GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2024 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: 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.

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	7	7	0
Colon and Rectal Cancers	1	1	0
Lymphoma Cancers	2	2	0
Melanoma Cancers	0	0	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	6	6	0
Breast Cancers	2	2	0
Other Cancers	23	23	0
Total	**41**	**41**	**0**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1,987	2,014
Total	**1,987**	**2,014**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	1	1
Other Neurological Use	26	26
Total	**27**	**27**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	407	422
Total	**407**	**422**

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	1,451
Medicaid	119
Third-Party	791
Self-Pay	101
Total	**2,462**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
34,301,565	15,345,878

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
647,821	153

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)?

13,754

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	2
Asian	27
Black/African American	1,613
Hispanic/Latino	62
Pacific Islander/Hawaiian	2
White	667
Multi-Racial	89
Total	**2,462**

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	556	543
Ages 65-74	381	372
Ages 75-85	264	262
Ages 85 and Up	35	49
Total	**1,236**	**1,226**

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 6:00PM

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
365

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 University Hospital Midtown	Fulton	15	Alabama
Emory University Hospital Midtown	Fulton	1	Appling
Emory University Hospital Midtown	Fulton	2	Baldwin
Emory University Hospital Midtown	Fulton	7	Barrow
Emory University Hospital Midtown	Fulton	3	Bartow
Emory University Hospital Midtown	Fulton	5	Bibb
Emory University Hospital Midtown	Fulton	5	Butts
Emory University Hospital Midtown	Fulton	31	Carroll
Emory University Hospital Midtown	Fulton	1	Chattahoochee
Emory University Hospital Midtown	Fulton	17	Cherokee
Emory University Hospital Midtown	Fulton	106	Clayton
Emory University Hospital Midtown	Fulton	137	Cobb
Emory University Hospital Midtown	Fulton	2	Coffee
Emory University Hospital Midtown	Fulton	1	Colquitt
Emory University Hospital Midtown	Fulton	2	Columbia
Emory University Hospital Midtown	Fulton	2	Cook
Emory University Hospital Midtown	Fulton	17	Coweta
Emory University Hospital Midtown	Fulton	3	Crisp
Emory University Hospital Midtown	Fulton	2	Dawson
Emory University Hospital Midtown	Fulton	392	DeKalb
Emory University Hospital Midtown	Fulton	1	Dodge
Emory University Hospital Midtown	Fulton	2	Dougherty
Emory University Hospital Midtown	Fulton	22	Douglas
Emory University Hospital Midtown	Fulton	1	Effingham
Emory University Hospital Midtown	Fulton	2	Emanuel
Emory University Hospital Midtown	Fulton	1	Fannin
Emory University Hospital Midtown	Fulton	21	Fayette
Emory University Hospital Midtown	Fulton	11	Florida
Emory University Hospital Midtown	Fulton	7	Floyd
Emory University Hospital Midtown	Fulton	21	Forsyth
Emory University Hospital Midtown	Fulton	1,215	Fulton
Emory University Hospital Midtown	Fulton	2	Greene
Emory University Hospital Midtown	Fulton	116	Gwinnett
Emory University Hospital Midtown	Fulton	1	Habersham
Emory University Hospital Midtown	Fulton	10	Hall
Emory University Hospital Midtown	Fulton	2	Hancock
Emory University Hospital Midtown	Fulton	3	Haralson

Emory University Hospital Midtown	Fulton	3	Harris
Emory University Hospital Midtown	Fulton	77	Henry
Emory University Hospital Midtown	Fulton	1	Screven
Emory University Hospital Midtown	Fulton	3	South Carolina
Emory University Hospital Midtown	Fulton	13	Spalding
Emory University Hospital Midtown	Fulton	3	Sumter
Emory University Hospital Midtown	Fulton	1	Talbot
Emory University Hospital Midtown	Fulton	5	Tennessee
Emory University Hospital Midtown	Fulton	3	Tift
Emory University Hospital Midtown	Fulton	4	Towns
Emory University Hospital Midtown	Fulton	5	Troup
Emory University Hospital Midtown	Fulton	1	Twiggs
Emory University Hospital Midtown	Fulton	3	Union
Emory University Hospital Midtown	Fulton	6	Upson
Emory University Hospital Midtown	Fulton	2	Walker
Emory University Hospital Midtown	Fulton	10	Walton
Emory University Hospital Midtown	Fulton	1	Wheeler
Emory University Hospital Midtown	Fulton	1	Whitfield
Emory University Hospital Midtown	Fulton	1	Wilkes
Emory University Hospital Midtown	Fulton	5	Houston
Emory University Hospital Midtown	Fulton	1	Irwin
Emory University Hospital Midtown	Fulton	5	Jackson
Emory University Hospital Midtown	Fulton	1	Jasper
Emory University Hospital Midtown	Fulton	3	Lamar
Emory University Hospital Midtown	Fulton	1	Laurens
Emory University Hospital Midtown	Fulton	2	Lee
Emory University Hospital Midtown	Fulton	1	Lowndes
Emory University Hospital Midtown	Fulton	1	Lumpkin
Emory University Hospital Midtown	Fulton	1	Madison
Emory University Hospital Midtown	Fulton	2	Meriwether
Emory University Hospital Midtown	Fulton	4	Monroe
Emory University Hospital Midtown	Fulton	2	Morgan
Emory University Hospital Midtown	Fulton	6	Muscogee
Emory University Hospital Midtown	Fulton	14	Newton
Emory University Hospital Midtown	Fulton	4	North Carolina
Emory University Hospital Midtown	Fulton	1	Oconee
Emory University Hospital Midtown	Fulton	28	Other Out of State
Emory University Hospital Midtown	Fulton	10	Paulding
Emory University Hospital Midtown	Fulton	1	Peach
Emory University Hospital Midtown	Fulton	3	Pickens
Emory University Hospital Midtown	Fulton	5	Pike
Emory University Hospital Midtown	Fulton	3	Polk
Emory University Hospital Midtown	Fulton	1	Putnam
Emory University Hospital Midtown	Fulton	1	Quitman

Emory University Hospital Midtown	Fulton	1	Randolph
Emory University Hospital Midtown	Fulton	4	Richmond
Emory University Hospital Midtown	Fulton	19	Rockdale
Total		**2,462**	

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: