



2021 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP706

Facility Name: Emory University Hospital (GE Discovery DLS- 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, 2021 through December 31, 2021.

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: Catherine Maloney

Contact Title: Vice President of Operations Emory University Hosp

Phone: 404-712-5529

Fax: 404-686-8535

E-mail: catherine.maloney@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	

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	01/01/1922

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	98	119	19
Colon and Rectal Cancers	59	70	10
Lymphoma Cancers	356	510	135
Melanoma Cancers	90	160	59
Esophageal Cancers	39	53	12
Head and Neck Cancers	29	34	5
Breast Cancers	196	353	123
Other Cancers	869	1,029	137
Total	1,736	2,328	500

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	47	54
Total	47	54

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	11	11
Other Neurological Use	71	75
Total	82	86

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	287	343
Total	287	343

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	1,069
Medicaid	106
Third-Party	920
Self-Pay	57
Total	2,152

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
24,786,996	13,182,276

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
490,042	114

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)?

8,840

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	5
Asian	51
Black/African American	696
Hispanic/Latino	0
Pacific Islander/Hawaiian	6
White	1,247
Multi-Racial	147
Total	2,152

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	554	580
Ages 65-74	357	309
Ages 75-85	157	146
Ages 85 and Up	29	20
Total	1,097	1,055

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: 06:00 until 18:00

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
298

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 location 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 Univ Hosp (GE DLS-1991-048)	DeKalb	62	Alabama
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Baldwin
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Banks
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	14	Barrow
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	13	Bartow
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	24	Bibb
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Bleckley
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	10	Butts
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	27	Carroll
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Chattooga
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	33	Cherokee
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	16	Clarke
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	49	Clayton
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	133	Cobb
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	8	Columbia
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Cook
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	33	Coweta
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Crisp
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Dawson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	410	DeKalb
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	14	Dougherty
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	16	Douglas
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Fannin
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	35	Fayette
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	26	Florida
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	15	Floyd
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	18	Forsyth
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Franklin
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	269	Fulton
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Gilmer
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Glynn
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	8	Greene
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	201	Gwinnett
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Habersham
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	34	Hall
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Haralson
Emory Univ Hosp (GE DLS-1991-048)	Dodge	10	Harris

Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Heard
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	73	Henry
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	28	Houston
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	25	Jackson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Jasper
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Johnson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Lamar
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Laurens
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Lowndes
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Madison
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	McDuffie
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Meriwether
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Miller
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Montgomery
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Morgan
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Murray
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	27	Muscogee
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	28	Newton
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	17	North Carolina
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	8	Oconee
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Oglethorpe
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	20	Other Out of State
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	15	Paulding
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Peach
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	8	Pike
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	10	Polk
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	8	Putnam
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Quitman
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	Rabun
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Richmond
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	32	Rockdale
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Screven
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	26	South Carolina
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	21	Spalding
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	Stephens
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Stewart
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	Sumter
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Talbot
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Tattnall
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Taylor
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	11	Tennessee
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Thomas
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	7	Tift
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Toombs

Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	Towns
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	15	Troup
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Turner
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Twiggs
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Union
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Upson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	39	Walton
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Ware
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Washington
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	White
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	17	Whitfield
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Wilkes
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Wilkinson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Worth
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Baker
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Berrien
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Brantley
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Bryan
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Burke
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Camden
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Candler
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Catoosa
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	9	Chatham
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Coffee
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Colquitt
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Crawford
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Dodge
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Dooly
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Effingham
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Elbert
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Emanuel
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Evans
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Gordon
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Grady
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	6	Hart
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Jeff Davis
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Jefferson
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	3	Jones
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Liberty
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Lumpkin
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	McIntosh
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Mitchell
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	4	Monroe
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	5	Pickens

Emory Univ Hosp (GE DLS-1991-048)	DeKalb	2	Pierce
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Pulaski
Emory Univ Hosp (GE DLS-1991-048)	DeKalb	1	Taliaferro
Total		2,152	

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: Matthew Wain

Date: 05/03/2022

Title: Chief Executive Officer

Comments: