



## Part A: General Information

UID: HOSP714

### **1. Identification**

Facility Name:

Emory Saint Joseph's Hospital

County:

Fulton

Street Address:

5665 Peachtree Dunwoody Road NE

City:

Atlanta

Zip:

30342

Mailing Address:

5665 Peachtree Dunwoody Road NE

Mailing City:

Atlanta

Mailing Zip:

30342

Medicaid Provider Number:

00001812

Medicare Provider Number:

110082

### **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)

Saint Joseph's Hospital of Atlanta Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

#### 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

01/01/2012

### **F. Management's Parent Organization**

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/2012

## **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

Fixed-Based PET CON

## **3b. Certificate of Need Project Number**

Please enter the Certificate of Need project number

DET2009-119

## **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 | <input type="text" value="210"/>   | <input type="text" value="253"/>   | <input type="text" value="41"/>  |
| Colon and Rectal Cancers  | <input type="text" value="87"/>    | <input type="text" value="97"/>    | <input type="text" value="10"/>  |
| Lymphoma Cancers          | <input type="text" value="276"/>   | <input type="text" value="384"/>   | <input type="text" value="99"/>  |
| Melanoma Cancers          | <input type="text" value="132"/>   | <input type="text" value="229"/>   | <input type="text" value="77"/>  |
| Esophageal Cancers        | <input type="text" value="47"/>    | <input type="text" value="68"/>    | <input type="text" value="17"/>  |
| Head and Neck Cancers     | <input type="text" value="80"/>    | <input type="text" value="88"/>    | <input type="text" value="8"/>   |
| Breast Cancers            | <input type="text" value="353"/>   | <input type="text" value="482"/>   | <input type="text" value="112"/> |
| Other Cancers             | <input type="text" value="1,479"/> | <input type="text" value="1,722"/> | <input type="text" value="221"/> |
| Total                     | 2,664                              | 3,323                              | 585                              |

| Cardiovascular Patients     | Number of Patients              | Number of Scans                 |
|-----------------------------|---------------------------------|---------------------------------|
| All Cardiovascular Patients | <input type="text" value="13"/> | <input type="text" value="14"/> |
| Total                       | 13                              | 14                              |

| Neurology Patients                | Number of Patients               | Number of Scans                  |
|-----------------------------------|----------------------------------|----------------------------------|
| Dementias (including Alzheimer's) | <input type="text" value="98"/>  | <input type="text" value="99"/>  |
| Other Neurological Use            | <input type="text" value="161"/> | <input type="text" value="162"/> |
| Total                             | 259                              | 261                              |

| Other Diagnostic Areas | Number of Patients               | Number of Scans                  |
|------------------------|----------------------------------|----------------------------------|
| All Other Patients     | <input type="text" value="413"/> | <input type="text" value="446"/> |
| Total                  | 413                              | 446                              |

### **Grand Total (All Diagnostic Areas)**

|                |             |
|----------------|-------------|
| Total Patients | Total Scans |
| 3,349          | 4,044       |

## **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               | <input type="text" value="1,914"/> |
| Medicaid               | <input type="text" value="56"/>    |
| Third-Party            | <input type="text" value="1,280"/> |
| Self-Pay               | <input type="text" value="99"/>    |
| Total                  | 3,349                              |

### **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:

287,485

I/C Patients:

128

#### **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)?

9,049

#### **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 | 9                  |
| Asian                         | 175                |
| Black/African American        | 867                |
| Hispanic/Latino               | 177                |
| Pacific Islander/Hawaiian     | 2                  |
| White                         | 1,957              |
| Multi-Racial                  | 162                |
| Total                         | 3,349              |

#### **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      | <input type="text" value="0"/>   | <input type="text" value="0"/>   | 0     |
| Ages 15-64     | <input type="text" value="639"/> | <input type="text" value="728"/> | 1,367 |
| Ages 65-74     | <input type="text" value="598"/> | <input type="text" value="398"/> | 996   |
| Ages 75-85     | <input type="text" value="496"/> | <input type="text" value="341"/> | 837   |
| Ages 85 and Up | <input type="text" value="95"/>  | <input type="text" value="54"/>  | 149   |
| Total          | 1,828                            | 1,521                            | 3,349 |

## **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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **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 Saint Jose | Fulton ▼ | 40              | Alabama ▼       |
| Emory Saint Jose | Fulton ▼ | 1               | Appling ▼       |
| Emory Saint Jose | Fulton ▼ | 1               | Baker ▼         |
| Emory Saint Jose | Fulton ▼ | 8               | Baldwin ▼       |
| Emory Saint Jose | Fulton ▼ | 3               | Banks ▼         |
| Emory Saint Jose | Fulton ▼ | 25              | Barrow ▼        |
| Emory Saint Jose | Fulton ▼ | 21              | Bartow ▼        |
| Emory Saint Jose | Fulton ▼ | 1               | Ben Hill ▼      |
| Emory Saint Jose | Fulton ▼ | 1               | Berrien ▼       |
| Emory Saint Jose | Fulton ▼ | 21              | Bibb ▼          |
| Emory Saint Jose | Fulton ▼ | 1               | Brantley ▼      |
| Emory Saint Jose | Fulton ▼ | 1               | Bryan ▼         |
| Emory Saint Jose | Fulton ▼ | 1               | Burke ▼         |
| Emory Saint Jose | Fulton ▼ | 8               | Butts ▼         |
| Emory Saint Jose | Fulton ▼ | 1               | Camden ▼        |
| Emory Saint Jose | Fulton ▼ | 1               | Candler ▼       |
| Emory Saint Jose | Fulton ▼ | 26              | Carroll ▼       |
| Emory Saint Jose | Fulton ▼ | 2               | Catoosa ▼       |
| Emory Saint Jose | Fulton ▼ | 7               | Chatham ▼       |
| Emory Saint Jose | Fulton ▼ | 1               | Chattahoochee ▼ |
| Emory Saint Jose | Fulton ▼ | 3               | Chattooga ▼     |
| Emory Saint Jose | Fulton ▼ | 98              | Cherokee ▼      |
| Emory Saint Jose | Fulton ▼ | 11              | Clarke ▼        |
| Emory Saint Jose | Fulton ▼ | 1               | Clay ▼          |
| Emory Saint Jose | Fulton ▼ | 45              | Clayton ▼       |
| Emory Saint Jose | Fulton ▼ | 413             | Cobb ▼          |
|                  |          |                 |                 |

|                  |          |     |             |
|------------------|----------|-----|-------------|
| Emory Saint Jose | Fulton ▼ | 1   | Coffee ▼    |
| Emory Saint Jose | Fulton ▼ | 1   | Colquitt ▼  |
| Emory Saint Jose | Fulton ▼ | 8   | Columbia ▼  |
| Emory Saint Jose | Fulton ▼ | 1   | Cook ▼      |
| Emory Saint Jose | Fulton ▼ | 27  | Coweta ▼    |
| Emory Saint Jose | Fulton ▼ | 1   | Crisp ▼     |
| Emory Saint Jose | Fulton ▼ | 8   | Dawson ▼    |
| Emory Saint Jose | Fulton ▼ | 722 | DeKalb ▼    |
| Emory Saint Jose | Fulton ▼ | 7   | Dougherty ▼ |
| Emory Saint Jose | Fulton ▼ | 23  | Douglas ▼   |
| Emory Saint Jose | Fulton ▼ | 1   | Early ▼     |
| Emory Saint Jose | Fulton ▼ | 1   | Effingham ▼ |
| Emory Saint Jose | Fulton ▼ | 1   | Elbert ▼    |
| Emory Saint Jose | Fulton ▼ | 9   | Fannin ▼    |
| Emory Saint Jose | Fulton ▼ | 28  | Fayette ▼   |
| Emory Saint Jose | Fulton ▼ | 26  | Florida ▼   |
| Emory Saint Jose | Fulton ▼ | 13  | Floyd ▼     |
| Emory Saint Jose | Fulton ▼ | 64  | Forsyth ▼   |
| Emory Saint Jose | Fulton ▼ | 2   | Franklin ▼  |
| Emory Saint Jose | Fulton ▼ | 722 | Fulton ▼    |
| Emory Saint Jose | Fulton ▼ | 12  | Gilmer ▼    |
| Emory Saint Jose | Fulton ▼ | 4   | Glynn ▼     |
| Emory Saint Jose | Fulton ▼ | 4   | Gordon ▼    |
| Emory Saint Jose | Fulton ▼ | 1   | Grady ▼     |
| Emory Saint Jose | Fulton ▼ | 4   | Greene ▼    |
| Emory Saint Jose | Fulton ▼ | 368 | Gwinnett ▼  |
| Emory Saint Jose | Fulton ▼ | 10  | Habersham ▼ |
| Emory Saint Jose | Fulton ▼ | 47  | Hall ▼      |

|                  |        |    |                |
|------------------|--------|----|----------------|
| Emory Saint Jose | Fulton |    | Han            |
| Emory Saint Jose | Fulton | 2  | Hancock        |
| Emory Saint Jose | Fulton | 4  | Haralson       |
| Emory Saint Jose | Fulton | 3  | Harris         |
| Emory Saint Jose | Fulton | 2  | Hart           |
| Emory Saint Jose | Fulton | 68 | Henry          |
| Emory Saint Jose | Fulton | 24 | Houston        |
| Emory Saint Jose | Fulton | 30 | Jackson        |
| Emory Saint Jose | Fulton | 3  | Jasper         |
| Emory Saint Jose | Fulton | 2  | Jefferson      |
| Emory Saint Jose | Fulton | 1  | Jenkins        |
| Emory Saint Jose | Fulton | 1  | Jones          |
| Emory Saint Jose | Fulton | 3  | Lamar          |
| Emory Saint Jose | Fulton | 3  | Laurens        |
| Emory Saint Jose | Fulton | 1  | Lee            |
| Emory Saint Jose | Fulton | 1  | Liberty        |
| Emory Saint Jose | Fulton | 5  | Lowndes        |
| Emory Saint Jose | Fulton | 5  | Lumpkin        |
| Emory Saint Jose | Fulton | 1  | Macon          |
| Emory Saint Jose | Fulton | 3  | Madison        |
| Emory Saint Jose | Fulton | 1  | Meriwether     |
| Emory Saint Jose | Fulton | 2  | Mitchell       |
| Emory Saint Jose | Fulton | 2  | Monroe         |
| Emory Saint Jose | Fulton | 3  | Morgan         |
| Emory Saint Jose | Fulton | 1  | Murray         |
| Emory Saint Jose | Fulton | 23 | Muscogee       |
| Emory Saint Jose | Fulton | 30 | Newton         |
| Emory Saint Jose | Fulton | 15 | North Carolina |

|                  |          |    |                    |
|------------------|----------|----|--------------------|
| Emory Saint Jose | Fulton ▾ | 4  | Oconee ▾           |
| Emory Saint Jose | Fulton ▾ | 16 | Other Out of State |
| Emory Saint Jose | Fulton ▾ | 26 | Paulding ▾         |
| Emory Saint Jose | Fulton ▾ | 3  | Peach ▾            |
| Emory Saint Jose | Fulton ▾ | 7  | Pickens ▾          |
| Emory Saint Jose | Fulton ▾ | 4  | Pike ▾             |
| Emory Saint Jose | Fulton ▾ | 2  | Polk ▾             |
| Emory Saint Jose | Fulton ▾ | 3  | Pulaski ▾          |
| Emory Saint Jose | Fulton ▾ | 4  | Putnam ▾           |
| Emory Saint Jose | Fulton ▾ | 4  | Rabun ▾            |
| Emory Saint Jose | Fulton ▾ | 2  | Richmond ▾         |
| Emory Saint Jose | Fulton ▾ | 22 | Rockdale ▾         |
| Emory Saint Jose | Fulton ▾ | 24 | South Carolina ▾   |
| Emory Saint Jose | Fulton ▾ | 9  | Spalding ▾         |
| Emory Saint Jose | Fulton ▾ | 8  | Stephens ▾         |
| Emory Saint Jose | Fulton ▾ | 1  | Stewart ▾          |
| Emory Saint Jose | Fulton ▾ | 9  | Sumter ▾           |
| Emory Saint Jose | Fulton ▾ | 1  | Talbot ▾           |
| Emory Saint Jose | Fulton ▾ | 4  | Taylor ▾           |
| Emory Saint Jose | Fulton ▾ | 7  | Tennessee ▾        |
| Emory Saint Jose | Fulton ▾ | 1  | Thomas ▾           |
| Emory Saint Jose | Fulton ▾ | 5  | Tift ▾             |
| Emory Saint Jose | Fulton ▾ | 1  | Toombs ▾           |
| Emory Saint Jose | Fulton ▾ | 1  | Towns ▾            |
| Emory Saint Jose | Fulton ▾ | 5  | Troup ▾            |
| Emory Saint Jose | Fulton ▾ | 5  | Union ▾            |
| Emory Saint Jose | Fulton ▾ | 5  | Upton ▾            |
|                  |          |    |                    |

|                  |        |       |            |
|------------------|--------|-------|------------|
| Emory Saint Jose | Fulton | 3     | Walker     |
| Emory Saint Jose | Fulton | 47    | Walton     |
| Emory Saint Jose | Fulton | 2     | Washington |
| Emory Saint Jose | Fulton | 1     | Wheeler    |
| Emory Saint Jose | Fulton | 5     | White      |
| Emory Saint Jose | Fulton | 9     | Whitfield  |
| Emory Saint Jose | Fulton | 1     | Wilkes     |
| Emory Saint Jose | Fulton | 1     | Worth      |
| Total            |        | 3,349 |            |

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

Kevin Andrews

Date

05/14/2026



Title

Chief Operating Officer, ESJH

Comments



