



2023 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, 2023 through December 31, 2023.

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

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 Applicable	

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 mCT-S(40)

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	134	115
Colon and Rectal Cancers	101	137	109
Lymphoma Cancers	131	175	126
Melanoma Cancers	26	33	27
Esophageal Cancers	6	8	7
Head and Neck Cancers	29	35	24
Breast Cancers	157	221	186
Other Cancers	438	495	348
Total	986	1,238	942

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	201	231
Total	201	231

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	729
Medicaid	39
Third-Party	338
Self-Pay	38
Total	1,144

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
23,218,054	9,538,973

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
962,002	271

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)?

15,805

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	18
Black/African American	476
Hispanic/Latino	20
Pacific Islander/Hawaiian	1
White	517
Multi-Racial	109
Total	1,144

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	190	208
Ages 65-74	247	166
Ages 75-85	173	108
Ages 85 and Up	35	17
Total	645	499

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
249

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
Northside/Fayetteville Imaging	Fayette	4	Alabama
Northside/Fayetteville Imaging	Fayette	4	Baldwin
Northside/Fayetteville Imaging	Fayette	5	Bibb
Northside/Fayetteville Imaging	Fayette	34	Butts
Northside/Fayetteville Imaging	Fayette	16	Carroll
Northside/Fayetteville Imaging	Fayette	1	Cherokee
Northside/Fayetteville Imaging	Fayette	194	Clayton
Northside/Fayetteville Imaging	Fayette	3	Cobb
Northside/Fayetteville Imaging	Fayette	1	Coffee
Northside/Fayetteville Imaging	Fayette	1	Columbia
Northside/Fayetteville Imaging	Fayette	80	Coweta
Northside/Fayetteville Imaging	Fayette	28	DeKalb
Northside/Fayetteville Imaging	Fayette	1	Dooly
Northside/Fayetteville Imaging	Fayette	1	Dougherty
Northside/Fayetteville Imaging	Fayette	2	Douglas
Northside/Fayetteville Imaging	Fayette	1	Effingham
Northside/Fayetteville Imaging	Fayette	138	Fayette
Northside/Fayetteville Imaging	Fayette	3	Florida
Northside/Fayetteville Imaging	Fayette	1	Floyd
Northside/Fayetteville Imaging	Fayette	1	Forsyth
Northside/Fayetteville Imaging	Fayette	127	Fulton
Northside/Fayetteville Imaging	Fayette	3	Gwinnett
Northside/Fayetteville Imaging	Fayette	4	Haralson
Northside/Fayetteville Imaging	Fayette	1	Harris
Northside/Fayetteville Imaging	Fayette	2	Heard
Northside/Fayetteville Imaging	Fayette	262	Henry
Northside/Fayetteville Imaging	Fayette	18	Lamar
Northside/Fayetteville Imaging	Fayette	6	Meriwether
Northside/Fayetteville Imaging	Fayette	7	Monroe
Northside/Fayetteville Imaging	Fayette	32	Muscogee
Northside/Fayetteville Imaging	Fayette	2	North Carolina
Northside/Fayetteville Imaging	Fayette	5	Newton
Northside/Fayetteville Imaging	Fayette	3	Other Out of State
Northside/Fayetteville Imaging	Fayette	1	Paulding
Northside/Fayetteville Imaging	Fayette	28	Pike
Northside/Fayetteville Imaging	Fayette	1	Putnam
Northside/Fayetteville Imaging	Fayette	1	Rabun

Northside/Fayetteville Imaging	Fayette	3	Rockdale
Northside/Fayetteville Imaging	Fayette	1	South Carolina
Northside/Fayetteville Imaging	Fayette	80	Spalding
Northside/Fayetteville Imaging	Fayette	1	Talbot
Northside/Fayetteville Imaging	Fayette	1	Tift
Northside/Fayetteville Imaging	Fayette	9	Troup
Northside/Fayetteville Imaging	Fayette	26	Upson
Northside/Fayetteville Imaging	Fayette	1	Wheeler
Total		1,144	

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: Deidre Dixon

Date: 05/03/2024

Title: CEO

Comments: