

WARM SPRINGS MEDICAL CENTER

2025 Community Benefit Report

Reporting period: January 1 – December 31, 2025

Approved Indigent and Charity Care

The following amounts reflect financial assistance approved under the hospital's indigent and charity care program and recorded using designated patient accounting adjustment codes.

Financial assistance category	Approved write-offs
Indigent care (100% assistance)	\$23,011.00
Charity care (partial assistance)	\$7,787.44
Total approved financial assistance	\$30,798.44
Patient/account entries recorded	60

Patient/account entries are not necessarily unduplicated individuals. Amounts represent financial assistance adjustments, not the calculated cost of care.

County of Residence

County	Reported encounters	Approved charges/write-offs
Meriwether	54	\$27,405
Harris	1	\$2,516
Talbot	3	\$512
Upson	2	\$365
Total	60	\$30,798

Additional Uncompensated Care Information

The financial assistance total above does not represent all uncompensated care incurred by Warm Springs Medical Center. Other unreimbursed costs, including eligible uninsured care and Medicaid shortfalls, are addressed separately in the hospital's Disproportionate Share Hospital (DSH) reporting.

Georgia DSH — preliminary SFY 2026 results	Amount
Uncompensated care cost (UCC)	\$862,171
Hospital-specific DSH limit after adjustments	\$840,956

DSH amounts above are from preliminary SFY 2026 results and use the January–December 2024 cost-report year.