

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC174 2019 Habersham
 Northside Habersham Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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?
 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: 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	\$0	0
Uncompensated Charity Care	\$190,549	411
Totals	\$190,549	411
Adjusted Gross Revenue	\$1,267,418	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC175 2019 Fulton
 Northside Roswell Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID:
 Facility Name: County:

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Service:
 CON:

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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	\$143,090	80
Uncompensated Charity Care	\$ 47,932	59
Totals	\$191,022	138
Adjusted Gross Revenue	\$4,001,020	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC177 2019 Fulton
 MRI and Imaging of Johns Creek

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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: Imaging Center
 CON: 2010-088

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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
 Person authorized to respond to inquiries about the responses to this survey
 Contact's Name: Brian J. Toporek Contact's Title: Senior Planner
 Telephone: 404-851-6621 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	\$81,620	44
Uncompensated Charity Care	\$239,084	217
Totals	\$320,704	258
Adjusted Gross Revenue	\$6,606,353	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC047 2019 Fulton
MRI & Imaging of North Fulton

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC047
 Facility Name: MRI & Imaging of North Fulton
 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: Imaging Center
 CON: 2011-062

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: 1/1/2019
 Ending: 12/31/2019

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: 7/24/2020

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	\$81,406	47
Uncompensated Charity Care	\$110,956	62
Totals	\$192,362	108
Adjusted Gross Revenue	\$4,840,563	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC105 2019 Clarke
MRI & Imaging of Athens

Part A: General Information Georgia Department of Community Health

1. Year: 2019
Facility UID: DTRC105
Facility Name: MRI & Imaging of Athens County: Clarke

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 Services
CON: 2007-091

2. Please report data for the hospital fiscal year ending in calendar year 2019 only. Do not use a different report period.

Report Period:
Beginning: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
Person authorized to respond to inquiries about the responses to this survey
Contact's Name: Brian J. Toporek Contact's Title: Senior Planner
Telephone: 404-851-6621 Fax: 404-250-3102 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center Services

	Amount	Number of Patients
Uncompensated Indigent Care	\$0	0
Uncompensated Charity Care	\$366,057	705
Totals	\$366,057	705
Adjusted Gross Revenue	\$2,223,366	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC108 2019 Douglas
MRI and Imaging of Douglasville

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC108
 Facility Name: MRI and Imaging of Douglasville *Northside/Medical Center Imaging* County: Douglas

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: 2013-001

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: 1/1/2019 Ending: 12/13/2019

3. Was the service identified above operational for the full report period? No

If "No," explain: Center was closed on 12/13/2019.

Part B: Signature and Contact

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Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/24/2020
 Person authorized to respond to inquiries about the responses to this survey
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 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	\$14,118	4
Uncompensated Charity Care	\$12,170	6
Totals	\$26,288	10
Adjusted Gross Revenue	\$401,140	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC109 2019 Hall
MRI & Imaging of Gainesville

Part A: General Information Georgia Department of Community Health

1. Year: 2019
Facility UID: DTRC109
Facility Name: MRI & Imaging of Gainesville
County: Hall

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 Services
CON: 2006-100

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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
Person authorized to respond to inquiries about the responses to this survey
Contact's Name: Brian J. Toporek Contact's Title: Senior Planning
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 Services

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 354,687	265
Uncompensated Charity Care	\$ 595,213	766
Totals	\$ 949,900	1,021
Adjusted Gross Revenue	\$12,144,170	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC110 2019 Fulton
 Duluth Diagnostic Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC110 Northside/Duluth
 Facility Name: Duluth Diagnostic Imaging 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: Imaging Center
 CON: 2013-006

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: 1/1/2019 Ending: 12/31/2019

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 Signatory: Brian J. Toporek Title: Senior Planner Date: 7/21/2020
 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	\$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 DTRC112 2019 Forsyth
MRI & Imaging of Cumming

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC112
 Facility Name: MRI & Imaging of Cumming *Northside/Cumming Imaging* 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: Imaging Center
 CON: 2009-107

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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
 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	\$ 301,131	94
Uncompensated Charity Care	\$ 327,415	261
Totals	\$ 628,546	346
Adjusted Gross Revenue	\$ 7,011,995	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC113 2019 Gwinnett
MRI & Imaging of Snellville

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC113
 Facility Name: MRI & Imaging of Snellville
 County: Gwinnett

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: 2006-098

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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
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 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	\$222,793	114
Uncompensated Charity Care	\$242,478	164
Totals	\$465,271	273
Adjusted Gross Revenue	\$6,653,965	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC115 2019 Fulton
MRI & Imaging of Hapeville

