

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:42:17
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PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER 000000019A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,072,228.17	ADJUSTMENTS	172,988.48
COVERED CHARGES	12,059,393.10	CONTRACTUAL ALLOW	8,914,558.15
NON-COVERED CHARGES	12,835.07	TOTAL MEDICAID LIAB	3,144,834.95
		LESS: COB	43,051.33
		LESS: COPAYMENT	262.50
		ADD: ADDON PYMT	50,000.00
		REIMBURSEMENT	3,151,521.12

TOTAL NUMBER OF ADMISSIONS 388

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,320		0	915,575.00		0.00
ROUTINE NURSERY	90		0	69,120.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,410		0	984,695.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	239		0	388,832.00		0.00
NICU	8		0	10,736.00		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	247		0	399,568.00		0.00
TOTAL ACCOMODATIONS	1,657		0	1,384,263.00		0.00

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PHOEBE SUMTER MEDICAL CENTER
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 AMERICUS, GA 31719-8645

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PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,204,723.45	0.00	OTHER LAB	39,679.00	0.00
MED/SURG SUPPLY	1,050,221.68	28.07	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,400,454.52	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	200,002.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	635,518.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	131,540.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	68,704.00	0.00	MRI SERVICES	152,413.00	0.00
IV THERAPY	141,951.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	795,033.00	2,059.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	157,323.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	475,371.17	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	277,167.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	585,550.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	227,868.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	31,629.00	0.00	INJECTABLE DRUGS	1,632,574.02	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	31,328.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	20,702.00	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	280.94	4,127.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	719,508.12	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	69,115.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	173,180.00	3,107.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,712.00	0.00			
AUDIOLOGY	25,772.00	0.00			
CARDIOLOGY	137,169.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,667.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	263,974.20	3,514.00			
			TOTAL ANCILLARY	10,675,130.10	12,835.07
			TOTAL ACCOMODATIONS	1,384,263.00	0.00
			TOTAL CHARGES	12,059,393.10	12,835.07

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER 000000019A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,455.12	ADJUSTMENTS	0.00
COVERED CHARGES	24,455.12	CONTRACTUAL ALLOW	12,570.30
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	11,884.82
		LESS: COB	11,884.82
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	1,372.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	1,372.00		0.00
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	2		0	1,372.00		0.00

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 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

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PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

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PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,690.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	673.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,229.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	311.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,456.00	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	2,637.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,405.00	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	391.00	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	2.24	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	288.00	0.00			
			TOTAL ANCILLARY	23,083.12	0.00
			TOTAL ACCOMODATIONS	1,372.00	0.00
			TOTAL CHARGES	24,455.12	0.00

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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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PHOEBE SUMTER MEDICAL CENTER
126 US HWY 280 W
AMERICUS, GA 31719-8645

PROVIDER NUMBER
000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 11,585,749.30
COVERED CHARGES 10,727,894.28
NON-COVERD CHARGES 857,855.02

-----PAYMENTS-----
ADJUSTMENTS 479,093.27
CONTRACTUAL ALLOW 8,880,706.97
TOTAL MEDICAID LIAB 1,847,187.31
LESS: COB 448.30
LESS: COPAYMENT 4,224.71
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,842,514.30
ALL OTHER 1,445,428.71
FEE SCHEDULE-LAB 134,832.20
INJECTABLE DRUGS 262,253.39

TOTAL NUMBER OF CLAIMS 3,516

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

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PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

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PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	484,241.90	1,298.25	OTHER LAB	56,401.32	0.00
MED/SURG SUPPLY	532,175.38	63.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	49.00
RADIOLOGY-DIAGNOSTIC	270,064.00	13,564.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,202,363.00	58,101.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	96,240.00	10,502.00	FEE SCHEDULE LAB	1,261,790.54	93,809.00
EKG/ECG	94,188.00	7,684.00	MRI SERVICES	109,677.00	6,458.00
IV THERAPY	881,777.00	135,028.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	704,442.43	102,407.57	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	16,688.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,206.31	18,408.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	232,214.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,078,267.50	20,979.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	401,745.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,367,856.20	286,173.00
RADIOLOGY THERAPEUTIC	191,361.00	2,640.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,264.00	2,739.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,548.00	3,045.00	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	25,218.00	8,008.70	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	91,798.48	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	139,539.00	12,388.00	NO CC/INVALID REV CODE	0.00	6,435.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	43,664.00	4,910.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	106,376.00	9,804.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	111,892.00	22,886.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	72,184.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	126,712.22	30,475.00			
			TOTAL ANCILLARY	10,727,894.28	857,855.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,727,894.28	857,855.02

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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 SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER
 000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	2,637.25	3,291.75	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,570.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,574.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,039.00	6,423.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,128.26	943.00
EKG/ECG	1,781.00	0.00	MRI SERVICES	0.00	4,000.00
IV THERAPY	5,302.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	9,774.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	596.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,700.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,458.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,939.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,492.24	8,237.00
RADIOLOGY THERAPEUTIC	1,926.00	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	652.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	782.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,232.00	0.00	NO CC/INVALID REV CODE	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	2,688.00			
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	64,809.71	35,356.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	64,809.71	35,356.75

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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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PHOEBE SUMTER MEDICAL CENTER
126 US HWY 280 W
AMERICUS, GA 31719-8645

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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,219.60	ADJUSTMENTS	153.64
COVERED CHARGES	105,589.60	CONTRACTUAL ALLOW	98,384.16
NON-COVERD CHARGES	3,630.00	TOTAL MEDICAID LIAB	7,205.44
		LESS: COB	0.00
		LESS: COPAYMENT	132.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,073.44

TOTAL NUMBER OF CLAIMS 92

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 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

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 126 US HWY 280 W
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 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	3,405.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,619.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,014.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,376.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,209.00	238.00
EKG/ECG	1,130.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,518.00	626.00	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	42,067.00	479.00	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	6,749.00	1,274.00
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	228.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	785.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,502.00	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	105,589.60	3,630.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	105,589.60	3,630.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:42:29
Page: 12

PHOEBE SUMTER MEDICAL CENTER
126 US HWY 280 W
AMERICUS, GA 31719-8645

PROVIDER NUMBER
000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,894.39	ADJUSTMENTS	0.00
COVERED CHARGES	5,894.39	CONTRACTUAL ALLOW	5,813.07
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	81.32
		LESS: COB	78.32
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER
 000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	117.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	461.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,374.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,171.00	0.00
EKG/ECG	226.00	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	1,468.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	77.00	0.00			
			TOTAL ANCILLARY	5,894.39	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,894.39	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:42:30
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PHOEBE SUMTER MEDICAL CENTER
126 US HWY 280 W
AMERICUS, GA 31719-8645

PROVIDER NUMBER
000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,183,499.32	ADJUSTMENTS	104,307.80
COVERED CHARGES	3,100,315.38	CONTRACTUAL ALLOW	2,627,900.17
NON-COVERED CHARGES	83,183.94	TOTAL MEDICAID LIAB	472,415.21
		LESS: COB	0.00
		LESS: COPAYMENT	330.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	472,085.21

TOTAL NUMBER OF CLAIMS 86

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER
 000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	103,980.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	194,385.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,123.00	2,305.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,479.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,481.00	5,480.00	FEE SCHEDULE LAB	54,773.00	5,397.00
EKG/ECG	3,390.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	48,515.00	18,042.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	238,555.00	32,699.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	210.00	164.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	99,931.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	734.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	87,275.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,749,860.40	9,939.00
RADIOLOGY THERAPEUTIC	87,786.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,760.00	3,207.00	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	900.00	236.94	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	385,568.07	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,720.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,713.00	2,482.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	2,688.00			
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	16,175.91	544.00			
			TOTAL ANCILLARY	3,100,315.38	83,183.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,100,315.38	83,183.94

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE SUMTER MEDICAL CENTER
126 US HWY 280 W
AMERICUS, GA 31719-8645

PROVIDER NUMBER
000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,135.94	ADJUSTMENTS	0.00
COVERED CHARGES	36,067.19	CONTRACTUAL ALLOW	30,573.99
NON-COVERD CHARGES	1,068.75	TOTAL MEDICAID LIAB	5,493.20
		LESS: COB	5,490.20
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE SUMTER MEDICAL CENTER
 126 US HWY 280 W
 AMERICUS, GA 31719-8645

PROVIDER NUMBER
 000000019A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	179.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8.19	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	605.00	136.00
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	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	33,255.00	0.00
RADIOLOGY THERAPEUTIC	1,655.00	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	160.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	593.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	544.00	0.00	NO CC/INVALID REV CODE	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	36,067.19	1,068.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,067.19	1,068.75

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:59:59
 Page: 1

APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY,GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,484,267.19	ADJUSTMENTS	0.00
COVERED CHARGES	1,470,574.09	CONTRACTUAL ALLOW	693,322.88
NON-COVERD CHARGES	13,693.10	TOTAL MEDICAID LIAB	777,251.21
		LESS: COB	12,562.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	764,688.71

TOTAL NUMBER OF ADMISSIONS 129

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	830		0	473,395.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	830		0	473,395.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	43		0	48,749.00		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	43		0	48,749.00		0.00
TOTAL ACCOMODATIONS	873		0	522,144.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:59:59
 Page: 2

APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	259,398.35	0.00	OTHER LAB	539.00	0.00
MED/SURG SUPPLY	34,363.96	143.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	177,566.31	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,985.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	57,603.00	5,700.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,651.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	23,095.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	109,369.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,400.00	4,958.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	48,123.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,597.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	80,672.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,203.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	98,365.05	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,017.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,374.00	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	1,224.42	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,707.00	0.00	NO CC/INVALID REV CODE	0.00	1,578.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,734.00	1,314.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,330.00	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	1,113.00	0.00			
			TOTAL ANCILLARY	948,430.09	13,693.10
			TOTAL ACCOMODATIONS	522,144.00	0.00
			TOTAL CHARGES	1,470,574.09	13,693.10

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY,GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,642,504.72	ADJUSTMENTS	71,277.61
COVERED CHARGES	1,406,565.67	CONTRACTUAL ALLOW	879,581.72
NON-COVERD CHARGES	235,939.05	TOTAL MEDICAID LIAB	526,983.95
		LESS: COB	430.11
		LESS: COPAYMENT	1,050.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	525,503.84
		ALL OTHER	480,032.14
		FEE SCHEDULE-LAB	40,087.98
		INJECTABLE DRUGS	5,383.72
		TOTAL NUMBER OF CLAIMS	963

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	37,404.40	2,410.23	OTHER LAB	5,555.00	0.00
MED/SURG SUPPLY	53,685.90	7.52	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,125.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	58,708.00	27,050.00	OTHER THERAPEUTIC SVC	0.00	119.00
CT SCAN	205,544.00	32,769.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,604.00	5,341.00	FEE SCHEDULE LAB	199,855.00	26,706.00
EKG/ECG	25,885.00	155.00	MRI SERVICES	67,023.00	6,882.00
IV THERAPY	92,812.00	4,778.64	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	125,704.26	84,790.74	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	29,366.00	4,661.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,654.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,650.00	1,000.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	288,481.00	3,866.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	41,641.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	30,248.11	8,665.64
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,709.00	219.00	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	370.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	34,531.00	12,836.00	IMPL DEV CHARGE PATIENTS	0.00	169.28
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,742.00	1,109.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,578.00	1,314.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,537.00	7,666.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	17,756.00	1,814.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	836.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	23,056.00	115.00			
			TOTAL ANCILLARY	1,406,565.67	235,939.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,406,565.67	235,939.05

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,567.19	ADJUSTMENTS	0.00
COVERED CHARGES	2,274.15	CONTRACTUAL ALLOW	1,355.29
NON-COVERD CHARGES	4,293.04	TOTAL MEDICAID LIAB	918.86
		LESS: COB	911.89
		LESS: COPAYMENT	6.97
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	245.58	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	447.57	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	338.00	338.00	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	205.00	16.00
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	3,826.00	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	140.00	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	898.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	113.04
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,274.15	4,293.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,274.15	4,293.04

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,240.82	ADJUSTMENTS	156.64
COVERED CHARGES	57,420.05	CONTRACTUAL ALLOW	52,485.89
NON-COVERED CHARGES	2,820.77	TOTAL MEDICAID LIAB	4,934.16
		LESS: COB	0.00
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,844.16

TOTAL NUMBER OF CLAIMS 63

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	438.44	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	716.17	50.45	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,238.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,655.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,023.00	404.00
EKG/ECG	775.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,922.00	120.00	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	1,916.00	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	31,853.00	274.00	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	883.44	1,972.32
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	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	57,420.05	2,820.77
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	57,420.05	2,820.77

Report : CLM-0810-0
Process : CLMJO800
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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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,417.79	ADJUSTMENTS	0.00
COVERED CHARGES	1,401.79	CONTRACTUAL ALLOW	1,323.47
NON-COVERD CHARGES	16.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	75.32
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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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APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	539.00	0.00
MED/SURG SUPPLY	48.79	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	266.00	16.00
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	548.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,401.79	16.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,401.79	16.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,201.98	ADJUSTMENTS	0.00
COVERED CHARGES	37,081.98	CONTRACTUAL ALLOW	31,857.09
NON-COVERD CHARGES	120.00	TOTAL MEDICAID LIAB	5,224.89
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,224.89

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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APPLING HOSPITAL
 163 E TOLLISON ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	626.08	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	971.06	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	687.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,099.00	120.00	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	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	26,698.84	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	37,081.98	120.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,081.98	120.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:00:05
Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

APPLING HOSPITAL
163 E TOLLISON ST
BAXLEY, GA 31513-0120

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,025.08	ADJUSTMENTS	0.00
COVERED CHARGES	19,473.08	CONTRACTUAL ALLOW	14,248.19
NON-COVERD CHARGES	1,552.00	TOTAL MEDICAID LIAB	5,224.89
		LESS: COB	5,224.89
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:00:05
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

APPLING HOSPITAL
 163 E TOLLISON ST
 BAXLEY, GA 31513-0120

PROVIDER NUMBER
 000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	22.36	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	31.83	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	1,135.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	524.00	16.00
EKG/ECG	155.00	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	1,302.00	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	17,437.89	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	401.00			
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	19,473.08	1,552.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,473.08	1,552.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:12
 Page: 1

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,691,540.36	ADJUSTMENTS	2,662,787.97
COVERED CHARGES	38,637,832.36	CONTRACTUAL ALLOW	27,721,571.06
NON-COVERED CHARGES	53,708.00	TOTAL MEDICAID LIAB	10,916,261.30
		LESS: COB	215,916.85
		LESS: COPAYMENT	850.00
		ADD: ADDON PYMT	1,260.00
		REIMBURSEMENT	10,700,754.45

TOTAL NUMBER OF ADMISSIONS 1,230

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7,928		0	9,353,697.00		0.00
ROUTINE NURSERY	49		0	40,003.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,977		0	9,393,700.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	827		0	1,608,227.00		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	827		0	1,608,227.00		0.00
TOTAL ACCOMODATIONS	8,804		0	11,001,927.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:12
 Page: 2

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE, GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	6,216,680.21	0.00	OTHER LAB	56,603.00	0.00
MED/SURG SUPPLY	2,565,922.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,913,853.00	1,135.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	577,186.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,561,196.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	243,096.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	78,420.00	0.00	MRI SERVICES	287,626.01	0.00
IV THERAPY	262,954.00	179.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,535,950.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	59,047.00	97.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,061,044.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	156,332.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	101,563.00	2,057.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,503,497.00	2,427.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	183,177.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	109,203.00	0.00	INJECTABLE DRUGS	3,849.00	5.00
RADIOLOGY THERAPEUTIC	100,203.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	186,522.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	83,150.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	221,522.00	21,958.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	94.00	14,203.00	TRAUMA RESPONSE	0.00	2,232.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,644,923.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	132,003.00	5,280.00	NO CC/INVALID REV CODE	0.00	2,286.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	423,963.00	663.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	40,067.00	550.00			
AUDIOLOGY	14,040.00	0.00			
CARDIOLOGY	1,199,151.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	20,689.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	92,380.00	636.00			
			TOTAL ANCILLARY	27,635,905.36	53,708.00
			TOTAL ACCOMODATIONS	11,001,927.00	0.00
			TOTAL CHARGES	38,637,832.36	53,708.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:20
 Page: 4

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,404.00	ADJUSTMENTS	0.00
COVERED CHARGES	3,404.00	CONTRACTUAL ALLOW	1,620.91
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	1,783.09
		LESS: COB	1,783.09
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	0		0	0.00		0.00
ROUTINE NURSERY	2		0	1,394.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	1,394.00		0.00
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	2		0	1,394.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:20
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JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE, GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	92.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	531.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	232.00	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	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	375.00	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	94.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	585.00	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	101.00	0.00			
			TOTAL ANCILLARY	2,010.00	0.00
			TOTAL ACCOMODATIONS	1,394.00	0.00
			TOTAL CHARGES	3,404.00	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:22
Page: 6

JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,373,863.59	ADJUSTMENTS	850,186.95
COVERED CHARGES	14,934,824.46	CONTRACTUAL ALLOW	11,596,744.74
NON-COVERD CHARGES	1,439,039.13	TOTAL MEDICAID LIAB	3,338,079.72
		LESS: COB	1,003.17
		LESS: COPAYMENT	7,710.57
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,329,365.98
		ALL OTHER	2,689,713.76
		FEE SCHEDULE-LAB	261,873.53
		INJECTABLE DRUGS	377,778.69
		TOTAL NUMBER OF CLAIMS	7,977

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:22
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JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE, GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	314,677.75	15,424.08	OTHER LAB	74,141.00	0.00
MED/SURG SUPPLY	699,759.00	1,818.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4,606.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	369,654.00	16,903.00	OTHER THERAPEUTIC SVC	1,314.00	438.00
CT SCAN	1,526,291.00	82,921.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	84,737.00	11,692.00	FEE SCHEDULE LAB	2,212,630.00	191,222.00
EKG/ECG	77,984.00	0.00	MRI SERVICES	537,085.00	10,695.00
IV THERAPY	749,204.25	41,390.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,032,822.69	204,229.31	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	17,274.00	0.00	REHAB THERAPY	0.00	3,280.00
RESPIRATORY SERVICES	131,972.00	36,861.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	107,306.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	208,183.13	21,977.87	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,414,890.50	4,383.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	184,338.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	6,288.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,656,855.89	523,506.87
RADIOLOGY THERAPEUTIC	1,092,759.00	125,587.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,579.00	2,263.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,145.00	1,364.00	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	309,228.00	9,777.00	TRAUMA RESPONSE	0.00	12,122.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	105,594.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	365,682.00	8,366.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	69,664.00	17,351.00			
ONCOLOGY	16,556.25	0.00			
NUCLEAR MEDICINE	347,754.00	20,070.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	653,717.00	44,513.00			
AMBULATORY SURGERY	659.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	219,742.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	334,626.00	19,991.00			
			TOTAL ANCILLARY	14,934,824.46	1,439,039.13
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,934,824.46	1,439,039.13

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:39
Page: 8

JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,203.11	ADJUSTMENTS	0.00
COVERED CHARGES	64,212.26	CONTRACTUAL ALLOW	58,082.27
NON-COVERD CHARGES	5,990.85	TOTAL MEDICAID LIAB	6,129.99

LESS: COB	6,112.28
LESS: COPAYMENT	17.71
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 42

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,289.06	5.05	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,414.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,912.00	2,039.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,377.00	1,726.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,319.00	420.00
EKG/ECG	212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,854.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,960.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	395.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	101.00	211.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	380.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,526.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,075.00	463.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,029.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,842.20	299.80
RADIOLOGY THERAPEUTIC	5,656.00	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	796.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	706.00	827.00	NO CC/INVALID REV CODE	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	3,353.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,016.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	64,212.26	5,990.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	64,212.26	5,990.85

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:41
Page: 10

JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	264,312.00	ADJUSTMENTS	545.24
COVERED CHARGES	241,861.00	CONTRACTUAL ALLOW	225,335.48
NON-COVERD CHARGES	22,451.00	TOTAL MEDICAID LIAB	16,525.52
		LESS: COB	0.00
		LESS: COPAYMENT	159.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,366.52

TOTAL NUMBER OF CLAIMS 211

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:41
 Page: 11

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE, GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	8,047.00	25.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	16,804.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	141.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,196.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,981.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	50,310.00	2,747.00
EKG/ECG	1,060.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,000.00	495.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	11,981.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,200.00	520.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	961.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	4,995.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	105,395.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,070.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,732.00	1,547.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,473.00	0.00	NO CC/INVALID REV CODE	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	2,632.00	0.00			
			TOTAL ANCILLARY	241,861.00	22,451.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	241,861.00	22,451.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:27:43
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JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,314,067.40	ADJUSTMENTS	609,459.92
COVERED CHARGES	7,511,706.72	CONTRACTUAL ALLOW	6,256,484.35
NON-COVERD CHARGES	802,360.68	TOTAL MEDICAID LIAB	1,255,222.37
		LESS: COB	0.00
		LESS: COPAYMENT	381.54
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,254,840.83

TOTAL NUMBER OF CLAIMS 233

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE, GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	102,702.00	781.00	OTHER LAB	1,748.00	0.00
MED/SURG SUPPLY	516,375.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	47.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	35,917.00	53,484.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,087.00	7,778.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	648.00	5,802.00	FEE SCHEDULE LAB	126,988.00	18,984.00
EKG/ECG	5,300.00	212.00	MRI SERVICES	7,795.00	3,216.00
IV THERAPY	152,387.00	17,420.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	897,121.40	180,538.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,901.00	2,275.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	36,553.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,062.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	80,310.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,010,544.32	384,870.08
RADIOLOGY THERAPEUTIC	310,031.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	432.00	1,070.00	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	17,122.00	402.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	701,250.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,293.00	1,464.00	NO CC/INVALID REV CODE	138.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,587.00	504.00			
ONCOLOGY	2,516.00	0.00			
NUCLEAR MEDICINE	14,705.00	4,836.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	391,807.00	115,620.00			
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	34,387.00	3,057.00			
			TOTAL ANCILLARY	7,511,706.72	802,360.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,511,706.72	802,360.68

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

JOHN D ARCHBOLD MEMORIAL HOSPITAL
915 GORDON AVE
THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	120,563.00	ADJUSTMENTS	0.00
COVERED CHARGES	69,331.00	CONTRACTUAL ALLOW	63,939.53
NON-COVERD CHARGES	51,232.00	TOTAL MEDICAID LIAB	5,391.47
		LESS: COB	5,391.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:46
 Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

JOHN D ARCHBOLD MEMORIAL HOSPITAL
 915 GORDON AVE
 THOMASVILLE,GA 31792-6614

PROVIDER NUMBER
 000000063A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	32.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	892.00	684.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	243.00	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	239.00	41.00
EKG/ECG	106.00	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	413.00	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	343.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	31.00	110.00
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	IMPL DEV CHARGE PATIENTS	67,032.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	50,397.00			
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	69,331.00	51,232.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,331.00	51,232.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:42:51
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PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	80,185,310.88	ADJUSTMENTS	1,398,911.43
COVERED CHARGES	79,616,446.09	CONTRACTUAL ALLOW	63,086,243.53
NON-COVERED CHARGES	568,864.79	TOTAL MEDICAID LIAB	16,530,202.56
		LESS: COB	140,282.72
		LESS: COPAYMENT	687.50
		ADD: ADDON PYMT	18,207.00
		REIMBURSEMENT	16,407,439.34

TOTAL NUMBER OF ADMISSIONS 1,783

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,009		0	10,671,332.00		0.00
ROUTINE NURSERY	1,321		0	4,159,667.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		56.00
TOTAL ROUTINE	7,330		0	14,830,999.00		56.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,112		0	4,936,340.00		0.00
NICU	33		0	147,345.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	38		0	180,500.00		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	1,183		0	5,264,185.00		0.00
TOTAL ACCOMODATIONS	8,513		0	20,095,184.00		56.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:42:51
 Page: 2

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,949,178.42	0.00	OTHER LAB	410,930.00	0.00
MED/SURG SUPPLY	2,133,656.56	314.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,183,120.30	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	879,055.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,410,709.00	78,818.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	226,593.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	553,068.00	0.00	MRI SERVICES	535,696.00	0.00
IV THERAPY	967,710.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,537,368.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,100,452.00	5,924.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,664,485.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	426,316.00	0.00	AMBULANCE	0.00	2,992.29
GI SERVICES	659,934.00	3,485.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,079,487.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	573,258.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	669,620.00	0.00	INJECTABLE DRUGS	687.32	0.00
RADIOLOGY THERAPEUTIC	96,817.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	170,648.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	146,766.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,005,769.00	89,336.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	50,773.00	0.00	TRAUMA RESPONSE	0.00	181,293.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,175,610.96	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	324,884.50	41,492.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	556,355.00	138,816.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	176,284.00	26,338.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,320,138.20	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	146,435.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	389,457.33	0.00			
			TOTAL ANCILLARY	59,521,262.09	568,808.79
			TOTAL ACCOMODATIONS	20,095,184.00	56.00
			TOTAL CHARGES	79,616,446.09	568,864.79

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:01
 Page: 3

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	350,782.45	ADJUSTMENTS	0.00
COVERED CHARGES	350,782.45	CONTRACTUAL ALLOW	298,917.97
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	51,864.48
		LESS: COB	52,116.48
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	50		0	89,642.00		0.00
ROUTINE NURSERY	8		0	21,224.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	58		0	110,866.00		0.00
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	58		0	110,866.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:01
 Page: 4

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	46,226.10	0.00	OTHER LAB	3,104.00	0.00
MED/SURG SUPPLY	2,950.35	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	35,621.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,740.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,607.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	821.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	381.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,022.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,242.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	42,215.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,658.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,248.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,862.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,122.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,376.00	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	1,885.00	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	375.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,461.00	0.00			
			TOTAL ANCILLARY	239,916.45	0.00
			TOTAL ACCOMODATIONS	110,866.00	0.00
			TOTAL CHARGES	350,782.45	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:43:03
Page: 5

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 30,113,274.79
COVERED CHARGES 25,288,278.37
NON-COVERED CHARGES 4,824,996.42

-----PAYMENTS-----
ADJUSTMENTS 369,062.50
CONTRACTUAL ALLOW 21,801,492.82
TOTAL MEDICAID LIAB 3,486,785.55
LESS: COB 4,232.92
LESS: COPAYMENT 8,806.61
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,473,746.02
ALL OTHER 3,054,673.39
FEE SCHEDULE-LAB 313,467.09
INJECTABLE DRUGS 105,605.54

TOTAL NUMBER OF CLAIMS 8,818

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:03
 Page: 6

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	618,541.09	12,597.47	OTHER LAB	262,378.00	776.00
MED/SURG SUPPLY	603,692.58	64,719.55	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	99.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	977,769.03	12,623.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,035,239.03	526,753.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	126,246.00	30,334.00	FEE SCHEDULE LAB	3,785,809.90	407,866.98
EKG/ECG	359,015.00	8,763.00	MRI SERVICES	692,687.00	94,275.00
IV THERAPY	919,594.00	120,522.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,079,561.83	507,876.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	204,252.00	134,692.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	221,847.00	6,424.00	AMBULANCE	0.00	0.00
GI SERVICES	237,697.00	102,162.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,485,428.00	16,945.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	407,873.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	880,427.61	752,179.73
RADIOLOGY THERAPEUTIC	281,694.00	103,146.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	19,025.00	6,287.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,375.00	15,433.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	52,212.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	10,605.00	TRAUMA RESPONSE	0.00	155,394.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	162,128.93	418,814.52
LITHOTRIPSY	23,843.00	10,050.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,292,749.00	80,536.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	139,993.00	97,907.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	216,225.00	588,405.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	325,382.00	331,040.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	193,908.00	149,062.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	727,897.37	6,497.00			
			TOTAL ANCILLARY	25,288,278.37	4,824,996.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,288,278.37	4,824,996.42

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:43:20
Page: 7

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	589,863.98	ADJUSTMENTS	0.00
COVERED CHARGES	341,707.50	CONTRACTUAL ALLOW	301,224.49
NON-COVERD CHARGES	248,156.48	TOTAL MEDICAID LIAB	40,483.01
		LESS: COB	40,402.01
		LESS: COPAYMENT	81.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	107

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:43:21
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PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	533,032.12	ADJUSTMENTS	128.26
COVERED CHARGES	509,823.02	CONTRACTUAL ALLOW	493,913.21
NON-COVERD CHARGES	23,209.10	TOTAL MEDICAID LIAB	15,909.81
		LESS: COB	0.00
		LESS: COPAYMENT	360.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,549.81

TOTAL NUMBER OF CLAIMS 237

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:21
 Page: 10

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,701.87	83.20	OTHER LAB	905.00	0.00
MED/SURG SUPPLY	61.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	32,219.00	2,316.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,660.00	3,277.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	81,014.00	2,323.00
EKG/ECG	3,048.00	0.00	MRI SERVICES	1,970.00	0.00
IV THERAPY	17,480.00	1,757.00	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	1,185.00	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	300,587.00	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	26,115.15	9,875.90
RADIOLOGY THERAPEUTIC	253.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,871.00	3,577.00	NO CC/INVALID REV CODE	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	3,753.00	0.00			
			TOTAL ANCILLARY	509,823.02	23,209.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	509,823.02	23,209.10

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:43:23
Page: 11

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,080.90	ADJUSTMENTS	0.00
COVERED CHARGES	16,066.90	CONTRACTUAL ALLOW	15,462.73
NON-COVERD CHARGES	2,014.00	TOTAL MEDICAID LIAB	604.17
		LESS: COB	601.17
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 9

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:43:23
 Page: 12

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS, GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	262.90	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	1,338.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,974.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,214.00	40.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	582.00	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	11,670.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	16,066.90	2,014.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,066.90	2,014.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:43:25
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PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,390,523.47	ADJUSTMENTS	22,878.16
COVERED CHARGES	1,924,385.19	CONTRACTUAL ALLOW	1,719,052.98
NON-COVERD CHARGES	466,138.28	TOTAL MEDICAID LIAB	205,332.21
		LESS: COB	0.00
		LESS: COPAYMENT	237.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	205,095.21

TOTAL NUMBER OF CLAIMS 36

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
1199 PRINCE AVE
ATHENS, GA 30606-2797

PROVIDER NUMBER
000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	65,159.14	ADJUSTMENTS	0.00
COVERED CHARGES	40,432.21	CONTRACTUAL ALLOW	34,715.58
NON-COVERD CHARGES	24,726.93	TOTAL MEDICAID LIAB	5,716.63
		LESS: COB	5,716.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:27
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT ATHENS REGIONAL MEDICAL CENTER, INC.
 1199 PRINCE AVE
 ATHENS,GA 30606-2797

PROVIDER NUMBER
 000000074A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	705.06	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	429.38	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	697.00	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	21,663.00	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	1,186.00	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	1,978.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	130.33	482.13
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	35,306.44	2,581.80
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	40,432.21	24,726.93
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	40,432.21	24,726.93

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:27
 Page: 1

BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER 000000118A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,384,641.23	ADJUSTMENTS	0.00
COVERED CHARGES	2,346,606.13	CONTRACTUAL ALLOW	1,703,539.84
NON-COVERED CHARGES	38,035.10	TOTAL MEDICAID LIAB	643,066.29
		LESS: COB	34,246.74
		LESS: COPAYMENT	137.50
		ADD: ADDON PYMT	16,000.00
		REIMBURSEMENT	624,682.05

TOTAL NUMBER OF ADMISSIONS 131

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	306		0	507,952.00		0.00
ROUTINE NURSERY	35		0	37,280.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	341		0	545,232.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	86		0	191,970.00		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	86		0	191,970.00		0.00
TOTAL ACCOMODATIONS	427		0	737,202.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:27
 Page: 2

BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	191,188.68	0.00	OTHER LAB	9,758.00	0.00
MED/SURG SUPPLY	181,948.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	420,402.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	52,901.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	78,374.00	26,481.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,474.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	22,199.00	0.00	MRI SERVICES	15,624.00	0.00
IV THERAPY	6,827.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	65,234.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	41,274.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	139,068.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,428.00	0.00	AMBULANCE	0.00	8,160.00
GI SERVICES	3,992.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	102,571.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,436.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,031.10
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	175,880.73	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,009.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,540.00	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	929.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,373.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	15,313.00	2,363.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	5,926.00	0.00			
CARDIOLOGY	1,140.00	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	35,594.00	0.00			
			TOTAL ANCILLARY	1,609,404.13	38,035.10
			TOTAL ACCOMODATIONS	737,202.00	0.00
			TOTAL CHARGES	2,346,606.13	38,035.10

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:28
Page: 3

BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER
000000118A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:28
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BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER
000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,060,465.73	ADJUSTMENTS	80,298.55
COVERED CHARGES	1,978,137.26	CONTRACTUAL ALLOW	1,525,677.29
NON-COVERD CHARGES	82,328.47	TOTAL MEDICAID LIAB	452,459.97
		LESS: COB	95.78
		LESS: COPAYMENT	1,344.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	451,020.19
		ALL OTHER	403,069.86
		FEE SCHEDULE-LAB	45,097.44
		INJECTABLE DRUGS	2,852.89
		TOTAL NUMBER OF CLAIMS	1,211

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:28
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BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	72,526.83	0.00	OTHER LAB	33,083.00	1,175.00
MED/SURG SUPPLY	103,721.24	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	109,354.00	3,832.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	244,858.75	8,405.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	50,184.00	5,763.00	FEE SCHEDULE LAB	482,011.00	5,824.00
EKG/ECG	35,005.78	1,303.00	MRI SERVICES	41,945.00	0.00
IV THERAPY	90,676.00	724.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	100,907.00	2,687.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,245.32	3,624.36	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	41,184.00	1,003.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	285,702.00	1,915.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,854.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	61,101.16	11,880.11
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,323.00	225.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,244.00	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	33,205.68	32,728.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,996.00	1,240.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	405.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	25,965.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,850.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	40,324.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	46,465.00	0.00			
			TOTAL ANCILLARY	1,978,137.26	82,328.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,978,137.26	82,328.47

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:32
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BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER 000000118A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,085.57	ADJUSTMENTS	0.00
COVERED CHARGES	21,469.69	CONTRACTUAL ALLOW	16,256.76
NON-COVERD CHARGES	7,615.88	TOTAL MEDICAID LIAB	5,212.93
		LESS: COB	5,197.93
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 15

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,228.61	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,700.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,158.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,062.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,014.00	241.00
EKG/ECG	0.00	0.00	MRI SERVICES	4,885.00	0.00
IV THERAPY	374.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,149.00	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	2,000.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,940.00	229.00	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	1,536.08	33.88
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	901.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	634.00	0.00	NO CC/INVALID REV CODE	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	21,469.69	7,615.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,469.69	7,615.88

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER
000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	135,716.84	ADJUSTMENTS	548.00
COVERED CHARGES	132,662.15	CONTRACTUAL ALLOW	122,074.71
NON-COVERD CHARGES	3,054.69	TOTAL MEDICAID LIAB	10,587.44
		LESS: COB	0.00
		LESS: COPAYMENT	270.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,317.44

TOTAL NUMBER OF CLAIMS 156

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,525.86	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,130.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,333.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,202.00	1,573.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	33,316.00	826.00
EKG/ECG	2,059.00	191.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,502.00	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	920.00	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	52,685.00	98.00	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	7,114.29	366.69
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	875.00	0.00	NO CC/INVALID REV CODE	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	132,662.15	3,054.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	132,662.15	3,054.69

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER
000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,857.89	ADJUSTMENTS	0.00
COVERED CHARGES	16,044.51	CONTRACTUAL ALLOW	15,974.51
NON-COVERD CHARGES	5,813.38	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	653.05	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,313.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	440.00	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	52.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	3,224.00	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	2,500.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	184.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	600.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	282.46	37.38
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	12,572.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	16,044.51	5,813.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,044.51	5,813.38

