



MEMORANDUM

Date: August 30, 2023

To: Chief Executive Officer
Chief Financial Officer

From: Kim S. Morris *Kim S. Morris*
Director of Reimbursement

Subject: SFY 2024 Hospital Provider Fee

The SFY 2024 Hospital Provider Fee payment schedule is attached and will be placed on the Department of Community Health’s website at www.dch.georgia.gov by selecting options for “Providers”, “Provider types”, “Hospital providers”, then “Provider Fee”.

Should you have any questions, please contact Annetta Smith at asmith@dch.ga.gov .

Thanks.