



2022 Positron Emission Tomography (PET) Services Survey

Part A : General Information

1. Identification

UID:hosp541

Facility Name: Northside Hospital Cherokee (Siemens Biograph mCT S 40 - 2018-054)

County: Cherokee

Street Address: 450 Northside Cherokee Boulevard

City: Canton

Zip: 30115-9295

Mailing Address: 450 Northside Cherokee Boulevard

Mailing City: Canton

Mailing Zip: 30115-9295

Medicaid Provider Number: 00001108

Medicare Provider Number: 110008

2. Report Period

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

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: Brian J. Toporek

Contact Title: Senior Planner

Phone: 404-851-6821

Fax: 404-250-3102

E-mail: brian.toporek@northside.com

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
Northside Hospital Inc.	Not for Profit	01/01/2010

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services Inc.	Not for Profit	11/01/1991

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Hospital Inc.	Not for Profit	01/01/2010

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northside Health Services Inc.	Not for Profit	11/01/1991

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

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.

GA-2018-054

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

N/A

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 MCT-S-(40)

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	159	211	174
Colon and Rectal Cancers	95	117	88
Lymphoma Cancers	166	224	179
Melanoma Cancers	86	114	93
Esophageal Cancers	22	27	19
Head and Neck Cancers	95	123	87
Breast Cancers	148	197	151
Other Cancers	803	1,057	830
Total	1,574	2,070	1,621

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	13	13
Total	13	13

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	4	4
Total	4	4

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	476	490
Total	476	490

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	1,203
Medicaid	63
Third-Party	574
Self-Pay	103
Total	1,943

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
38,008,047	14,945,126

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
2,533,731	361

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)?

14,749

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	8
Asian	12
Black/African American	93
Hispanic/Latino	63
Pacific Islander/Hawaiian	0
White	1,378
Multi-Racial	389
Total	1,943

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	327	397
Ages 65-74	352	293
Ages 75-85	294	193
Ages 85 and Up	54	33
Total	1,027	916

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: 8:00 am until 4:30 pm

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
255

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
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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 locations(s) provided above.

Name	County	Patients Served	Patient County
Northside Cherokee	Cherokee	8	Alabama
Northside Cherokee	Cherokee	63	Bartow
Northside Cherokee	Cherokee	2	Carroll
Northside Cherokee	Cherokee	5	Chattooga
Northside Cherokee	Cherokee	951	Cherokee
Northside Cherokee	Cherokee	1	Clayton
Northside Cherokee	Cherokee	234	Cobb
Northside Cherokee	Cherokee	2	Coweta
Northside Cherokee	Cherokee	1	Dade
Northside Cherokee	Cherokee	5	Dawson
Northside Cherokee	Cherokee	7	DeKalb
Northside Cherokee	Cherokee	1	Dougherty
Northside Cherokee	Cherokee	5	Douglas
Northside Cherokee	Cherokee	104	Fannin
Northside Cherokee	Cherokee	1	Fayette
Northside Cherokee	Cherokee	7	Florida
Northside Cherokee	Cherokee	27	Floyd
Northside Cherokee	Cherokee	23	Forsyth
Northside Cherokee	Cherokee	62	Fulton
Northside Cherokee	Cherokee	94	Gilmer
Northside Cherokee	Cherokee	21	Gordon
Northside Cherokee	Cherokee	6	Gwinnett
Northside Cherokee	Cherokee	2	Habersham
Northside Cherokee	Cherokee	2	Hall
Northside Cherokee	Cherokee	3	Henry
Northside Cherokee	Cherokee	1	Lamar
Northside Cherokee	Cherokee	3	Lumpkin
Northside Cherokee	Cherokee	5	Murray
Northside Cherokee	Cherokee	54	North Carolina
Northside Cherokee	Cherokee	9	Other Out of State
Northside Cherokee	Cherokee	23	Paulding
Northside Cherokee	Cherokee	108	Pickens
Northside Cherokee	Cherokee	21	Polk
Northside Cherokee	Cherokee	1	Rabun
Northside Cherokee	Cherokee	1	Rockdale
Northside Cherokee	Cherokee	1	South Carolina
Northside Cherokee	Cherokee	1	Spalding

Northside Cherokee	Cherokee	1	Stewart
Northside Cherokee	Cherokee	1	Telfair
Northside Cherokee	Cherokee	12	Tennessee
Northside Cherokee	Cherokee	12	Towns
Northside Cherokee	Cherokee	46	Union
Northside Cherokee	Cherokee	1	Walker
Northside Cherokee	Cherokee	2	Walton
Northside Cherokee	Cherokee	1	Wheeler
Northside Cherokee	Cherokee	2	Whitfield
Total		1,943	

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 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.

Authorized Signature: William Hayes

Date: 05/05/2023

Title: CEO

Comments: