



2012 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP705B

Facility Name: Emory University Hospital Midtown (Discovery 600 - 2008-089)

County: Fulton

Street Address: 550 Peachtree Street NE

City: Atlanta

Zip: 30308

Mailing Address: 550 Peachtree Street, NE

Mailing City: Atlanta

Mailing Zip: 30308

Medicaid Provider Number: 00000503A

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2012 through December 31, 2012.

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: Toni Wimby

Contact Title: Associate Administrator, Emory Hospitals

Phone: 404-686-2450

Fax: 404-686-2848

E-mail: toni.wimby@emoryhealthcare.org

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
Emory University	Not for Profit	01/01/1922

B. Owner's Parent Organization

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

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
Emory Healthcare	Not for Profit	01/01/1922

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1922

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.

CON 2008-089

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
 GE Discovery 600

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	112	138	41
Colon and Rectal Cancers	76	93	24
Lymphoma Cancers	145	181	49
Melanoma Cancers	20	21	2
Esophageal Cancers	18	27	10
Head and Neck Cancers	114	143	35
Breast Cancers	220	255	56
Other Cancers	313	428	154
Total	1,018	1,286	371

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	6	6
Total	6	6

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	4	4
Other Neurological Use	5	5
Total	9	9

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	209	215
Total	209	215

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	544
Medicaid	113
Third-Party	438
Self-Pay	19
Total	1,114

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
11,780,710	5,703,639

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
266,781	43

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)?

7,791

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	1
Asian	10
Black/African American	639
Hispanic/Latino	10
Pacific Islander/Hawaiian	1
White	453
Multi-Racial	0
Total	1,114

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	210	430
Ages 65-74	125	174
Ages 75-85	61	84
Ages 85 and Up	8	22
Total	404	710

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: 7:30AM until 4:00PM

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
249

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 loacation 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
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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
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Baldwin
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Banks
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Barrow
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	14	Bartow
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Ben Hill
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Berrien
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	5	Bibb
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Brooks
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Butts
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	8	Carroll
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Catoosa
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Cherokee
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	9	Clarke
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	61	Clayton
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	54	Cobb
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Coffee
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Columbia
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	17	Coweta
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Crisp
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Decatur
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	164	DeKalb
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Dodge
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Dougherty
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	16	Douglas
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Elbert
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Emanuel
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Fannin
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	28	Fayette
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	6	Floyd
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Forsyth
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Franklin
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	407	Fulton
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Gilmer
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Glynn
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Gordon
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Greene
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	52	Gwinnett

Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Habersham
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	7	Hall
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Haralson
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Harris
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Polk
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Putnam
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Richmond
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	11	Rockdale
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	12	Spalding
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Stephens
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Sumter
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Tift
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Toombs
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Towns
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	8	Troup
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Union
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Upson
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Walker
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	9	Walton
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	White
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	5	Whitfield
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Worth
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	6	Alabama
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	7	Florida
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Hart
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Heard
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	42	Henry
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	6	Houston
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Jackson
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Jasper
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Jones
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Laurens
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Liberty
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Lumpkin
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	2	Madison
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Meriwether
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Mitchell
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Monroe
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Morgan
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	10	Muscogee
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	14	Newton
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	1	Paulding
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	3	Pickens
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	Pike

Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	8	North Carolina
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	4	South Carolina
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	5	Tennessee
Emory University Hospital Midtown (Discovery 600 - 2008-089)	Fulton	9	Other Out of State
Total		1,114	

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: Dane Peterson

Date: 04/30/2014

Title: CEO, Emory University Hospital Midtown

Comments: