

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC177 2017 Fulton
MRI and Imaging of Johns Creek

Part A: General Information *Georgia Department of Community Health*

1. Year: 2017
 Facility UID: Northside/McGinnis
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:

Beginning: Ending:

3. Was the service identified above operational for the full report period?

If "No," explain:

Part B: Signature and Contact

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Authorized Signature: Title: Date:

Person authorized to respond to inquiries about the responses to this survey

Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 87,139	62
Uncompensated Charity Care	\$ 338,463	367
Totals	\$ 425,602	429
Adjusted Gross Revenue	\$ 7,249,746	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC112 2017 Forsyth
MRI & Imaging of Cumming

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
Facility UID: DTRC112
Facility Name: MRI & Imaging of Cumming Northside/Cumming Imaging County: Forsyth

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
CON: 2009-107

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
Beginning: 1/1/2017 Ending: 12/31/2017

3. Was the service identified above operational for the full report period? Yes
If "No," explain:

Part B: Signature and Contact

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Authorized Signature: *Brian J. Toporek* Title: Senior Planner Date: 7/27/2018
Person authorized to respond to inquiries about the responses to this survey
Contact's Name: Brian J. Toporek Contact's Title: Senior Planner
Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$163,773	72
Uncompensated Charity Care	\$ 229,588	296
Totals	\$393,361	364
Adjusted Gross Revenue	\$ 5,853,206	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC113 2017 Gwinnett
 MRI & Imaging of Snellville

Part A: General Information *Georgia Department of Community Health*

1. Year: 2017
 Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
 Beginning: Ending:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 300,928	199
Uncompensated Charity Care	\$ 117,770	164
Totals	\$ 418,698	360
Adjusted Gross Revenue	\$ 7,576,760	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC109 2017 Hall
 MRI & Imaging of Gainesville

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
 Facility UID: DTRC109
 Facility Name: MRI & Imaging of Gainesville Northside/Gainesville County: Hall

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center Services
 CON: 2006-100

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2017 Ending: 12/31/2017

3. Was the service identified above operational for the full report period? Yes

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Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center Services

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 476,170	373
Uncompensated Charity Care	\$ 809,626	1,193
Totals	\$1,285,796	1,515
Adjusted Gross Revenue	\$13,450,192	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC047 2017 Fulton
MRI & Imaging of North Fulton

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
 Facility UID: DTRC047 Northside/Hembree
 Facility Name: MRI & Imaging of North-Fulton Imaging County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2011-062

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:

Beginning: 1/1/2017 Ending: 12/31/2017

3. Was the service identified above operational for the full report period?

Yes

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Part B: Signature and Contact

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Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$143,696	69
Uncompensated Charity Care	\$28,975	31
Totals	\$172,671	99
Adjusted Gross Revenue	\$4,824,422	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC115 2017 Fulton
MRI & Imaging of Hapeville

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
Facility UID: DTRC115
Facility Name: MRI & Imaging of Hapeville Northside/Hapeville Imaging County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
CON: 2013-005

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
Beginning: 1/1/2017 Ending: 12/31/2017

3. Was the service identified above operational for the full report period? Yes
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Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 33,874	17
Uncompensated Charity Care	\$ 75,130	51
Totals	\$ 109,005	67
Adjusted Gross Revenue	\$ 972,356	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC110 2017 Fulton
 Duluth Diagnostic Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2017
 Facility UID: DTRC110
 Facility Name: Duluth Diagnostic Imaging Northside/Duluth Imaging County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2013-006

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2017 Ending: 12/31/2017

3. Was the service identified above operational for the full report period? Yes
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Authorized Signature: Brian J. Toporek Title: Senior Planner Date: 7/27/2018

Person authorized to respond to inquiries about the responses to this survey

Contact's Name: Brian J. Toporek Contact's Title: Senior Planner

Telephone: 404-851-6824 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 4,087	1
Uncompensated Charity Care	\$ 0	0
Totals	\$ 4,087	1
Adjusted Gross Revenue	\$ 4,087	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC108 2017 Douglas
MRI and Imaging of Douglasville

Part A: General Information Georgia Department of Community Health

1. Year: 2017
Facility UID: DTRC108 Monthside/Medical
Facility Name: MRI and Imaging of Douglasville Center Imaging County: Douglas

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
CON: 2013-001

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
Beginning: 1/1/2017 Ending: 12/31/2017

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Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$62,099	21
Uncompensated Charity Care	\$ 11,235	3
Totals	\$ 73,333	24
Adjusted Gross Revenue	\$1,061,706	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC164 2017 Cobb
 Northside Marble Mill Imaging

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
 Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Report Period:
 Beginning: Ending:

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Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 119,048	54
Uncompensated Charity Care	\$ 40,011	36
Totals	\$ 159,059	90
Adjusted Gross Revenue	\$ 2,916,408	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC163 2017 Douglas
 OMI Diagnostics-Douglasville

Part A: General Information *Georgia Department of Community Health*

1. Year: 2017
 Facility UID: DTRC163
 Facility Name: OMI Diagnostics-Douglasville *Northside* Douglasville Imaging County: Douglas

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2011-017

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2017 Ending: 12/31/2017

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 Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian_toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 214,341	133
Uncompensated Charity Care	\$ 164,450	166
Totals	\$ 378,792	292
Adjusted Gross Revenue	\$ 4,139,487	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC175 2017 Fulton
 Northside Roswell Imaging

Part A: General Information Georgia Department of Community Health

1. Year: 2017
 Facility UID: DTRC175
 Facility Name: Northside Roswell Imaging County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2012-009

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

Report Period:
 Beginning: 1/1/2017 Ending: 12/31/2017

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Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 124,485	82
Uncompensated Charity Care	\$ 85,751	59
Totals	\$ 210,237	139
Adjusted Gross Revenue	\$ 4,518,086	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC171 2017 Fulton
 OMI Diagnostics - Lake Hearn

Part A: General Information Georgia Department of Community Health

1. Year: 2017
 Facility UID: DTRC171
 Facility Name: ~~OMI Diagnostics - Lake Hearn~~ Northside / Lake Hearn Imaging County: Fulton

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service: Imaging Center
 CON: 2011-080

2. Please report data for the hospital fiscal year ending in calendar year 2017 only. Do not use a different report period.

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 Telephone: 404-851-6821 Fax: 404-303-3820 E-mail: brian.toporek@northside.com

Part C: Service-Specific Data for Specified Service

Data for service: Imaging Center

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 272,710	130
Uncompensated Charity Care	\$ 78,705	76
Totals	\$ 351,414	204
Adjusted Gross Revenue	\$ 6,252,963	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC157 2017 Clayton
 Northside Riverdale Imaging

Part A: General Information

Georgia Department of Community Health

1. Year: 2017

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Contact's Name: Contact's Title:

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Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 247,616	232
Uncompensated Charity Care	\$ 248,668	307
Totals	\$ 496,284	534
Adjusted Gross Revenue	\$ 4,495,904	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC117 2017 Cherokee
MRI & Imaging of Woodstock

Part A: General Information Georgia Department of Community Health

1. Year: 2017
 Facility UID: Northside/Towne
 Facility Name: Lake Imaging County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 283,788	233
Uncompensated Charity Care	\$ 518,397	1,086
Totals	\$ 802,185	1,285
Adjusted Gross Revenue	\$ 13,017,902	

Service Specific I/C Care Survey - Adjusted Gross Revenue DTRC168 2017 Cobb
 Northside Marietta Imaging Center

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
 Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 459,931	286
Uncompensated Charity Care	\$ 118,996	156
Totals	\$ 578,927	435
Adjusted Gross Revenue	\$ 9,962,869	

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP541 2017 Cherokee
 Northside Hospital Cherokee

Part A: General Information

Georgia Department of Community Health

1. Year: 2017

Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

Service:
 CON:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 20,122	22
Uncompensated Charity Care	\$ 179,595	101
Totals	\$ 199,717	121
Adjusted Gross Revenue	\$ 2,530,425	

Service-Specific-AGR

Service Specific I/C Care Survey - Adjusted Gross Revenue HOSP346 2017 Forsyth
 Northside Hospital Forsyth

Part A: General Information

Georgia Department of Community Health

1. Year: 2017
 Facility UID:
 Facility Name: County:

This Addendum reports data for the following Certificate-of-Need (CON) service for which the hospital has a commitment to provide uncompensated indigent/charity care:

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Contact's Name: Contact's Title:

Telephone: Fax: E-mail:

Part C: Service-Specific Data for Specified Service

Data for service:

	Amount	Number of Patients
Uncompensated Indigent Care	\$ 424,612	14
Uncompensated Charity Care	\$ 4,695	7
Totals	\$ 429,307	21
Adjusted Gross Revenue	\$ 4,820,014	

Service-Specific-AGR