



## 2022 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp634

**Facility Name:** Northside Hospital (Siemens Biograph mCT S 40 - 2008-067)

**County:** Fulton

**Street Address:** 1000 Johnson Ferry Road NE

**City:** Atlanta

**Zip:** 30342-1611

**Mailing Address:** 1000 Johnson Ferry Road NE

**Mailing City:** Atlanta

**Mailing Zip:** 30342-1611

**Medicaid Provider Number:** 00001405

**Medicare Provider Number:** 110161

#### 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
Hospital Authority of Fulton County	Hospital Authority	07/01/1970

#### B. Owner's Parent Organization

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

#### C. Facility Operator

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

#### 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-2008-067

**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 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	123	158	120
Colon and Rectal Cancers	92	110	83
Lymphoma Cancers	270	386	320
Melanoma Cancers	51	66	50
Esophageal Cancers	14	14	6
Head and Neck Cancers	79	95	66
Breast Cancers	203	288	238
Other Cancers	631	732	514
<b>Total</b>	<b>1,463</b>	<b>1,849</b>	<b>1,397</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	5	5
<b>Total</b>	<b>5</b>	<b>5</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	10	10
<b>Total</b>	<b>10</b>	<b>10</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	462	477
<b>Total</b>	<b>462</b>	<b>477</b>

## 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	969
Medicaid	52
Third-Party	667
Self-Pay	136
<b>Total</b>	<b>1,824</b>

### **2. Total Charges and Adjusted Gross Revenue**

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

Total Charges	Adjusted Gross Revenue
34,167,620	16,682,265

### **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
2,768,748	420

### **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)?

14,595

### **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	2
Asian	49
Black/African American	445
Hispanic/Latino	117
Pacific Islander/Hawaiian	1
White	1,044
Multi-Racial	166
<b>Total</b>	<b>1,824</b>

### **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	358	484
Ages 65-74	312	230
Ages 75-85	202	156
Ages 85 and Up	39	43
<b>Total</b>	<b>911</b>	<b>913</b>

**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:** 7:30 am until 5:00 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
250

**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 Hospital	Fulton	15	Alabama
Northside Hospital	Fulton	1	Atkinson
Northside Hospital	Fulton	4	Barrow
Northside Hospital	Fulton	5	Bartow
Northside Hospital	Fulton	8	Bibb
Northside Hospital	Fulton	7	Butts
Northside Hospital	Fulton	22	Carroll
Northside Hospital	Fulton	2	Chatham
Northside Hospital	Fulton	2	Chattooga
Northside Hospital	Fulton	30	Cherokee
Northside Hospital	Fulton	2	Clarke
Northside Hospital	Fulton	28	Clayton
Northside Hospital	Fulton	307	Cobb
Northside Hospital	Fulton	2	Columbia
Northside Hospital	Fulton	8	Coweta
Northside Hospital	Fulton	4	Dawson
Northside Hospital	Fulton	334	DeKalb
Northside Hospital	Fulton	2	Dodge
Northside Hospital	Fulton	45	Douglas
Northside Hospital	Fulton	3	Fannin
Northside Hospital	Fulton	6	Fayette
Northside Hospital	Fulton	13	Florida
Northside Hospital	Fulton	2	Floyd
Northside Hospital	Fulton	14	Forsyth
Northside Hospital	Fulton	589	Fulton
Northside Hospital	Fulton	3	Gilmer
Northside Hospital	Fulton	2	Glynn
Northside Hospital	Fulton	1	Grady
Northside Hospital	Fulton	4	Greene
Northside Hospital	Fulton	160	Gwinnett
Northside Hospital	Fulton	4	Habersham
Northside Hospital	Fulton	15	Hall
Northside Hospital	Fulton	1	Hancock
Northside Hospital	Fulton	1	Haralson
Northside Hospital	Fulton	1	Harris
Northside Hospital	Fulton	25	Henry
Northside Hospital	Fulton	5	Houston

Northside Hospital	Fulton	4	Jackson
Northside Hospital	Fulton	3	Jones
Northside Hospital	Fulton	3	Lamar
Northside Hospital	Fulton	1	Laurens
Northside Hospital	Fulton	1	Lowndes
Northside Hospital	Fulton	1	Lumpkin
Northside Hospital	Fulton	1	Madison
Northside Hospital	Fulton	1	Marion
Northside Hospital	Fulton	1	Meriwether
Northside Hospital	Fulton	1	Monroe
Northside Hospital	Fulton	1	Morgan
Northside Hospital	Fulton	11	North Carolina
Northside Hospital	Fulton	12	Newton
Northside Hospital	Fulton	1	Oconee
Northside Hospital	Fulton	12	Other Out of State
Northside Hospital	Fulton	14	Paulding
Northside Hospital	Fulton	4	Peach
Northside Hospital	Fulton	3	Pickens
Northside Hospital	Fulton	2	Pike
Northside Hospital	Fulton	2	Polk
Northside Hospital	Fulton	4	Putnam
Northside Hospital	Fulton	2	Rabun
Northside Hospital	Fulton	1	Richmond
Northside Hospital	Fulton	15	Rockdale
Northside Hospital	Fulton	10	South Carolina
Northside Hospital	Fulton	9	Spalding
Northside Hospital	Fulton	1	Tift
Northside Hospital	Fulton	3	Tennessee
Northside Hospital	Fulton	1	Toombs
Northside Hospital	Fulton	1	Troup
Northside Hospital	Fulton	4	Union
Northside Hospital	Fulton	1	Upson
Northside Hospital	Fulton	10	Walton
Northside Hospital	Fulton	1	Washington
Northside Hospital	Fulton	2	White
Northside Hospital	Fulton	3	Whitfield
<b>Total</b>		<b>1,824</b>	

## 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:** Deidre Dixon

**Date:** 05/05/2023

**Title:** CEO

**Comments:**