



2022 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp714

Facility Name: Emory Saint Joseph's Hospital

County: Fulton

Street Address: 5665 Peachtree Dunwoody Road NE

City: Atlanta

Zip: 30342-1764

Mailing Address: 5665 Peachtree Dunwoody Road NE

Mailing City: Atlanta

Mailing Zip: 30342-1764

Medicaid Provider Number: 00001812

Medicare Provider Number: 110082

2. Report Period

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

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: Hunter Hatcher

Contact Title: Controller

Phone: 404-686-6169

Fax: 678-843-1399

E-mail: james.hunter.hatcher@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
Saint Joseph's Hospital of Atlanta Inc.	Not for Profit	01/01/2012

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory/Saint Joseph's Inc.	Not for Profit	01/01/2012

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, Inc.	Not for Profit	01/01/2012

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/2012

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.

DET2009-119

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 M PET/CT

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	142	162	18
Colon and Rectal Cancers	86	102	15
Lymphoma Cancers	232	273	37
Melanoma Cancers	113	144	28
Esophageal Cancers	28	41	10
Head and Neck Cancers	41	42	1
Breast Cancers	196	235	33
Other Cancers	627	718	78
Total	1,465	1,717	220

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	28	29
Total	28	29

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	1	1
Other Neurological Use	7	7
Total	8	8

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	124	129
Total	124	129

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	883
Medicaid	49
Third-Party	665
Self-Pay	28
Total	1,625

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
16,105,120	7,845,605

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
290,007	63

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)?

8,557

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	9
Asian	63
Black/African American	370
Hispanic/Latino	0
Pacific Islander/Hawaiian	6
White	1,027
Multi-Racial	150
Total	1,625

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	322	395
Ages 65-74	271	224
Ages 75-85	192	153
Ages 85 and Up	37	31
Total	822	803

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: 7:00 AM until 3:00PM

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
Emory Saint Joseph's Hospital	Fulton	2	Glynn
Emory Saint Joseph's Hospital	Fulton	8	Pickens
Emory Saint Joseph's Hospital	Fulton	1	Pierce
Emory Saint Joseph's Hospital	Fulton	3	Pike
Emory Saint Joseph's Hospital	Fulton	6	Polk
Emory Saint Joseph's Hospital	Fulton	15	Alabama
Emory Saint Joseph's Hospital	Fulton	6	Baldwin
Emory Saint Joseph's Hospital	Fulton	14	Barrow
Emory Saint Joseph's Hospital	Fulton	12	Bartow
Emory Saint Joseph's Hospital	Fulton	1	Ben Hill
Emory Saint Joseph's Hospital	Fulton	15	Bibb
Emory Saint Joseph's Hospital	Fulton	1	Bleckley
Emory Saint Joseph's Hospital	Fulton	1	Bryan
Emory Saint Joseph's Hospital	Fulton	1	Bulloch
Emory Saint Joseph's Hospital	Fulton	1	Burke
Emory Saint Joseph's Hospital	Fulton	2	Butts
Emory Saint Joseph's Hospital	Fulton	1	Candler
Emory Saint Joseph's Hospital	Fulton	17	Carroll
Emory Saint Joseph's Hospital	Fulton	42	Cherokee
Emory Saint Joseph's Hospital	Fulton	3	Clarke
Emory Saint Joseph's Hospital	Fulton	30	Clayton
Emory Saint Joseph's Hospital	Fulton	245	Cobb
Emory Saint Joseph's Hospital	Fulton	5	Coffee
Emory Saint Joseph's Hospital	Fulton	3	Columbia
Emory Saint Joseph's Hospital	Fulton	9	Coweta
Emory Saint Joseph's Hospital	Fulton	1	Crisp
Emory Saint Joseph's Hospital	Fulton	2	Chatham
Emory Saint Joseph's Hospital	Fulton	1	Dawson
Emory Saint Joseph's Hospital	Fulton	307	DeKalb
Emory Saint Joseph's Hospital	Fulton	3	Dougherty
Emory Saint Joseph's Hospital	Fulton	12	Douglas
Emory Saint Joseph's Hospital	Fulton	3	Fannin
Emory Saint Joseph's Hospital	Fulton	14	Fayette
Emory Saint Joseph's Hospital	Fulton	11	Florida
Emory Saint Joseph's Hospital	Fulton	2	Habersham
Emory Saint Joseph's Hospital	Fulton	19	Hall
Emory Saint Joseph's Hospital	Fulton	6	Floyd

Emory Saint Joseph's Hospital	Fulton	28	Forsyth
Emory Saint Joseph's Hospital	Fulton	2	Franklin
Emory Saint Joseph's Hospital	Fulton	364	Fulton
Emory Saint Joseph's Hospital	Fulton	4	Gilmer
Emory Saint Joseph's Hospital	Fulton	1	Gordon
Emory Saint Joseph's Hospital	Fulton	1	Greene
Emory Saint Joseph's Hospital	Fulton	179	Gwinnett
Emory Saint Joseph's Hospital	Fulton	4	Haralson
Emory Saint Joseph's Hospital	Fulton	2	Harris
Emory Saint Joseph's Hospital	Fulton	3	Hart
Emory Saint Joseph's Hospital	Fulton	29	Henry
Emory Saint Joseph's Hospital	Fulton	3	Lumpkin
Emory Saint Joseph's Hospital	Fulton	5	Madison
Emory Saint Joseph's Hospital	Fulton	2	Marion
Emory Saint Joseph's Hospital	Fulton	1	McDuffie
Emory Saint Joseph's Hospital	Fulton	1	Meriwether
Emory Saint Joseph's Hospital	Fulton	2	Monroe
Emory Saint Joseph's Hospital	Fulton	1	Montgomery
Emory Saint Joseph's Hospital	Fulton	2	Morgan
Emory Saint Joseph's Hospital	Fulton	13	Muscogee
Emory Saint Joseph's Hospital	Fulton	14	Newton
Emory Saint Joseph's Hospital	Fulton	11	North Carolina
Emory Saint Joseph's Hospital	Fulton	2	Oconee
Emory Saint Joseph's Hospital	Fulton	1	Oglethorpe
Emory Saint Joseph's Hospital	Fulton	6	Other Out of State
Emory Saint Joseph's Hospital	Fulton	9	Paulding
Emory Saint Joseph's Hospital	Fulton	2	Peach
Emory Saint Joseph's Hospital	Fulton	3	Richmond
Emory Saint Joseph's Hospital	Fulton	12	Rockdale
Emory Saint Joseph's Hospital	Fulton	2	Schley
Emory Saint Joseph's Hospital	Fulton	11	South Carolina
Emory Saint Joseph's Hospital	Fulton	7	Spalding
Emory Saint Joseph's Hospital	Fulton	1	Talbot
Emory Saint Joseph's Hospital	Fulton	2	Telfair
Emory Saint Joseph's Hospital	Fulton	1	Tift
Emory Saint Joseph's Hospital	Fulton	1	Tennessee
Emory Saint Joseph's Hospital	Fulton	2	Towns
Emory Saint Joseph's Hospital	Fulton	1	Troup
Emory Saint Joseph's Hospital	Fulton	2	Union
Emory Saint Joseph's Hospital	Fulton	1	Stephens
Emory Saint Joseph's Hospital	Fulton	2	Upson
Emory Saint Joseph's Hospital	Fulton	1	Walker
Emory Saint Joseph's Hospital	Fulton	21	Walton
Emory Saint Joseph's Hospital	Fulton	3	White

Emory Saint Joseph's Hospital	Fulton	3	Whitfield
Emory Saint Joseph's Hospital	Fulton	8	Houston
Emory Saint Joseph's Hospital	Fulton	9	Jackson
Emory Saint Joseph's Hospital	Fulton	1	Jasper
Emory Saint Joseph's Hospital	Fulton	1	Jones
Emory Saint Joseph's Hospital	Fulton	2	Lamar
Emory Saint Joseph's Hospital	Fulton	3	Laurens
Emory Saint Joseph's Hospital	Fulton	2	Lee
Emory Saint Joseph's Hospital	Fulton	2	Lowndes
Emory Saint Joseph's Hospital	Fulton	1	Putnam
Emory Saint Joseph's Hospital	Fulton	3	Rabun
Total		1,625	

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: Heather Dexter

Date: 05/04/2023

Title: CEO

Comments: