



2020 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP705A

Facility Name: Emory Univ. Hosp. Midtown(Siemens Bio Vis 600 PET/CT 1999-066,DET2018-082)

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: 00000503

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2020 through December 31, 2020.

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: Tonya Johnson

Contact Title: Director, Procedural Operations

Phone: 404-686-2695

Fax: 404-686-2232

E-mail: tonya.carter.johnson@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	01/01/1944

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
Emory Healthcare, Inc.	Not for Profit	01/01/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1944

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.

1999-066

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 Vision 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	1	1	0
Colon and Rectal Cancers	4	4	0
Lymphoma Cancers	1	1	0
Melanoma Cancers	0	0	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	4	5	0
Breast Cancers	1	1	0
Other Cancers	8	9	0
Total	19	21	0

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1,902	1,934
Total	1,902	1,934

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	1	1
Other Neurological Use	36	36
Total	37	37

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	267	268
Total	267	268

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	1,154
Medicaid	172
Third-Party	742
Self-Pay	157
Total	2,225

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
13,333,444	6,733,451

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
1,197,870	276

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)?

5,990

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	24
Black/African American	1,551
Hispanic/Latino	0
Pacific Islander/Hawaiian	2
White	452
Multi-Racial	195
Total	2,225

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	570	625
Ages 65-74	299	334
Ages 75-85	140	182
Ages 85 and Up	22	53
Total	1,031	1,194

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 6:30AM

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
260

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	DeKalb	10	Alabama
Emory University Hospital Midtown	DeKalb	6	Barrow
Emory University Hospital Midtown	DeKalb	5	Bartow
Emory University Hospital Midtown	DeKalb	1	Berrien
Emory University Hospital Midtown	DeKalb	5	Bibb
Emory University Hospital Midtown	DeKalb	1	Bulloch
Emory University Hospital Midtown	DeKalb	12	Butts
Emory University Hospital Midtown	DeKalb	24	Carroll
Emory University Hospital Midtown	DeKalb	13	Cherokee
Emory University Hospital Midtown	DeKalb	3	Clarke
Emory University Hospital Midtown	DeKalb	117	Clayton
Emory University Hospital Midtown	DeKalb	116	Cobb
Emory University Hospital Midtown	DeKalb	1	Columbia
Emory University Hospital Midtown	DeKalb	19	Coweta
Emory University Hospital Midtown	DeKalb	2	Crisp
Emory University Hospital Midtown	DeKalb	338	DeKalb
Emory University Hospital Midtown	DeKalb	1	Dodge
Emory University Hospital Midtown	DeKalb	2	Dougherty
Emory University Hospital Midtown	DeKalb	37	Douglas
Emory University Hospital Midtown	DeKalb	2	Fannin
Emory University Hospital Midtown	DeKalb	21	Fayette
Emory University Hospital Midtown	DeKalb	11	Florida
Emory University Hospital Midtown	DeKalb	2	Floyd
Emory University Hospital Midtown	DeKalb	11	Forsyth
Emory University Hospital Midtown	DeKalb	1,125	Fulton
Emory University Hospital Midtown	DeKalb	4	Pike
Emory University Hospital Midtown	DeKalb	1	Polk
Emory University Hospital Midtown	DeKalb	1	Quitman
Emory University Hospital Midtown	DeKalb	1	Rabun
Emory University Hospital Midtown	DeKalb	2	Richmond
Emory University Hospital Midtown	DeKalb	28	Rockdale
Emory University Hospital Midtown	DeKalb	7	South Carolina
Emory University Hospital Midtown	DeKalb	12	Spalding
Emory University Hospital Midtown	DeKalb	2	Sumter
Emory University Hospital Midtown	DeKalb	1	Taylor
Emory University Hospital Midtown	DeKalb	8	Tennessee
Emory University Hospital Midtown	DeKalb	1	Terrell

Emory University Hospital Midtown	DeKalb	1	Tift
Emory University Hospital Midtown	DeKalb	1	Toombs
Emory University Hospital Midtown	DeKalb	2	Towns
Emory University Hospital Midtown	DeKalb	5	Troup
Emory University Hospital Midtown	DeKalb	4	Upson
Emory University Hospital Midtown	DeKalb	1	Walker
Emory University Hospital Midtown	DeKalb	12	Walton
Emory University Hospital Midtown	DeKalb	1	Gordon
Emory University Hospital Midtown	DeKalb	1	Greene
Emory University Hospital Midtown	DeKalb	78	Gwinnett
Emory University Hospital Midtown	DeKalb	5	Hall
Emory University Hospital Midtown	DeKalb	4	Haralson
Emory University Hospital Midtown	DeKalb	1	Hart
Emory University Hospital Midtown	DeKalb	79	Henry
Emory University Hospital Midtown	DeKalb	3	Houston
Emory University Hospital Midtown	DeKalb	4	Jackson
Emory University Hospital Midtown	DeKalb	4	Jasper
Emory University Hospital Midtown	DeKalb	3	Lamar
Emory University Hospital Midtown	DeKalb	2	Laurens
Emory University Hospital Midtown	DeKalb	2	Lee
Emory University Hospital Midtown	DeKalb	2	Lowndes
Emory University Hospital Midtown	DeKalb	1	Lumpkin
Emory University Hospital Midtown	DeKalb	1	Madison
Emory University Hospital Midtown	DeKalb	2	Marion
Emory University Hospital Midtown	DeKalb	3	Meriwether
Emory University Hospital Midtown	DeKalb	1	Miller
Emory University Hospital Midtown	DeKalb	19	Newton
Emory University Hospital Midtown	DeKalb	2	Muscogee
Emory University Hospital Midtown	DeKalb	1	Murray
Emory University Hospital Midtown	DeKalb	1	Morgan
Emory University Hospital Midtown	DeKalb	1	Monroe
Emory University Hospital Midtown	DeKalb	3	North Carolina
Emory University Hospital Midtown	DeKalb	1	Oglethorpe
Emory University Hospital Midtown	DeKalb	14	Other Out of State
Emory University Hospital Midtown	DeKalb	5	Paulding
Emory University Hospital Midtown	DeKalb	2	Pickens
Total		2,225	

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: Daniel Owens

Date: 04/21/2021

Title: Chief Executive Officer, EUHM

Comments: