Report : CLM-0800-0 GEORGIA DEPARTMENT OF COMMUNITY HEALTH Run Date: 08/27/2014 Process : CLMJ0800 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 23:11:59 Location: CLMP8000 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT Page: 1

SUMMARY TYPE I INPATIENT PAID CLAIMS

ATLANTA MEDICAL CENTER- SOUTH CAMPUS	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1170 CLEVELAND AVE	000001713A	SERVICE DATES	01/01/13	THROUGH 12/31/13

EAST POINT, GA 30344-3615

 TOTAL CHARGES
 360,767.52
 ADJUSTMENTS
 3,411.20

 COVERED CHARGES
 334,857.52
 CONTRACTUAL ALLOW
 266,511.38

 NON-COVERD CHARGES
 25,910.00
 TOTAL MEDICAID LIAB
 68,346.14

COVERED CHARGES 334,857.52 CONTRACTUAL ALLOW 266,511.38

NON-COVERD CHARGES 25,910.00 TOTAL MEDICAID LIAB 68,346.14

LESS: COB 0.00

LESS: COPAYMENT 0.00

REIMBURSEMENT 68,346.14

OTTA DODO

ADMISSION DATES 00/00/00 THROUGH 00/00/00

TOTAL NUMBER OF ADMISSIONS 19

PART I - ACCOMODATIONS MEDICAID DAYS AND CHARGES

D7370

	Di	AYS	CHARGE	S
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE ROUTINE NURSERY	85 0	8	111,265.00 0.00	25,910.00 0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	85	8	111,265.00	25,910.00
SPECIAL CARE SERVICES				
CCU	0	0	0.00	0.00
ICU	3	0	6,885.00	0.00
NICU	0	0	0.00	0.00
PED ICU	0	0	0.00	0.00
NEURO ICU	0	0	0.00	0.00
SHOCK TRAUMA	0	0	0.00	0.00
BURN UNIT	0	0	0.00	0.00
HOSPICE	0	0	0.00	0.00
REHAB	0	0	0.00	0.00
PRTF	0	0	0.00	0.00
TOTAL SPEC CARE	3	0	6,885.00	0.00
TOTAL ACCOMODATIONS	88	8	118,150.00	25,910.00

Report : CLM-0800-0 Process : CLMJ0800 GEORGIA DEPARTMENT OF COMMUNITY HEALTH MEDICAID MANAGEMENT INFORMATION SYSTEM

Location: CLMP8000

HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

Run Date: 08/27/2014 Run Time: 23:11:59

334,857.52 25,910.00

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SUMMARY TYPE I INPATIENT PAID CLAIMS

PAYMENT DATES 01/01/13 THROUGH 07/23/14 ATLANTA MEDICAL CENTER- SOUTH CAMPUS PROVIDER NUMBER 1170 CLEVELAND AVE 000001713A SERVICE DATES 01/01/13 THROUGH 12/31/13 EAST POINT, GA 30344-3615 ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COCH CENTED	COLUMN CITA DOSC	NONGOLIEDED GUADGEG	COCH CENTER	COLUMN CITA DOLL	MOMGONEDED GUADGEG
COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	84,538.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,025.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	80,962.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,896.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,455.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,040.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	258.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,711.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,637.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,503.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DATLY LIFE	0.00	0.00
RENAL DIALYSTS	0.00	0.00	PATTENT CONVENTENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAIIMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	10 332 00	0.00	TMPL DEV CHARGE PATTENTS	0.00	0.00
I.TTHOTRIDGY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	1 350 00	0.00	NO CC/ INVITED REV CODE	0.00	0.00
RI.OOD	1,330.00	0.00			
BIOOD GAODYGE & DBO	0.00	0.00			
ONCOLOGY	0.00	0.00			
MIICI END MEDICINE	0.00	0.00			
MUCHEAR MEDICINE	0.00	0.00			
AND TOTOGE	0.00	0.00			
AMDIII ATODY CUDCEDY	0.00	0.00			
AMBULATURI SURGERI	0.00	0.00			
USIEUPAIHIC SERVICES	0.00	0.00			
L L G	0.00	0.00			
UKGAN ACQUISITION	0.00	0.00			
COST CENTER PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM RECOVERY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY CARDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	216,707.52	0.00
			TOTAL ACCOMODATIONS	118,150.00	25,910.00

TOTAL CHARGES

Report : CLM-0802-0
Process : CLMJ0800 Location: CLMP8000

1170 CLEVELAND AVE

EAST POINT, GA 30344-3615

ATLANTA MEDICAL CENTER- SOUTH CAMPUS

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

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SUMMARY TYPE II

ZERO PAID INPATIENT PAID CLAIMS

PROVIDER NUMBER 000001713A

PAYMENT DATES 01/01/13 THROUGH 07/23/14 SERVICE DATES 01/01/13 THROUGH 12/31/13 ADMISSION DATES 00/00/00 THROUGH 00/00/00

Report : CLM-0804-0 Process : CLMJ0800 Location: CLMP8000

ATLANTA MEDICAL CENTER- SOUTH CAMPUS

1170 CLEVELAND AVE

EAST POINT, GA 30344-3615

GEORGIA DEPARTMENT OF COMMUNITY HEALTH Run Date: 08/27/2014
MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 23:12:02
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

PROVIDER NUMBER 000001713A	S	AYMENT DATES ERVICE DATES ISSION DATES	01/01/13 01/01/13 00/00/00	THROUGH 07/23/14 THROUGH 12/31/13 THROUGH 00/00/00
CHARGES			-PAYMENTS-	
TOTAL CHARGES	62,125.60	ADJUSTMENTS		4,531.10
COVERED CHARGES	61,836.90	CONTRACTUAL	ALLOW	49,343.54
NON-COVERD CHARGES	288.70	TOTAL MEDIC	AID LIAB	12,493.36
		LESS: C	!OB	0.00
		LESS: C	OPAYMENT	12.00
		REIMBURSEME	INT	12,481.36
		ALL OTHE	:R	12,287.98

FEE SCHEDULE-LAB

INJECTABLE DRUGS

TOTAL NUMBER OF CLAIMS

136.65 56.73

5

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SUMMARY TYPE III

OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA MEDICAL CENTER- SOUTH CAMPUS	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1170 CLEVELAND AVE	000001713A	SERVICE DATES	01/01/13	THROUGH 12/31/13
EAST POINT,GA 30344-3615		ADMISSION DATES	00/00/00	THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
DHADMACV_CENTERAL.	1 A12 56	0 00	OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	0.00	0.00
MED / CLIDC CLIDDI V	7 017 27	0.00		0.00	0.00
I ADODATODY_CENEDAI	7,017.27	0.00	RECREATIONAL INERAFI	0.00	0.00
DADTOLOGY_DIACNOCTIC	0.00	0.00	ULTED LATEDYDELIATE GALG	0.00	0.00
CT CCVM	0.00	0.00	CDECINI CUNDCEC	0.00	0.00
DUVCICAT TUFDADV	0.00	0.00	PECTAL CHARGES	2 901 07	0.00
PRISICAL INERAPI	0.00	0.00	MDI CEDVICEC	2,001.97	0.00
ENG/ECG	0.00	0.00	DDOEEGGIONNI EEEG	0.00	0.00
ODEDATING DOOM	20 552 62	0.00	DIDADIE MED EQUID	0.00	0.00
OPERALING ROOM	30,332.03	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERI ROUM	0.00	0.00	REMAR INERAPI	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESIHESIA	9,494.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,478.68	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,078.79	288.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
COST CENTER PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM RECOVERY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY CARDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY TOTAL ACCOMODATIONS TOTAL CHARGES	61,836.90	288.70 0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	61,836.90	288.70

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA MEDICAL CENTER- SOUTH CAMPUS

1170 CLEVELAND AVE

EAST POINT, GA 30344-3615

PAYMENT DATES 01/01/13 THROUGH 07/23/14 PROVIDER NUMBER 000001713A SERVICE DATES 01/01/13 THROUGH 12/31/13 ADMISSION DATES 00/00/00 THROUGH 00/00/00

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE V

OUTPATIENT PAID CLAIMS - FIXED FEE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS 1170 CLEVELAND AVE

EAST POINT, GA 30344-3615

PROVIDER NUMBER PAYMENT DATES 01/01/13 THROUGH 07/23/14 000001713A SERVICE DATES 01/01/13 THROUGH 12/31/13 ADMISSION DATES 00/00/00 THROUGH 00/00/00

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH GEORGIA DEPARIMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

SUMMARY TYPE VI

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS 1170 CLEVELAND AVE

EAST POINT, GA 30344-3615

PROVIDER NUMBER 000001713A

PAYMENT DATES 01/01/13 THROUGH 07/23/14 SERVICE DATES 01/01/13 THROUGH 12/31/13 ADMISSION DATES 00/00/00 THROUGH 00/00/00

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1170 CLEVELAND AVE EAST POINT, GA 30344-3615	Report : CLM-0812-0 Process : CLMJ0800 Location: CLMP8000	GEORGIA DEPARTMENT OF COMMUNITY HEALTH MEDICAID MANAGEMENT INFORMATION SYSTEM HOSPITAL STATISTICAL AND REIMBURSEMENT REP SUMMARY TYPE VII OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RAT	
TOTAL CHARGES 76,255.08 ADJUSTMENTS 0. COVERED CHARGES 75,966.38 CONTRACTUAL ALLOW 65,768. NON-COVERD CHARGES 288.70 TOTAL MEDICAID LIAB 10,198. LESS: COB 0.	1170 CLEVELAND AVE		SERVICE DATES 01/01/13 THROUGH 12/31/13
		TOTAL CHARGES 76,255. COVERED CHARGES 75,966.	08 ADJUSTMENTS 0.00 38 CONTRACTUAL ALLOW 65,768.12 70 TOTAL MEDICAID LIAB 10,198.26 LESS: COB 0.00

TOTAL NUMBER OF CLAIMS

2

Report : CLM-0812-0 GEORGIA DEPARTMENT OF COMMUNITY HEALTH Process : CLMJ0800 MEDICAID MANAGEMENT INFORMATION SYSTEM

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MEDICAID MANAGEMENT INFORMATION SYSTEM HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

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0.00

288.70

0.00

75,966.38

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1170 CLEVELAND AVE	000001713A	SERVICE DATES	01/01/13	THROUGH 12/31/13
EAST POINT,GA 30344-3615		ADMISSION DATES	00/00/00	THROUGH 00/00/00

PART II ANCILLARY SERVICES

COCH CHNIED	COLUDED CITADODO	MONGOVERED GUARGEG	COCH CHAMPID	COLUMNIA CITADONO	MONGOTIEDED GUADGEG
COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	COVERED CHARGES 0.00	NONCOVERED CHARGES
PHARMACY-GENERAL	2,5/5.U 4	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,102.82	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,184.00	0.00
EKG/ECG	0.00	0.00 0.00 0.00 0.00 0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	34,682.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,558.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,864.52	288.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACOUISITION	0.00	0.00			
COST CENTER PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM RECOVERY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES PSYCHIATRIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY CARDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	0.00	0.00			
	3.00	3.00			
			TOTAL ANCILLARY	75,966.38	288.70
				73,700.30	200.70

TOTAL ACCOMODATIONS

TOTAL CHARGES

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Location: CLMP8000 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

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SUMMARY TYPE VIII

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS PROVIDER NUMBER PAYMENT DATES 01/01/13 THROUGH 07/23/14
1170 CLEVELAND AVE 00001713A SERVICE DATES 01/01/13 THROUGH 12/31/13
EAST POINT,GA 30344-3615 ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

** END OF REPORT **