



2018 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:DTRC123

Facility Name: Northside/Fayetteville Imaging

County: Fayette

Street Address: 1275 Highway 54 West

City: Fayetteville

Zip: 30214

Mailing Address: 1275 Highway 54 West

Mailing City: Fayetteville

Mailing Zip: 30214

Medicaid Provider Number: 00001405

Medicare Provider Number: 110161

2. Report Period

Report Data for the full twelve month period- January 1, 2018 through December 31, 2018.

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: Brian J. Toporek

Contact Title: Senior Planner, Northside Hospital, Inc.

Phone: 404-851-6821

Fax: 404-250-3102

E-mail: brian.toporek@northside.com

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
Northside Hospital, Inc.	Not for Profit	05/04/2014

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc.	Not for Profit	11/01/1991

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Hospital, Inc.	Not for Profit	05/04/2014

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services, Inc.	Not for Profit	11/01/1991

E. Management Contractor

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

F. Management's Parent Organization

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

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.

GA-2001-008

3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)

N/A

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 40 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	151	221	154
Colon and Rectal Cancers	104	149	109
Lymphoma Cancers	107	168	124
Melanoma Cancers	32	51	34
Esophageal Cancers	13	22	13
Head and Neck Cancers	47	59	40
Breast Cancers	163	235	161
Other Cancers	213	288	204
Total	830	1,193	839

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	0	0
Total	0	0

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	0	0
Total	0	0

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	287	301
Total	287	301

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	578
Medicaid	45
Third-Party	373
Self-Pay	52
Total	1,048

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
16,998,315	7,293,779

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
1,617,774	376

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)?

11,378

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	0
Asian	17
Black/African American	313
Hispanic/Latino	20
Pacific Islander/Hawaiian	3
White	612
Multi-Racial	83
Total	1,048

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	177	267
Ages 65-74	159	193
Ages 75-85	113	104
Ages 85 and Up	16	19
Total	465	583

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: 8:00 AM until 5:00 PM

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
251

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
PET Imaging Center of Fayetteville	Fayette	6	Alabama
PET Imaging Center of Fayetteville	Fayette	1	Baldwin
PET Imaging Center of Fayetteville	Fayette	5	Bibb
PET Imaging Center of Fayetteville	Fayette	37	Butts
PET Imaging Center of Fayetteville	Fayette	4	Carroll
PET Imaging Center of Fayetteville	Fayette	1	Chatham
PET Imaging Center of Fayetteville	Fayette	167	Clayton
PET Imaging Center of Fayetteville	Fayette	2	Cobb
PET Imaging Center of Fayetteville	Fayette	70	Coweta
PET Imaging Center of Fayetteville	Fayette	18	DeKalb
PET Imaging Center of Fayetteville	Fayette	9	Douglas
PET Imaging Center of Fayetteville	Fayette	118	Fayette
PET Imaging Center of Fayetteville	Fayette	5	Florida
PET Imaging Center of Fayetteville	Fayette	70	Fulton
PET Imaging Center of Fayetteville	Fayette	1	Gilmer
PET Imaging Center of Fayetteville	Fayette	2	Gwinnett
PET Imaging Center of Fayetteville	Fayette	1	Habersham
PET Imaging Center of Fayetteville	Fayette	1	Harris
PET Imaging Center of Fayetteville	Fayette	2	Heard
PET Imaging Center of Fayetteville	Fayette	246	Henry
PET Imaging Center of Fayetteville	Fayette	23	Lamar
PET Imaging Center of Fayetteville	Fayette	1	Laurens
PET Imaging Center of Fayetteville	Fayette	8	Meriwether
PET Imaging Center of Fayetteville	Fayette	6	Monroe
PET Imaging Center of Fayetteville	Fayette	50	Muscogee
PET Imaging Center of Fayetteville	Fayette	6	Newton
PET Imaging Center of Fayetteville	Fayette	7	Other Out of State
PET Imaging Center of Fayetteville	Fayette	1	Paulding
PET Imaging Center of Fayetteville	Fayette	1	Peach
PET Imaging Center of Fayetteville	Fayette	34	Pike
PET Imaging Center of Fayetteville	Fayette	1	Polk
PET Imaging Center of Fayetteville	Fayette	3	Rockdale
PET Imaging Center of Fayetteville	Fayette	106	Spalding
PET Imaging Center of Fayetteville	Fayette	3	Talbot
PET Imaging Center of Fayetteville	Fayette	1	Tennessee
PET Imaging Center of Fayetteville	Fayette	1	Toombs
PET Imaging Center of Fayetteville	Fayette	2	Troup

PET Imaging Center of Fayetteville	Fayette	26	Upson
PET Imaging Center of Fayetteville	Fayette	1	Whitfield
PET Imaging Center of Fayetteville	Fayette	1	Worth
Total		1,048	

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 Quattrocchi

Date: 05/10/2019

Title: CEO and President

Comments: