



2011 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:DTRC124

Facility Name: PET Imaging Center of Savannah, LLC

County: Chatham

Street Address: 617 Stephenson Avenue, Suite 101

City: Savannah

Zip: 31405

Mailing Address: 617 Stephenson Avenue Suite 101

Mailing City: Savannah

Mailing Zip: 31405

Medicaid Provider Number: N/A

Medicare Provider Number: 47BBBKP

2. Report Period

Report Data for the full twelve month period- January 1, 2011 through December 31, 2011.

Do not use a different report period.

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

Part B : Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey.

Contact Name: Guy A Messer

Contact Title: CFO/Corp Sec

Phone: 770-692-2371

Fax: 770-692-2373

E-mail: guy.messer@tridentmedicalimaging.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Trident Molecular Imaging, LLC	For Profit	11/17/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

3a. Type of PET Authorization (Select one only.)

Fixed-Based PET CON

3b. Certificate of Need Project Number

Please enter the Certificate of Need project number.

GA010-01 GA207-070

3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)

Part D : PET Imaging Services Technology and volume by Diagnostic Type

1. Manufacturer and Model

Please document the manufacturer and model of PET equipment and select PET only or PET/CT Hybrid Unit. NOTE: IF you have more than one scanner, please complete one survey for each machine.

PET / CT Hybrid Unit
Siemens Biograph 40

2. Patients and Scans for PET Imaging Services

Please report the patients and scans for PET imaging services during the reporting period by the patient's primary diagnostic area. Please provide unduplicated patient counts within each of the three subgroups. The sum total of all patients for all three diagnostic areas (automatically calculated by the web page) may include some duplication.

Oncology Patients	Number of Patients	Total Number of Scans	Follow Up Scans
Lung and Bronchus Cancers	192	236	44
Colon and Rectal Cancers	67	82	15
Lymphoma Cancers	95	123	28
Melanoma Cancers	23	28	5
Esophageal Cancers	10	11	1
Head and Neck Cancers	41	53	12
Breast Cancers	68	89	21
Other Cancers	75	94	19
Total	571	716	145

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	32	32
Total	32	32

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	8	8
Other Neurological Use	1	1
Total	9	9

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	0	0
Total	0	0

Part E : PET Services Financial Summary and Patient Demographics

1. Patients by Primary Payment Source

Please report the total number of patients (unduplicated) receiving PET services by primary payment source.

Primary Payment Source	Number of Patients (unduplicated)
Medicare	323
Medicaid	12
Third-Party	253
Self-Pay	24
Total	612

2. Total Charges and Adjusted Gross Revenue

Please report the total charges and adjusted gross revenues for PET services.

Total Charges	Adjusted Gross Revenue
5,374,700	3,043,345

3. Total Uncompensated Charges and I/C Patients

Please report the total amount of uncompensated PET services charges that can be attributed to persons who are indigent or eligible for charity care. Also provide the number of I/C patients in the PET program.

Total Uncompensated Charges	I/C Patients
156,200	22

4. Average Treatment Charge

What is your program's average treatment charge for a PET scan or study (one patient visit regardless of number of images)?

7,100

5. Patients by Race/Ethnicity

Please report the number of patient served during the entire report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	6
Black/African American	88
Hispanic/Latino	7
Pacific Islander/Hawaiian	0
White	509
Multi-Racial	2
Total	612

6. Patients by Age Group and Gender

Please report the number of patients served during the entire report period by the gender and age

grouping below.

Age Group	Male	Female
Ages 0-14	0	0
Ages 15-64	122	169
Ages 65-74	109	84
Ages 75-85	62	46
Ages 85 and Up	12	8
Total	305	307

7. Participation in Reporting

Does your facility/service participate in and report to the Georgia Comprehensive Cancer Registry? (check box for YES, leave unchecked for NO)

8. Days and Hours of Operation

Please indicate the days and hours of operation for your program's PET services.

Mon Tue Wed Thurs Fri Sat Sun

Hours of Operation: 8:30am until 5:30pm

9. Total Number of Days that PET Scans Were Offered

Please report the total number of days that PET scans were offered during the report period.

Total Days PET Scans Offered
252

Part F : Mobile PET Services

1. Mobile PET Services- (For mobile vendors holding a CON to provide PET services.)

Please report each location served during the reporting period and the number of days of services provided at each location for each month. If your PET service is fixed-based, or your facility holds a CON for mobile PET services under contract, continue with Part G.

Site Name	Site County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-----------	-------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Part G : Patient Origin Table (Must be completed by all providers)

1. Patient Origin by County

Please report the county of origin for patients served by your PET program during the report period. Note to Mobile PET Providers who hold a CON: You must complete this section for every site visit location. Please select from the list of site visit locations(s) provided above.

Name	County	Patients Served	Patient County
PET Imaging Center of Savannah, LLC	Chatham	233	Chatham
PET Imaging Center of Savannah, LLC	Chatham	94	South Carolina
PET Imaging Center of Savannah, LLC	Chatham	47	Bryan
PET Imaging Center of Savannah, LLC	Chatham	46	Liberty
PET Imaging Center of Savannah, LLC	Chatham	42	Effingham
PET Imaging Center of Savannah, LLC	Chatham	25	Tattnall
PET Imaging Center of Savannah, LLC	Chatham	20	Bulloch
PET Imaging Center of Savannah, LLC	Chatham	12	Jasper
PET Imaging Center of Savannah, LLC	Chatham	12	Long
PET Imaging Center of Savannah, LLC	Chatham	12	Toombs
PET Imaging Center of Savannah, LLC	Chatham	12	Wayne
PET Imaging Center of Savannah, LLC	Chatham	8	Emanuel
PET Imaging Center of Savannah, LLC	Chatham	6	Candler
PET Imaging Center of Savannah, LLC	Chatham	6	Evans
PET Imaging Center of Savannah, LLC	Chatham	6	McIntosh
PET Imaging Center of Savannah, LLC	Chatham	5	Coffee
PET Imaging Center of Savannah, LLC	Chatham	4	Jeff Davis
PET Imaging Center of Savannah, LLC	Chatham	4	Montgomery
PET Imaging Center of Savannah, LLC	Chatham	4	Screven
PET Imaging Center of Savannah, LLC	Chatham	3	Appling
PET Imaging Center of Savannah, LLC	Chatham	3	Glynn
PET Imaging Center of Savannah, LLC	Chatham	1	Calhoun
PET Imaging Center of Savannah, LLC	Chatham	1	North Carolina
PET Imaging Center of Savannah, LLC	Chatham	1	Other Out of State
PET Imaging Center of Savannah, LLC	Chatham	1	Elbert
PET Imaging Center of Savannah, LLC	Chatham	1	Tift
PET Imaging Center of Savannah, LLC	Chatham	1	Treutlen
PET Imaging Center of Savannah, LLC	Chatham	1	Ware
PET Imaging Center of Savannah, LLC	Chatham	1	Wheeler
Total		612	

Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.

Authorized Signature: Guy A Messer

Date: 05/09/2012

Title: CFO/Corp Sec

Comments: