

Report : CLM-0800-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 08/23/2012
 Run Time: 19:40:10
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AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
 AUGUSTA,GA 30904-4764

PROVIDER NUMBER
 000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,350,976.35	ADJUSTMENTS	388,546.25
COVERED CHARGES	4,247,602.32	CONTRACTUAL ALLOW	3,013,282.35
NON-COVERD CHARGES	103,374.03	TOTAL MEDICAID LIAB	1,234,319.97
		LESS: COB	12,352.66
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	1,221,967.31

TOTAL NUMBER OF ADMISSIONS 154

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	292		22	310,104.00		46,687.00
ROUTINE NURSERY	66		0	39,493.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	358		22	349,597.00		46,687.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	364		0	554,813.00		0.00
NICU	4		0	6,816.00		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	368		0	561,629.00		0.00
TOTAL ACCOMODATIONS	726		22	911,226.00		46,687.00

SUMMARY TYPE I
 INPATIENT PAID CLAIMS

AUGUSTA HOSPITAL LLC
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 AUGUSTA,GA 30904-4764

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PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	601,875.49	0.00	OTHER LAB	12,881.24	0.00
MED/SURG SUPPLY	663,049.75	1,115.03	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	260,651.89	13.84	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	131,027.58	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	54,080.87	3,096.63	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	21,372.83	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	14,933.42	0.00	MRI SERVICES	4,704.66	0.00
IV THERAPY	1,917.55	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	496,418.71	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	153,422.60	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	153,772.15	15,230.83	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	144,388.74	0.00	AMBULANCE	0.00	0.00
GI SERVICES	24,121.81	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	197,508.83	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	83,593.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	18,513.70	0.00	INJECTABLE DRUGS	10,046.47	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	498.28	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	990.52	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	112,724.28	33,701.06	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	427.64	334.85	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	13,637.20	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	55,894.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,993.33	3,194.79			
AUDIOLOGY	11,911.82	0.00			
CARDIOLOGY	74,218.86	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	546.78	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,251.52	0.00			
			TOTAL ANCILLARY	3,336,376.32	56,687.03
			TOTAL ACCOMODATIONS	911,226.00	46,687.00
			TOTAL CHARGES	4,247,602.32	103,374.03

SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
 AUGUSTA,GA 30904-4764

PROVIDER NUMBER
 000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,200.53	ADJUSTMENTS	0.00
COVERED CHARGES	76,699.53	CONTRACTUAL ALLOW	65,185.51
NON-COVERD CHARGES	501.00	TOTAL MEDICAID LIAB	11,514.02
		LESS: COB	11,514.02
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 3

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8		0	8,496.00		501.00
ROUTINE NURSERY	3		0	1,749.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11		0	10,245.00		501.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		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	0		0	0.00		0.00
TOTAL ACCOMODATIONS	11		0	10,245.00		501.00

SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

AUGUSTA HOSPITAL LLC
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PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	4,542.04	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,563.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,387.08	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	0.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	815.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,571.44	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	40,146.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,240.83	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	2,556.02	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	239.56	0.00	INJECTABLE DRUGS	1,223.14	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 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	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	0.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,604.40	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	414.71	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			
TREATMENT/OBSERV. RM	4,150.80	0.00			
			TOTAL ANCILLARY	66,454.53	0.00
			TOTAL ACCOMODATIONS	10,245.00	501.00
			TOTAL CHARGES	76,699.53	501.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
SERVICE DATES 07/01/10 THROUGH 06/30/11
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,909,149.68	ADJUSTMENTS	395,481.04
COVERED CHARGES	3,598,864.44	CONTRACTUAL ALLOW	2,819,840.81
NON-COVERD CHARGES	310,285.24	TOTAL MEDICAID LIAB	779,023.63
		LESS: COB	4,790.23
		LESS: COPAYMENT	2,586.75
		REIMBURSEMENT	771,646.65
		ALL OTHER	716,472.28
		FEE SCHEDULE-LAB	51,160.36
		INJECTABLE DRUGS	4,014.01
		TOTAL NUMBER OF CLAIMS	1,840

AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
 AUGUSTA,GA 30904-4764

PROVIDER NUMBER
 000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	32,748.86	25,455.62	OTHER LAB	121,471.66	0.00
MED/SURG SUPPLY	151,505.31	22,271.71	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	48.87	EDUCATION & TRAINING	842.24	0.00
RADIOLOGY-DIAGNOSTIC	93,799.08	1,062.35	OTHER THERAPEUTIC SVC	39,938.46	452.06
CT SCAN	87,252.48	35,702.96	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,466.97	1,934.40	FEE SCHEDULE LAB	280,921.71	26,691.18
EKG/ECG	20,587.50	171.74	MRI SERVICES	20,884.69	3,775.06
IV THERAPY	143,829.76	253.10	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	348,291.62	64,645.22	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	666.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	84,793.97	2,269.36	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	369,565.81	0.00	AMBULANCE	0.00	0.00
GI SERVICES	318,459.60	52,856.90	CAST ROOM	0.00	0.00
EMERGENCY ROOM	711,004.38	3,726.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	280,456.06	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	71,403.22	29,599.15
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	680.42	1,079.87	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	10,662.92	1,407.89	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	74,925.96	368.87			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	19,785.93	4,254.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,011.66	3,221.23			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,617.63	23,355.60			
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			
TREATMENT/OBSERV. RM	278,290.54	5,617.30			
			TOTAL ANCILLARY	3,598,864.44	310,220.44
			TOTAL ACCOMODATIONS	0.00	64.80
			TOTAL CHARGES	3,598,864.44	310,285.24

Report : CLM-0806-0
Process : CLMJ0800
Location: CLMP8000

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

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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
SERVICE DATES 07/01/10 THROUGH 06/30/11
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	87,927.11	ADJUSTMENTS	0.00
COVERED CHARGES	66,841.42	CONTRACTUAL ALLOW	39,918.59
NON-COVERD CHARGES	21,085.69	TOTAL MEDICAID LIAB	26,922.83
		LESS: COB	26,892.83
		LESS: COPAYMENT	30.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 39

SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

AUGUSTA HOSPITAL LLC
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 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
PHARMACY-GENERAL	105.71	2,429.94	OTHER LAB	4,115.66	0.00
MED/SURG SUPPLY	2,968.88	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,688.87	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	5,934.30	1,258.57
EKG/ECG	722.86	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,368.95	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	7,165.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	357.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,325.89	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,791.93	8,320.63	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,196.26	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,486.53	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,538.00	1,459.97
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	263.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	858.98	451.18			
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			
TREATMENT/OBSERV. RM	9,118.60	0.00			
			TOTAL ANCILLARY	66,841.42	21,085.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	66,841.42	21,085.69

Report : CLM-0808-0
Process : CLMJ0800
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

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AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
SERVICE DATES 07/01/10 THROUGH 06/30/11
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	170,379.57	ADJUSTMENTS	4,182.32
COVERED CHARGES	167,762.02	CONTRACTUAL ALLOW	154,392.36
NON-COVERD CHARGES	2,617.55	TOTAL MEDICAID LIAB	13,369.66
		LESS: COB	43.00
		LESS: COPAYMENT	411.00
		REIMBURSEMENT	12,915.66
		TOTAL NUMBER OF CLAIMS	239

SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
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PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	774.31	838.28	OTHER LAB	743.15	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,040.87	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,337.64	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,261.62	986.97
EKG/ECG	1,020.62	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,572.94	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	377.28	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	124,869.66	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	3,080.01	576.32
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	215.98	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	683.92	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			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	167,762.02	2,617.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	167,762.02	2,617.55

Report : CLM-0810-0
Process : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VI
ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
SERVICE DATES 07/01/10 THROUGH 06/30/11
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	790.16	ADJUSTMENTS	0.00
COVERED CHARGES	790.16	CONTRACTUAL ALLOW	495.27
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	294.89
		LESS: COB	294.89
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF CLAIMS	2

Report : CLM-0810-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE VI

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
 AUGUSTA,GA 30904-4764

PROVIDER NUMBER
 000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	0.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	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	0.00	0.00
EKG/ECG	0.00	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	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	790.16	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	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 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	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	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			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	790.16	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	790.16	0.00

Report : CLM-0812-0
Process : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
SERVICE DATES 07/01/10 THROUGH 06/30/11
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	640,294.17	ADJUSTMENTS	60,752.92
COVERED CHARGES	578,815.72	CONTRACTUAL ALLOW	487,162.85
NON-COVERD CHARGES	61,478.45	TOTAL MEDICAID LIAB	91,652.87
		LESS: COB	0.00
		LESS: COPAYMENT	201.00
		REIMBURSEMENT	91,451.87

TOTAL NUMBER OF CLAIMS 18

SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

AUGUSTA HOSPITAL LLC
 2260 WRIGHTSBORO RD
 AUGUSTA,GA 30904-4764

PROVIDER NUMBER
 000001779A

PAYMENT DATES 07/01/10 THROUGH 08/14/12
 SERVICE DATES 07/01/10 THROUGH 06/30/11
 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
PHARMACY-GENERAL	6,058.83	1,054.26	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	66,186.71	13,476.21	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	111,460.42	24,275.86	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,689.12	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,939.25	1,654.58
EKG/ECG	367.52	180.33	MRI SERVICES	0.00	0.00
IV THERAPY	501.58	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	161,046.41	4,724.82	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	103,080.17	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	40,003.48	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,696.63	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,279.81	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,223.58	2,347.16
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	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	605.81	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	802.20	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	28,193.28	12,076.11			
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			
TREATMENT/OBSERV. RM	19,370.04	0.00			
			TOTAL ANCILLARY	578,815.72	61,478.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	578,815.72	61,478.45

Report : CLM-0814-0
Process : CLMJ0800
Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

AUGUSTA HOSPITAL LLC
2260 WRIGHTSBORO RD
AUGUSTA,GA 30904-4764

PROVIDER NUMBER
000001779A

PAYMENT DATES	07/01/10	THROUGH	08/14/12
SERVICE DATES	07/01/10	THROUGH	06/30/11
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **