	# PATIENT	# PATIENT ADJUSTMENTS		ADJUSTMENTS	# PATIENT ADJUSTMEN	
IRWIN			5	4,213	5	4
JACKSON	1	169,726	1	957	2	170
LAKE			1	6,652	1	6
LANCASTER			1	1,851	1	1
LANIER	47	1,283,121	1,193	2,101,403	1,240	3,384,
LAURENS			2	1,097	2	1,
LEE	1	33,035	5	5,435	6	38
LEON			1	16,491	1	16
LEWIS	1	22,095			1	22
LIBERTY			2	1,315	2	1
LOWNDES	833	21,204,039	16,199	27,682,132	17,032	48,886
MADISON	20	452,615	384	535,696	404	988
MANATEE			2	4,859	2	4,
MARION	2	43,214			2	43,
MILLER			2	1,016	2	1,
MISSISSIPPI			1	8,524	1	8,
MITCHELL	1	43	4	4,337	5	4,
MORGAN			3	2,468	3	2,
MUSCOGEE			1	3,470	1	3,
NEWTON			2	3,776	2	3,
NULL - ONTARIO, CANADA			1	793	1	
PALM BEACH			3	12,336	3	12,
PIERCE	1	88,528	5	2,469	6	90,
PINELLAS			1	5,360	1	5,
POLK	1	10,485	7	2,437	8	12,
ROCKINGHAM			1	7,105	1	7,
SAINT JOHNS	1	28,080			1	28,
SANTA ROSA			1	4,038	1	4,
SOLANO			1	1,347	1	1,
SUWANNEE	2	63,099	12	6,047	14	69,
TALLAHATCHIE			1	2,437	1	2,
TAYLOR	2	61,454	25	44,587	27	106,
TERRELL			4	2,964	4	2,
THOMAS	2	46,901	136	175,183	138	222,
TIFT	13	923,845	85	121,964	98	1,045,
TOOMBS	1	8,614	10	13,936	11	22,
TURNER			2	3,405	2	3,4
UPSON			2	3,446	2	3,4
VOLUSIA			4	37,404	4	37,4
WARE	2	52,081	60	198,294	62	250,
WILCOX	1	62,404	2	3,031	3	65,
WINONA			1	965	1	ļ
WORTH			1	1,461	1	1,4
* GRAND TOTALS	1,231	33,609,664	22,967	40,260,996	24,198	73,870,6