GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:HOSP705B

Facility Name: Emory University Hospital Midtown (Discovery 600 - 2008-089)

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: 00000503A

Medicare Provider Number: 110078

2. Report Period

Report Data for the full twelve month period- January 1, 2024 through December 31, 2024.
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: Shane Arrington

Contact Title: Enterprise Director of Nuclear Medicine

Phone: 404-686-8293

Fax: 404-686-4886

E-mail: shane.arrington@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.

CON2008-089

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

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	159	189	28
Colon and Rectal Cancers	48	51	3
Lymphoma Cancers	163	209	43
Melanoma Cancers	65	120	44
Esophageal Cancers	33	50	15
Head and Neck Cancers	547	709	147
Breast Cancers	172	250	63
Other Cancers	1,094	1,317	199
Total	**2,281**	**2,895**	**542**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	24	29
Total	**24**	**29**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	16	16
Other Neurological Use	47	52
Total	**63**	**68**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	292	337
Total	**292**	**337**

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	1,442
Medicaid	83
Third-Party	1,067
Self-Pay	68
Total	**2,660**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
38,591,005	20,113,277

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
739,222	171

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)?

11,613

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	73
Black/African American	1,110
Hispanic/Latino	114
Pacific Islander/Hawaiian	4
White	1,237
Multi-Racial	119
Total	**2,660**

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	666	542
Ages 65-74	517	347
Ages 75-85	324	191
Ages 85 and Up	41	32
Total	**1,548**	**1,112**

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: 7:00am until 5:30pm

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
250

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

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 ocations(s) provided above.

Name	County	Patients Served	Patient County
Emory Univ Hosp Midtown Discovery	Fulton	53	Alabama
Emory Univ Hosp Midtown Discovery	Fulton	1	Bacon
Emory Univ Hosp Midtown Discovery	Fulton	1	Baker
Emory Univ Hosp Midtown Discovery	Fulton	8	Baldwin
Emory Univ Hosp Midtown Discovery	Fulton	1	Banks
Emory Univ Hosp Midtown Discovery	Fulton	6	Barrow
Emory Univ Hosp Midtown Discovery	Fulton	26	Bartow
Emory Univ Hosp Midtown Discovery	Fulton	2	Berrien
Emory Univ Hosp Midtown Discovery	Fulton	21	Bibb
Emory Univ Hosp Midtown Discovery	Fulton	1	Bleckley
Emory Univ Hosp Midtown Discovery	Fulton	2	Bulloch
Emory Univ Hosp Midtown Discovery	Fulton	1	Burke
Emory Univ Hosp Midtown Discovery	Fulton	12	Butts
Emory Univ Hosp Midtown Discovery	Fulton	46	Carroll
Emory Univ Hosp Midtown Discovery	Fulton	3	Catoosa
Emory Univ Hosp Midtown Discovery	Fulton	7	Chatham
Emory Univ Hosp Midtown Discovery	Fulton	1	Chattahoochee
Emory Univ Hosp Midtown Discovery	Fulton	2	Chattooga
Emory Univ Hosp Midtown Discovery	Fulton	54	Cherokee
Emory Univ Hosp Midtown Discovery	Fulton	6	Clarke
Emory Univ Hosp Midtown Discovery	Fulton	74	Clayton
Emory Univ Hosp Midtown Discovery	Fulton	193	Cobb
Emory Univ Hosp Midtown Discovery	Fulton	3	Coffee
Emory Univ Hosp Midtown Discovery	Fulton	5	Colquitt
Emory Univ Hosp Midtown Discovery	Fulton	4	Columbia
Emory Univ Hosp Midtown Discovery	Fulton	41	Coweta
Emory Univ Hosp Midtown Discovery	Fulton	7	Crisp
Emory Univ Hosp Midtown Discovery	Fulton	1	Dade
Emory Univ Hosp Midtown Discovery	Fulton	7	Dawson
Emory Univ Hosp Midtown Discovery	Fulton	1	Decatur
Emory Univ Hosp Midtown Discovery	Fulton	416	DeKalb
Emory Univ Hosp Midtown Discovery	Fulton	2	Dodge
Emory Univ Hosp Midtown Discovery	Fulton	9	Dougherty
Emory Univ Hosp Midtown Discovery	Fulton	56	Douglas
Emory Univ Hosp Midtown Discovery	Fulton	1	Echols
Emory Univ Hosp Midtown Discovery	Fulton	2	Effingham
Emory Univ Hosp Midtown Discovery	Fulton	2	Elbert

Emory Univ Hosp Midtown Discovery	Fulton	1	Emanuel
Emory Univ Hosp Midtown Discovery	Fulton	2	Fannin
Emory Univ Hosp Midtown Discovery	Fulton	60	Fayette
Emory Univ Hosp Midtown Discovery	Fulton	17	Florida
Emory Univ Hosp Midtown Discovery	Fulton	24	Forsyth
Emory Univ Hosp Midtown Discovery	Fulton	5	Franklin
Emory Univ Hosp Midtown Discovery	Fulton	665	Fulton
Emory Univ Hosp Midtown Discovery	Fulton	5	Gilmer
Emory Univ Hosp Midtown Discovery	Fulton	2	Glynn
Emory Univ Hosp Midtown Discovery	Fulton	4	Gordon
Emory Univ Hosp Midtown Discovery	Fulton	1	Grady
Emory Univ Hosp Midtown Discovery	Fulton	6	Greene
Emory Univ Hosp Midtown Discovery	Fulton	151	Gwinnett
Emory Univ Hosp Midtown Discovery	Fulton	3	Habersham
Emory Univ Hosp Midtown Discovery	Fulton	21	Hall
Emory Univ Hosp Midtown Discovery	Fulton	2	Hancock
Emory Univ Hosp Midtown Discovery	Fulton	6	Haralson
Emory Univ Hosp Midtown Discovery	Fulton	13	Harris
Emory Univ Hosp Midtown Discovery	Fulton	15	Other Out of State
Emory Univ Hosp Midtown Discovery	Fulton	18	Paulding
Emory Univ Hosp Midtown Discovery	Fulton	10	Peach
Emory Univ Hosp Midtown Discovery	Fulton	2	Pickens
Emory Univ Hosp Midtown Discovery	Fulton	2	Pierce
Emory Univ Hosp Midtown Discovery	Fulton	5	Pike
Emory Univ Hosp Midtown Discovery	Fulton	10	Polk
Emory Univ Hosp Midtown Discovery	Fulton	3	Pulaski
Emory Univ Hosp Midtown Discovery	Fulton	4	Putnam
Emory Univ Hosp Midtown Discovery	Fulton	7	Rabun
Emory Univ Hosp Midtown Discovery	Fulton	3	Richmond
Emory Univ Hosp Midtown Discovery	Fulton	41	Rockdale
Emory Univ Hosp Midtown Discovery	Fulton	17	South Carolina
Emory Univ Hosp Midtown Discovery	Fulton	18	Spalding
Emory Univ Hosp Midtown Discovery	Fulton	6	Stephens
Emory Univ Hosp Midtown Discovery	Fulton	4	Sumter
Emory Univ Hosp Midtown Discovery	Fulton	1	Taliaferro
Emory Univ Hosp Midtown Discovery	Fulton	2	Taylor
Emory Univ Hosp Midtown Discovery	Fulton	2	Telfair
Emory Univ Hosp Midtown Discovery	Fulton	8	Tennessee
Emory Univ Hosp Midtown Discovery	Fulton	2	Terrell
Emory Univ Hosp Midtown Discovery	Fulton	8	Thomas
Emory Univ Hosp Midtown Discovery	Fulton	8	Tift
Emory Univ Hosp Midtown Discovery	Fulton	2	Toombs
Emory Univ Hosp Midtown Discovery	Fulton	14	Troup
Emory Univ Hosp Midtown Discovery	Fulton	2	Turner

Emory Univ Hosp Midtown Discovery	Fulton	3	Union
Emory Univ Hosp Midtown Discovery	Fulton	3	Upson
Emory Univ Hosp Midtown Discovery	Fulton	4	Walker
Emory Univ Hosp Midtown Discovery	Fulton	34	Walton
Emory Univ Hosp Midtown Discovery	Fulton	1	Washington
Emory Univ Hosp Midtown Discovery	Fulton	1	Wheeler
Emory Univ Hosp Midtown Discovery	Fulton	6	White
Emory Univ Hosp Midtown Discovery	Fulton	12	Floyd
Emory Univ Hosp Midtown Discovery	Fulton	12	Whitfield
Emory Univ Hosp Midtown Discovery	Fulton	1	Worth
Emory Univ Hosp Midtown Discovery	Fulton	1	Dooly
Emory Univ Hosp Midtown Discovery	Fulton	3	Heard
Emory Univ Hosp Midtown Discovery	Fulton	106	Henry
Emory Univ Hosp Midtown Discovery	Fulton	21	Houston
Emory Univ Hosp Midtown Discovery	Fulton	2	Irwin
Emory Univ Hosp Midtown Discovery	Fulton	20	Jackson
Emory Univ Hosp Midtown Discovery	Fulton	3	Jasper
Emory Univ Hosp Midtown Discovery	Fulton	1	Jeff Davis
Emory Univ Hosp Midtown Discovery	Fulton	1	Johnson
Emory Univ Hosp Midtown Discovery	Fulton	2	Jones
Emory Univ Hosp Midtown Discovery	Fulton	11	Lamar
Emory Univ Hosp Midtown Discovery	Fulton	6	Laurens
Emory Univ Hosp Midtown Discovery	Fulton	2	Liberty
Emory Univ Hosp Midtown Discovery	Fulton	1	Long
Emory Univ Hosp Midtown Discovery	Fulton	7	Lowndes
Emory Univ Hosp Midtown Discovery	Fulton	3	Lumpkin
Emory Univ Hosp Midtown Discovery	Fulton	5	Madison
Emory Univ Hosp Midtown Discovery	Fulton	3	Marion
Emory Univ Hosp Midtown Discovery	Fulton	1	McDuffie
Emory Univ Hosp Midtown Discovery	Fulton	2	Meriwether
Emory Univ Hosp Midtown Discovery	Fulton	1	Miller
Emory Univ Hosp Midtown Discovery	Fulton	2	Mitchell
Emory Univ Hosp Midtown Discovery	Fulton	3	Monroe
Emory Univ Hosp Midtown Discovery	Fulton	1	Montgomery
Emory Univ Hosp Midtown Discovery	Fulton	2	Morgan
Emory Univ Hosp Midtown Discovery	Fulton	1	Murray
Emory Univ Hosp Midtown Discovery	Fulton	39	Muscogee
Emory Univ Hosp Midtown Discovery	Fulton	33	Newton
Emory Univ Hosp Midtown Discovery	Fulton	18	North Carolina
Emory Univ Hosp Midtown Discovery	Fulton	2	Oconee
Total		**2,660**	

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 incaccurate 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: Adam Webb

Date: 05/13/2025

Title: Chief Operating Officer, EUHM

Comments: