



2013 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp706

Facility Name: Facility Name: Emory University Hospital (GE Discovery 690 [1991-048])

County: DeKalb

Street Address: 1364 Clifton Road NE

City: Atlanta

Zip: 30322-1061

Mailing Address: 1364 Clifton Road NE

Mailing City: Atlanta

Mailing Zip: 30322-1061

Medicaid Provider Number: 00000712A

Medicare Provider Number: 11-0010

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: 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	Not Applicable	01/01/1922

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	01/01/1922

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.

1991-048

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 690 Elite

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	79	98	19
Colon and Rectal Cancers	28	41	13
Lymphoma Cancers	180	283	103
Melanoma Cancers	38	57	19
Esophageal Cancers	25	30	5
Head and Neck Cancers	93	114	21
Breast Cancers	90	128	38
Other Cancers	176	228	52
Total	709	979	270

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	9	9
Total	9	9

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	8	8
Other Neurological Use	100	101
Total	108	109

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	217	245
Total	217	245

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	442
Medicaid	94
Third-Party	478
Self-Pay	29
Total	1,043

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
11,123,592	5,886,643

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
175,324	37

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)?

8,289

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	3
Asian	32
Black/African American	265
Hispanic/Latino	8
Pacific Islander/Hawaiian	0
White	735
Multi-Racial	0
Total	1,043

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	303	337
Ages 65-74	133	135
Ages 75-85	55	61
Ages 85 and Up	11	8
Total	502	541

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: 7:30 until 5:30

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
254

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
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Early
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Effingham
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Elbert
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Fannin
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	18	Fayette
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	10	Floyd
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	17	Forsyth
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Gilmer
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	8	Gordon
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Greene
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	97	Gwinnett
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	9	Habersham
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	14	Hall
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Haralson
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Harris
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	39	Henry
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	10	Houston
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	11	Jackson
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Jasper
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Jenkins
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Jones
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Lamar
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Lanier
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Laurens
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Lee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Lumpkin
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Madison
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Marion
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Meriwether
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Miller
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Mitchell
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Monroe
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Morgan
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Murray
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	15	Muscogee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	21	Newton
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Oconee

Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	8	Paulding
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Peach
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Pickens
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Pike
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Polk
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Putnam
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Quitman
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Rabun
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Richmond
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	16	Rockdale
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	10	Spalding
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Stephens
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Talbot
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Telfair
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Thomas
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Tift
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Toombs
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Towns
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	9	Troup
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Turner
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Union
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Upson
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	17	Walton
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Ware
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Warren
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	White
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	5	Whitfield
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Wilkes
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Wilkinson
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	16	Alabama
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	7	Florida
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	9	North Carolina
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	13	South Carolina
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Tennessee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	19	Other Out of State
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	171	DeKalb
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	175	Fulton
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Baldwin
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Banks
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Barrow
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	8	Bartow
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Ben Hill
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Berrien
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	13	Bibb

Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Bleckley
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Brantley
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Bulloch
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Burke
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	11	Butts
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	14	Carroll
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Catoosa
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Charlton
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	4	Chatham
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Chattahoochee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	16	Cherokee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	5	Clarke
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	26	Clayton
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	57	Cobb
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	2	Coffee
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Columbia
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	15	Coweta
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	3	Dawson
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Dodge
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	1	Dooly
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	6	Dougherty
Facility Name: Emory University Hospital (GE Discovery 690 [1991-048	DeKalb	8	Douglas
Total		1,043	

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: Robert J. Bachman

Date: 05/15/2014

Title: CEO, Emory University Hospital

Comments: