



Part A: General Information

UID: HOSP720

1. Identification

Facility Name:

Emory Decatur Hospital

County:

DeKalb

Street Address:

2701 North Decatur Road

City:

Decatur

Zip:

30033

Mailing Address:

2701 North Decatur Road

Mailing City:

Decatur

Mailing Zip:

30033

Medicaid Provider Number:

000000536A

Medicare Provider Number:

110076

2. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). 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

9/8/2025-12/31/2025

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 & Magnetic Resonance Imaging

Phone:

404-686-8293

Fax:

404-686-4886

Email:

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)

DeKalb County Hospital Authority

Organization Type

Not For Profit

Effective Date

08/09/1991

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

DeKalb Medical Center, Inc.

Organization Type

Not For Profit

Effective Date

03/23/1992

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

09/01/2018

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

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 you checked the box for yes, please explain in the box below and include effective dates

3a. Please select the type of PET Authorization

Type of PET Authorization

Fixed-Based PET CON

3b. Certificate of Need Project Number

Please enter the Certificate of Need project number

GA 028-2003

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.

Model Type

PET / CT Hybrid Unit

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	37	37	0
Colon and Rectal Cancers	20	20	0
Lymphoma Cancers	49	49	1
Melanoma Cancers	22	21	0
Esophageal Cancers	11	11	0
Head and Neck Cancers	12	12	0
Breast Cancers	63	63	0
Other Cancers	239	242	6
Total	453	455	7

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	2	3
Total	2	3

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	3	3
Other Neurological Use	14	14
Total	17	17

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	116	116
Total	116	116

Grand Total (All Diagnostic Areas)

Total Patients	Total Scans
588	591

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	326
Medicaid	19
Third-Party	217
Self-Pay	26
Total	588

2. Total Charges and Adjusted Gross Revenue

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

Total Charges:

Adjusted Gross Revenue:

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:

48,130

I/C Patients:

35

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)?

11,755

5. Patients by Race/Ethnicity

Please report the number of health-related patients during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	1
Asian	21
Black/African American	261
Hispanic/Latino	27
Pacific Islander/Hawaiian	1
White	249
Multi-Racial	28
Total	588

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	Total
Ages 0-14	0	0	0
Ages 15-64	105	154	259
Ages 65-74	81	105	186
Ages 75-85	46	60	106
Ages 85 and Up	18	19	37
Total	250	338	588

7. Participation in Reporting

Does your facility/service participate in and report to the State 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.

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Operational	☒	☒	☒	☒	☒	☐	☐

Hours of Operation

Opening Time:

Closing Time:

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 Pets Scans Offered:

Part G: Patient Origin Table (Must be completed by all providers)

1. Patient Origin

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. To add a row press the button. To delete a row press the minus button at the end of the row

Site Name	County	Patients Served	Patient County
Emory Decatur H	DeKalb ▾	1	Bacon ▾
Emory Decatur H	DeKalb ▾	1	Baldwin ▾
Emory Decatur H	DeKalb ▾	2	Barrow ▾
Emory Decatur H	DeKalb ▾	1	Bartow ▾
Emory Decatur H	DeKalb ▾	8	Bibb ▾
Emory Decatur H	DeKalb ▾	1	Brooks ▾
Emory Decatur H	DeKalb ▾	1	Burke ▾
Emory Decatur H	DeKalb ▾	2	Butts ▾
Emory Decatur H	DeKalb ▾	3	Carroll ▾
Emory Decatur H	DeKalb ▾	1	Chatham ▾
Emory Decatur H	DeKalb ▾	5	Cherokee ▾
Emory Decatur H	DeKalb ▾	4	Clarke ▾
Emory Decatur H	DeKalb ▾	9	Clayton ▾
Emory Decatur H	DeKalb ▾	19	Cobb ▾
Emory Decatur H	DeKalb ▾	1	Colquitt ▾
Emory Decatur H	DeKalb ▾	1	Cook ▾
Emory Decatur H	DeKalb ▾	4	Coweta ▾
Emory Decatur H	DeKalb ▾	1	Crisp ▾
Emory Decatur H	DeKalb ▾	2	Dawson ▾
Emory Decatur H	DeKalb ▾	234	DeKalb ▾
Emory Decatur H	DeKalb ▾	1	Dooly ▾
Emory Decatur H	DeKalb ▾	4	Dougherty ▾
Emory Decatur H	DeKalb ▾	4	Douglas ▾
Emory Decatur H	DeKalb ▾	1	Effingham ▾
Emory Decatur H	DeKalb ▾	7	Fayette ▾
Emory Decatur H	DeKalb ▾	1	Florida ▾

Emory Decatur H	DeKalb	1	Floyd
Emory Decatur H	DeKalb	7	Forsyth
Emory Decatur H	DeKalb	61	Fulton
Emory Decatur H	DeKalb	1	Glynn
Emory Decatur H	DeKalb	2	Gordon
Emory Decatur H	DeKalb	56	Gwinnett
Emory Decatur H	DeKalb	9	Hall
Emory Decatur H	DeKalb	1	Haralson
Emory Decatur H	DeKalb	3	Harris
Emory Decatur H	DeKalb	1	Heard
Emory Decatur H	DeKalb	21	Henry
Emory Decatur H	DeKalb	8	Houston
Emory Decatur H	DeKalb	1	Jackson
Emory Decatur H	DeKalb	1	Jones
Emory Decatur H	DeKalb	2	Lee
Emory Decatur H	DeKalb	1	Liberty
Emory Decatur H	DeKalb	2	Lowndes
Emory Decatur H	DeKalb	2	Marion
Emory Decatur H	DeKalb	1	Meriwether
Emory Decatur H	DeKalb	1	Morgan
Emory Decatur H	DeKalb	3	Muscogee
Emory Decatur H	DeKalb	8	Newton
Emory Decatur H	DeKalb	5	North Carolina
Emory Decatur H	DeKalb	3	Oconee
Emory Decatur H	DeKalb	4	Other Out of State
Emory Decatur H	DeKalb	2	Paulding
Emory Decatur H	DeKalb	2	Peach
Emory Decatur H	DeKalb	3	Pickens

Emory Decatur H	DeKalb	1	Pike
Emory Decatur H	DeKalb	3	Polk
Emory Decatur H	DeKalb	1	Putnam
Emory Decatur H	DeKalb	1	Rabun
Emory Decatur H	DeKalb	1	Randolph
Emory Decatur H	DeKalb	1	Richmond
Emory Decatur H	DeKalb	14	Rockdale
Emory Decatur H	DeKalb	3	South Carolina
Emory Decatur H	DeKalb	1	Spalding
Emory Decatur H	DeKalb	1	Stephens
Emory Decatur H	DeKalb	1	Tattnall
Emory Decatur H	DeKalb	1	Thomas
Emory Decatur H	DeKalb	1	Tift
Emory Decatur H	DeKalb	1	Towns
Emory Decatur H	DeKalb	2	Troup
Emory Decatur H	DeKalb	1	Twiggs
Emory Decatur H	DeKalb	1	Union
Emory Decatur H	DeKalb	12	Walton
Emory Decatur H	DeKalb	1	Wheeler
Emory Decatur H	DeKalb	1	White
Emory Decatur H	DeKalb	1	Whitfield
Emory Decatur H	DeKalb	7	Alabama
Total		588	

Upload a file instead

Choose File

No file chosen

Only CSV is Allowed.

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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Jennifer Schuck

Date

05/14/2026



Title

CEO

Comments

Per DET-EQT 2024-156, EDH replaced its PETCT scanner with a 2024 Siemens Biograph Vision X PET/CT unit.

