



2013 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:DTRC123

Facility Name: PET Imaging of Fayette,LLC

County: Fayette

Street Address: Suite 102 1275 Hwy 54 West

City: Fayetteville

Zip: 30214-4526

Mailing Address: Suite 102 1275 Highway 54 West

Mailing City: Fayetteville

Mailing Zip: 30214-4526

Medicaid Provider Number: 254402745A

Medicare Provider Number: 47BBBJJ

2. Report Period

Report Data for the full twelve month period- January 1, 2013 through December 31, 2013.
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	11/03/2003

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.

GA2001-008

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	361	483	122
Colon and Rectal Cancers	144	201	57
Lymphoma Cancers	172	261	89
Melanoma Cancers	18	24	6
Esophageal Cancers	23	36	13
Head and Neck Cancers	118	157	39
Breast Cancers	260	365	105
Other Cancers	237	326	89
Total	1,333	1,853	520

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	0	0
Total	0	0

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	19	19
Other Neurological Use	0	0
Total	19	19

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	755
Medicaid	105
Third-Party	440
Self-Pay	52
Total	1,352

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
13,291,200	6,635,307

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
369,200	52

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	23
Black/African American	337
Hispanic/Latino	12
Pacific Islander/Hawaiian	0
White	980
Multi-Racial	0
Total	1,352

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	258	415
Ages 65-74	184	217
Ages 75-85	105	118
Ages 85 and Up	18	37
Total	565	787

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: 8:00am until 5:00pm

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
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 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
PET Imaging of Fayette,LLC	Fayette	5	Cobb
PET Imaging of Fayette,LLC	Fayette	4	Monroe
PET Imaging of Fayette,LLC	Fayette	3	Douglas
PET Imaging of Fayette,LLC	Fayette	3	Rockdale
PET Imaging of Fayette,LLC	Fayette	2	Clarke
PET Imaging of Fayette,LLC	Fayette	2	Gilmer
PET Imaging of Fayette,LLC	Fayette	2	Gwinnett
PET Imaging of Fayette,LLC	Fayette	2	Randolph
PET Imaging of Fayette,LLC	Fayette	1	Putnam
PET Imaging of Fayette,LLC	Fayette	1	Harris
PET Imaging of Fayette,LLC	Fayette	1	Heard
PET Imaging of Fayette,LLC	Fayette	1	Ben Hill
PET Imaging of Fayette,LLC	Fayette	290	Fayette
PET Imaging of Fayette,LLC	Fayette	257	Henry
PET Imaging of Fayette,LLC	Fayette	170	Clayton
PET Imaging of Fayette,LLC	Fayette	152	Coweta
PET Imaging of Fayette,LLC	Fayette	124	Spalding
PET Imaging of Fayette,LLC	Fayette	112	Fulton
PET Imaging of Fayette,LLC	Fayette	69	Butts
PET Imaging of Fayette,LLC	Fayette	44	Pike
PET Imaging of Fayette,LLC	Fayette	31	Lamar
PET Imaging of Fayette,LLC	Fayette	26	Upson
PET Imaging of Fayette,LLC	Fayette	17	DeKalb
PET Imaging of Fayette,LLC	Fayette	13	Meriwether
PET Imaging of Fayette,LLC	Fayette	7	Troup
PET Imaging of Fayette,LLC	Fayette	7	Carroll
PET Imaging of Fayette,LLC	Fayette	6	Muscogee
Total		1,352	

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: 04/09/2014

Title: CFO/Corp Sec

Comments: