



Part A: General Information

UID: HOSP901

1. Identification

Facility Name:

Emory Johns Creek Hospital

County:

Fulton

Street Address:

6325 Hospital Parkway

City:

Johns Creek

Zip:

30097

Mailing Address:

6325 Hospital Parkway

Mailing City:

Johns Creek

Mailing Zip:

30097

Medicaid Provider Number:

344886600

Medicare Provider Number:

110230

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

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)

EHCA Johns Creek, LLC

Organization Type

Not For Profit

Effective Date

02/15/2005

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory/Saint Joseph's, Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

03/01/2011

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

03/01/2011

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

Via a membership interest purchase agreement, EHC/JOC Holdings, LLC, an affiliate of Emory

3a. Please select the type of PET Authorization

Type of PET Authorization

PET CON (Mobile Contact)

3b. Certificate of Need Project Number

Please enter the Certificate of Need project number

GA 2009-062

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

Shared Medical Services

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	87	127	33
Colon and Rectal Cancers	60	99	32
Lymphoma Cancers	121	181	55
Melanoma Cancers	50	88	32
Esophageal Cancers	15	27	10
Head and Neck Cancers	29	34	5
Breast Cancers	129	212	71
Other Cancers	378	481	93
Total	869	1,249	331

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	4	5
Total	4	5

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	74	74
Other Neurological Use	50	51
Total	124	125

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	116	121
Total	116	121

Grand Total (All Diagnostic Areas)

Total Patients	Total Scans
1,113	1,500

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	701
Medicaid	14
Third-Party	370
Self-Pay	28
Total	1,113

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:

76,145

I/C Patients:

30

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)?

9,026

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	2
Asian	114
Black/African American	147
Hispanic/Latino	62
Pacific Islander/Hawaiian	0
White	728
Multi-Racial	60
Total	1,113

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	181	219	400
Ages 65-74	163	175	338
Ages 75-85	162	161	323
Ages 85 and Up	34	18	52
Total	540	573	1,113

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 Johns Cre	Fulton ▼	3	Alabama ▼
Emory Johns Cre	Fulton ▼	1	Baldwin ▼
Emory Johns Cre	Fulton ▼	3	Banks ▼
Emory Johns Cre	Fulton ▼	20	Barrow ▼
Emory Johns Cre	Fulton ▼	3	Bartow ▼
Emory Johns Cre	Fulton ▼	1	Bibb ▼
Emory Johns Cre	Fulton ▼	1	Carroll ▼
Emory Johns Cre	Fulton ▼	33	Cherokee ▼
Emory Johns Cre	Fulton ▼	4	Clarke ▼
Emory Johns Cre	Fulton ▼	2	Clayton ▼
Emory Johns Cre	Fulton ▼	16	Cobb ▼
Emory Johns Cre	Fulton ▼	1	Colquitt ▼
Emory Johns Cre	Fulton ▼	2	Coweta ▼
Emory Johns Cre	Fulton ▼	22	Dawson ▼
Emory Johns Cre	Fulton ▼	33	DeKalb ▼
Emory Johns Cre	Fulton ▼	2	Dougherty ▼
Emory Johns Cre	Fulton ▼	1	Elbert ▼
Emory Johns Cre	Fulton ▼	2	Fayette ▼
Emory Johns Cre	Fulton ▼	4	Florida ▼
Emory Johns Cre	Fulton ▼	1	Floyd ▼
Emory Johns Cre	Fulton ▼	100	Forsyth ▼
Emory Johns Cre	Fulton ▼	2	Franklin ▼
Emory Johns Cre	Fulton ▼	254	Fulton ▼
Emory Johns Cre	Fulton ▼	3	Gilmer ▼
Emory Johns Cre	Fulton ▼	1	Gordon ▼
Emory Johns Cre	Fulton ▼	360	Gwinnett ▼

Emory Johns Cre	Fulton ▼	13	Habersham ▼
Emory Johns Cre	Fulton ▼	72	Hall ▼
Emory Johns Cre	Fulton ▼	1	Hart ▼
Emory Johns Cre	Fulton ▼	2	Henry ▼
Emory Johns Cre	Fulton ▼	2	Houston ▼
Emory Johns Cre	Fulton ▼	50	Jackson ▼
Emory Johns Cre	Fulton ▼	1	Lamar ▼
Emory Johns Cre	Fulton ▼	1	Lowndes ▼
Emory Johns Cre	Fulton ▼	12	Lumpkin ▼
Emory Johns Cre	Fulton ▼	1	Mitchell ▼
Emory Johns Cre	Fulton ▼	1	Morgan ▼
Emory Johns Cre	Fulton ▼	3	Murray ▼
Emory Johns Cre	Fulton ▼	1	Muscogee ▼
Emory Johns Cre	Fulton ▼	2	Newton ▼
Emory Johns Cre	Fulton ▼	5	North Carolina ▼
Emory Johns Cre	Fulton ▼	1	Oconee ▼
Emory Johns Cre	Fulton ▼	1	Oglethorpe ▼
Emory Johns Cre	Fulton ▼	4	Other Out of State
Emory Johns Cre	Fulton ▼	2	Paulding ▼
Emory Johns Cre	Fulton ▼	6	Pickens ▼
Emory Johns Cre	Fulton ▼	1	Pike ▼
Emory Johns Cre	Fulton ▼	2	Rabun ▼
Emory Johns Cre	Fulton ▼	1	Rockdale ▼
Emory Johns Cre	Fulton ▼	6	South Carolina ▼
Emory Johns Cre	Fulton ▼	4	Spalding ▼
Emory Johns Cre	Fulton ▼	4	Stephens ▼
Emory Johns Cre	Fulton ▼	1	Talbot ▼
Emory Johns Cre	Fulton ▼	1	Tennessee ▼

Emory Johns Cre	Fulton	4	Towns
Emory Johns Cre	Fulton	1	Troup
Emory Johns Cre	Fulton	3	Union
Emory Johns Cre	Fulton	2	Walker
Emory Johns Cre	Fulton	17	Walton
Emory Johns Cre	Fulton	9	White
Emory Johns Cre	Fulton	1	Whitfield
Total		1,113	

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

Heather Redrick, MHA, BSN, NEA-BC

Date

05/14/2026



Title

Chief Operating Officer & Chief Nursing Officer, EJCH

Comments