



## 2014 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:HOSP719

**Facility Name:** Georgia Regents Medical Center

**County:** Richmond

**Street Address:** 1120 15th Street

**City:** Augusta

**Zip:** 30912

**Mailing Address:** 1120 15th Street

**Mailing City:** Augusta

**Mailing Zip:** 30912

**Medicaid Provider Number:** 00000723

**Medicare Provider Number:** 110034

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2014 through December 31, 2014.

***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:** Stacie Pankow

**Contact Title:** Institutional Research Analyst

**Phone:** 706-721-2553

**Fax:** 706-434-6181

**E-mail:** spankow@gru.edu

## 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
University System of Georgia Board of Regents	State	01/01/1956

#### 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	NA	

#### D. Operator's Parent Organization

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

#### E. Management Contractor

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

#### F. Management's Parent Organization

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

### 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.

GA2001053

**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

**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	114	173	54
Colon and Rectal Cancers	36	46	20
Lymphoma Cancers	113	206	102
Melanoma Cancers	15	26	17
Esophageal Cancers	14	20	7
Head and Neck Cancers	171	209	55
Breast Cancers	68	113	52
Other Cancers	349	518	168
<b>Total</b>	<b>880</b>	<b>1,311</b>	<b>475</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	4	3
<b>Total</b>	<b>4</b>	<b>3</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	1	1
Other Neurological Use	1	1
<b>Total</b>	<b>2</b>	<b>2</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	284	354
<b>Total</b>	<b>284</b>	<b>354</b>

## 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	519
Medicaid	161
Third-Party	419
Self-Pay	71
<b>Total</b>	<b>1,170</b>

### **2. Total Charges and Adjusted Gross Revenue**

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

Total Charges	Adjusted Gross Revenue
11,427,567	5,664,118

### **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
818,323	117

### **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)?

9,767

### **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	16
Black/African American	409
Hispanic/Latino	10
Pacific Islander/Hawaiian	0
White	729
Multi-Racial	3
<b>Total</b>	<b>1,170</b>

### **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	14	12
Ages 15-64	348	330
Ages 65-74	161	149
Ages 75-85	58	75
Ages 85 and Up	13	10
<b>Total</b>	<b>594</b>	<b>576</b>

**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:** 7AM until 5PM

**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
Georgia Regents Medical Center	Richmond	8	Lincoln
Georgia Regents Medical Center	Richmond	0	Long
Georgia Regents Medical Center	Richmond	5	Lowndes
Georgia Regents Medical Center	Richmond	0	Lumpkin
Georgia Regents Medical Center	Richmond	0	Macon
Georgia Regents Medical Center	Richmond	3	Madison
Georgia Regents Medical Center	Richmond	0	Marion
Georgia Regents Medical Center	Richmond	29	McDuffie
Georgia Regents Medical Center	Richmond	0	McIntosh
Georgia Regents Medical Center	Richmond	0	Meriwether
Georgia Regents Medical Center	Richmond	0	Miller
Georgia Regents Medical Center	Richmond	1	Mitchell
Georgia Regents Medical Center	Richmond	0	Monroe
Georgia Regents Medical Center	Richmond	2	Montgomery
Georgia Regents Medical Center	Richmond	1	Morgan
Georgia Regents Medical Center	Richmond	0	Murray
Georgia Regents Medical Center	Richmond	1	Muscogee
Georgia Regents Medical Center	Richmond	2	Newton
Georgia Regents Medical Center	Richmond	0	Oconee
Georgia Regents Medical Center	Richmond	0	Oglethorpe
Georgia Regents Medical Center	Richmond	0	Paulding
Georgia Regents Medical Center	Richmond	1	Peach
Georgia Regents Medical Center	Richmond	0	Pickens
Georgia Regents Medical Center	Richmond	0	Pierce
Georgia Regents Medical Center	Richmond	0	Pike
Georgia Regents Medical Center	Richmond	0	Polk
Georgia Regents Medical Center	Richmond	1	Pulaski
Georgia Regents Medical Center	Richmond	6	Putnam
Georgia Regents Medical Center	Richmond	0	Quitman
Georgia Regents Medical Center	Richmond	1	Alabama
Georgia Regents Medical Center	Richmond	2	Florida
Georgia Regents Medical Center	Richmond	1	North Carolina
Georgia Regents Medical Center	Richmond	3	Other Out of State
Georgia Regents Medical Center	Richmond	305	South Carolina
Georgia Regents Medical Center	Richmond	1	Tennessee
Georgia Regents Medical Center	Richmond	3	Appling
Georgia Regents Medical Center	Richmond	1	Atkinson

Georgia Regents Medical Center	Richmond	0	Bacon
Georgia Regents Medical Center	Richmond	0	Baker
Georgia Regents Medical Center	Richmond	11	Baldwin
Georgia Regents Medical Center	Richmond	0	Banks
Georgia Regents Medical Center	Richmond	2	Barrow
Georgia Regents Medical Center	Richmond	0	Bartow
Georgia Regents Medical Center	Richmond	3	Ben Hill
Georgia Regents Medical Center	Richmond	1	Berrien
Georgia Regents Medical Center	Richmond	3	Bibb
Georgia Regents Medical Center	Richmond	2	Bleckley
Georgia Regents Medical Center	Richmond	0	Brantley
Georgia Regents Medical Center	Richmond	0	Brooks
Georgia Regents Medical Center	Richmond	1	Bryan
Georgia Regents Medical Center	Richmond	15	Bulloch
Georgia Regents Medical Center	Richmond	27	Burke
Georgia Regents Medical Center	Richmond	0	Butts
Georgia Regents Medical Center	Richmond	0	Calhoun
Georgia Regents Medical Center	Richmond	0	Camden
Georgia Regents Medical Center	Richmond	0	Candler
Georgia Regents Medical Center	Richmond	1	Carroll
Georgia Regents Medical Center	Richmond	0	Catoosa
Georgia Regents Medical Center	Richmond	0	Charlton
Georgia Regents Medical Center	Richmond	5	Chatham
Georgia Regents Medical Center	Richmond	0	Chattahoochee
Georgia Regents Medical Center	Richmond	0	Chattooga
Georgia Regents Medical Center	Richmond	0	Cherokee
Georgia Regents Medical Center	Richmond	0	Clay
Georgia Regents Medical Center	Richmond	0	Clayton
Georgia Regents Medical Center	Richmond	0	Clinch
Georgia Regents Medical Center	Richmond	0	Gilmer
Georgia Regents Medical Center	Richmond	4	Glascok
Georgia Regents Medical Center	Richmond	4	Glynn
Georgia Regents Medical Center	Richmond	0	Gordon
Georgia Regents Medical Center	Richmond	1	Grady
Georgia Regents Medical Center	Richmond	9	Greene
Georgia Regents Medical Center	Richmond	4	Gwinnett
Georgia Regents Medical Center	Richmond	0	Habersham
Georgia Regents Medical Center	Richmond	0	Hall
Georgia Regents Medical Center	Richmond	6	Hancock
Georgia Regents Medical Center	Richmond	0	Haralson
Georgia Regents Medical Center	Richmond	0	Harris
Georgia Regents Medical Center	Richmond	4	Hart
Georgia Regents Medical Center	Richmond	0	Heard
Georgia Regents Medical Center	Richmond	0	Henry

Georgia Regents Medical Center	Richmond	0	Houston
Georgia Regents Medical Center	Richmond	0	Irwin
Georgia Regents Medical Center	Richmond	2	Jackson
Georgia Regents Medical Center	Richmond	2	Jasper
Georgia Regents Medical Center	Richmond	1	Jeff Davis
Georgia Regents Medical Center	Richmond	22	Jefferson
Georgia Regents Medical Center	Richmond	9	Jenkins
Georgia Regents Medical Center	Richmond	2	Johnson
Georgia Regents Medical Center	Richmond	2	Jones
Georgia Regents Medical Center	Richmond	0	Lamar
Georgia Regents Medical Center	Richmond	0	Lanier
Georgia Regents Medical Center	Richmond	14	Laurens
Georgia Regents Medical Center	Richmond	0	Lee
Georgia Regents Medical Center	Richmond	2	Liberty
Georgia Regents Medical Center	Richmond	0	Rabun
Georgia Regents Medical Center	Richmond	1	Randolph
Georgia Regents Medical Center	Richmond	302	Richmond
Georgia Regents Medical Center	Richmond	2	Rockdale
Georgia Regents Medical Center	Richmond	0	Schley
Georgia Regents Medical Center	Richmond	5	Screven
Georgia Regents Medical Center	Richmond	0	Seminole
Georgia Regents Medical Center	Richmond	0	Spalding
Georgia Regents Medical Center	Richmond	1	Stephens
Georgia Regents Medical Center	Richmond	0	Stewart
Georgia Regents Medical Center	Richmond	2	Sumter
Georgia Regents Medical Center	Richmond	0	Talbot
Georgia Regents Medical Center	Richmond	3	Taliaferro
Georgia Regents Medical Center	Richmond	4	Tattnall
Georgia Regents Medical Center	Richmond	0	Taylor
Georgia Regents Medical Center	Richmond	3	Telfair
Georgia Regents Medical Center	Richmond	0	Terrell
Georgia Regents Medical Center	Richmond	0	Thomas
Georgia Regents Medical Center	Richmond	1	Tift
Georgia Regents Medical Center	Richmond	3	Toombs
Georgia Regents Medical Center	Richmond	0	Towns
Georgia Regents Medical Center	Richmond	1	Treutlen
Georgia Regents Medical Center	Richmond	0	Troup
Georgia Regents Medical Center	Richmond	0	Turner
Georgia Regents Medical Center	Richmond	0	Twiggs
Georgia Regents Medical Center	Richmond	0	Union
Georgia Regents Medical Center	Richmond	1	Upson
Georgia Regents Medical Center	Richmond	0	Walker
Georgia Regents Medical Center	Richmond	0	Walton
Georgia Regents Medical Center	Richmond	0	Cobb



Georgia Regents Medical Center	Richmond	0	Coweta
Georgia Regents Medical Center	Richmond	0	Crawford
Georgia Regents Medical Center	Richmond	4	Clarke
Georgia Regents Medical Center	Richmond	6	Coffee
Georgia Regents Medical Center	Richmond	1	Colquitt
Georgia Regents Medical Center	Richmond	197	Columbia
Georgia Regents Medical Center	Richmond	1	Cook
Georgia Regents Medical Center	Richmond	1	Crisp
Georgia Regents Medical Center	Richmond	0	Dade
Georgia Regents Medical Center	Richmond	0	Decatur
Georgia Regents Medical Center	Richmond	0	Dooly
Georgia Regents Medical Center	Richmond	0	Douglas
Georgia Regents Medical Center	Richmond	2	Dawson
Georgia Regents Medical Center	Richmond	1	DeKalb
Georgia Regents Medical Center	Richmond	1	Dodge
Georgia Regents Medical Center	Richmond	4	Dougherty
Georgia Regents Medical Center	Richmond	0	Early
Georgia Regents Medical Center	Richmond	1	Effingham
Georgia Regents Medical Center	Richmond	3	Elbert
Georgia Regents Medical Center	Richmond	12	Emanuel
Georgia Regents Medical Center	Richmond	2	Evans
Georgia Regents Medical Center	Richmond	0	Echols
Georgia Regents Medical Center	Richmond	0	Fannin
Georgia Regents Medical Center	Richmond	0	Fayette
Georgia Regents Medical Center	Richmond	0	Floyd
Georgia Regents Medical Center	Richmond	0	Forsyth
Georgia Regents Medical Center	Richmond	0	Franklin
Georgia Regents Medical Center	Richmond	2	Fulton
Georgia Regents Medical Center	Richmond	2	Ware
Georgia Regents Medical Center	Richmond	10	Warren
Georgia Regents Medical Center	Richmond	28	Washington
Georgia Regents Medical Center	Richmond	1	Wayne
Georgia Regents Medical Center	Richmond	0	Webster
Georgia Regents Medical Center	Richmond	1	Wheeler
Georgia Regents Medical Center	Richmond	22	Wilkes
Georgia Regents Medical Center	Richmond	3	Wilkinson
Georgia Regents Medical Center	Richmond	0	Worth
Georgia Regents Medical Center	Richmond	0	Wilcox
Georgia Regents Medical Center	Richmond	0	Whitfield
Georgia Regents Medical Center	Richmond	0	White
<b>Total</b>		<b>1,170</b>	

## 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:** Peter F. Buckley, MD

**Date:** 06/15/2015

**Title:** Interim Chief Executive Officer

**Comments:**