Part A: General Information

Georgia Department of Community Health

1. Year: 2019
Facility UID: DTRC115
Facility Name: MRI & Imaging of Hapeville
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: Imaging Center
CON: 2013-005

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: 1/1/2019 Ending: 12/31/2019

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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Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated indigent Care	\$40,114	14
Uncompensated Charity Care	\$82,665	41
Totals	\$122,779	55
Adjusted Gross Revenue	\$2,138,069	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC117 2019 Cherokee
MRI & Imaging of Woodstock

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC117
 Facility Name: MRI & Imaging of Woodstock Northside/Tawnee Lake Imaging 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: Imaging Center
 CON: 2012-008

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: 1/1/2019 Ending: 12/31/2019

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: *Brig J. Toporek* Title: Senior Planner Date: 7/24/2020
 Person authorized to respond to inquiries about the responses to this survey
 Contact's Name: Brig J. Toporek Contact's Title: Senior Planner
 Telephone: 404-851-6821 Fax: 404-250-3102 E-mail: brig.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 374,890	187
Uncompensated Charity Care	\$ 571,197	820
Totals	\$ 946,087	989
Adjusted Gross Revenue	\$ 15,274,746	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC157 2019 Clayton
 Northside Riverdale Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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: 2010-018

2. Please report data for the hospital fiscal year ending in calendar year 2019 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2019 Ending: 12/31/2019

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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 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	\$ 136,775	122
Uncompensated Charity Care	\$ 150,741	186
Totals	\$ 287,516	307
Adjusted Gross Revenue	\$ 3,816,234	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC163 2019 Douglas
 OMI Diagnostics-Douglasville

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC163
 Facility Name: ~~OMI Diagnostics-Douglasville~~ Northside/Douglasville Imaging County: Douglas

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: 2011-017

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: 1/1/2019 Ending: 12/31/2019

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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 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	\$171,674	65
Uncompensated Charity Care	\$212,447	130
Totals	\$384,121	193
Adjusted Gross Revenue	\$4,680,431	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC164 2019 Cobb
 Northside Marble Mill Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020
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 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	\$99,003	26
Uncompensated Charity Care	\$66,214	40
Totals	\$165,216	66
Adjusted Gross Revenue	\$4,635,198	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC168 2019 Cobb
 Northside Marietta Imaging Center

Part A: General Information

Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC168
 Facility Name: Northside Marietta Imaging Center 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: 2012-026

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: 1/1/2019 Ending: 12/31/2019

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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 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	\$432,513	134
Uncompensated Charity Care	\$367,979	226
Totals	\$800,492	352
Adjusted Gross Revenue	\$10,924,955	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC171 2019 Fulton
 OMI Diagnostics - Lake Hearn

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 Facility UID: DTRC171 Northside/Lake Hearn
 Facility Name: OMI Diagnostics - Lake Hearn 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: Imaging Center
 CON: 2011-080

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: 1/1/2019 Ending: 12/31/2019

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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 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	\$ 202,186	74
Uncompensated Charity Care	\$ 214,028	82
Totals	\$ 416,214	124
Adjusted Gross Revenue	\$ 3,876,566	

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2019 Cherokee
Northside Hospital Cherokee

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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?
 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: 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	\$503,972	70
Uncompensated Charity Care	\$411,361	121
Totals	\$915,333	187
Adjusted Gross Revenue	\$8,625,849	

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2019 Cherokee
 Northside Hospital Cherokee

Part A: General Information Georgia Department of Community Health

1. Year: 2019
 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: 1/1/2019 Ending: 12/31/2019

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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 Person authorized to respond to inquiries about the responses to this survey
 Contact's Name: Brian J. Toporek Contact's Title: Senior Planner
 Telephone: 404-851-6621 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	\$3,113,490	59
Uncompensated Charity Care	\$1,583,940	81
Totals	\$4,697,430	130
Adjusted Gross Revenue	\$24,932,017	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2019 Cherokee
 Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2019

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?

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: 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	\$96,344	25
Uncompensated Charity Care	\$176,824	74
Totals	\$273,167	97
Adjusted Gross Revenue	\$1,911,370	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP346 2019 Forsyth
 Northside Hospital Forsyth

Part A: General Information

Georgia Department of Community Health

1. Year: 2019
 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: 1/1/2019 Ending: 12/31/2019

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: 7/24/2020

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: 404-250-3201 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	\$143,008	5
Uncompensated Charity Care	\$295,152	12
Totals	\$438,161	17
Adjusted Gross Revenue	\$4,957,102	

Service-Specific-AGR