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER 000000118A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	206,467.47	ADJUSTMENTS	0.00
COVERED CHARGES	201,910.43	CONTRACTUAL ALLOW	176,756.98
NON-COVERD CHARGES	4,557.04	TOTAL MEDICAID LIAB	25,153.45
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	25,141.45

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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BACON COUNTY HOSPITAL
 302 S WAYNE ST
 ALMA, GA 31510-2922

PROVIDER NUMBER
 000000118A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,525.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,086.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	454.00	1,802.00	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	117.00	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	32,465.00	2,149.00	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,454.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,362.94	606.04
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	143,445.44	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	201,910.43	4,557.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	201,910.43	4,557.04

Report : CLM-0814-0
Process : CLMJO800
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

BACON COUNTY HOSPITAL
302 S WAYNE ST
ALMA, GA 31510-2922

PROVIDER NUMBER
000000118A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:35:09
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NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER 000000129A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,335,809.72	ADJUSTMENTS	147,385.99
COVERED CHARGES	6,262,437.30	CONTRACTUAL ALLOW	4,119,383.72
NON-COVERED CHARGES	73,372.42	TOTAL MEDICAID LIAB	2,143,053.58
		LESS: COB	78,059.91
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	1,134.00
		REIMBURSEMENT	2,066,115.17

TOTAL NUMBER OF ADMISSIONS 255

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	592		0	503,948.00		0.00
ROUTINE NURSERY	41		0	42,879.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	633		0	546,827.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	505		0	1,062,844.00		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	505		0	1,062,844.00		0.00
TOTAL ACCOMODATIONS	1,138		0	1,609,671.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:35:09
 Page: 2

NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	530,018.09	5,320.01	OTHER LAB	48,282.46	505.50
MED/SURG SUPPLY	242,730.92	285.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,169,057.70	9,682.42	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	78,218.60	254.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	446,526.36	829.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	34,435.18	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	26,352.00	244.00	MRI SERVICES	21,856.92	0.00
IV THERAPY	84,788.09	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	165,057.17	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,420.56	2,933.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	270,881.34	80.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	31,676.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	306,135.72	4,337.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	22,145.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,987.66	0.00	INJECTABLE DRUGS	821,999.96	19,368.22
RADIOLOGY THERAPEUTIC	7,415.90	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	16,035.44	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,578.65	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	22,140.00	3,690.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	548.00	1,526.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	30,151.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	23,350.13	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	46,831.14	24,318.27			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	16,894.51	0.00			
AUDIOLOGY	1,387.68	0.00			
CARDIOLOGY	139,585.52	0.00			
AMBULATORY SURGERY	1,090.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	630.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,558.00	0.00			
			TOTAL ANCILLARY	4,652,766.30	73,372.42
			TOTAL ACCOMODATIONS	1,609,671.00	0.00
			TOTAL CHARGES	6,262,437.30	73,372.42

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:35:14
Page: 3

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:35:14
Page: 4

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,308,386.66	ADJUSTMENTS	130,871.28
COVERED CHARGES	4,796,075.35	CONTRACTUAL ALLOW	3,650,357.13
NON-COVERD CHARGES	512,311.31	TOTAL MEDICAID LIAB	1,145,718.22
		LESS: COB	2,858.06
		LESS: COPAYMENT	765.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,142,095.16
		ALL OTHER	954,185.21
		FEE SCHEDULE-LAB	146,157.23
		INJECTABLE DRUGS	41,752.72
		TOTAL NUMBER OF CLAIMS	2,759

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:35:14
 Page: 5

NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	100,795.60	1,938.45	OTHER LAB	26,013.82	300.00
MED/SURG SUPPLY	111,487.29	1,558.80	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	167,006.39	1,326.21	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	791,584.88	61,748.34	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	53,348.96	5,995.54	FEE SCHEDULE LAB	946,082.93	55,535.01
EKG/ECG	39,528.00	976.00	MRI SERVICES	111,175.14	3,743.79
IV THERAPY	199,795.87	33,327.85	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	177,476.51	4,527.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,933.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,842.63	2,529.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	310.10	0.00	AMBULANCE	0.00	0.00
GI SERVICES	139,612.00	6,830.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,185,766.88	10,509.46	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,802.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	172,720.73	45,276.41
RADIOLOGY THERAPEUTIC	125,903.43	226,508.62	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,944.87	4,451.35	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,981.36	328.85	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	615.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,962.00	2,700.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	38,105.89	0.00
LITHOTRIPSY	20,051.16	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	92,329.52	8,359.81	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,876.38	6,208.92			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	44,523.00	19,127.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	49,536.84	6,136.40			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	43,701.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	68,877.17	1,753.00			
			TOTAL ANCILLARY	4,796,075.35	512,311.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,796,075.35	512,311.31

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:35:26
 Page: 7

NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	541.35	157.92	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	215.69	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	335.00	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	4,386.66	168.96
EKG/ECG	244.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	483.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,300.00	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	2,030.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,749.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	462.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	253.37	96.60
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	80.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,334.27
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	711.02	853.06	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,100.00	240.00			
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	18,781.09	4,960.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,781.09	4,960.81

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:35:26
Page: 8

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	198,019.11	ADJUSTMENTS	0.00
COVERED CHARGES	192,510.24	CONTRACTUAL ALLOW	176,063.04
NON-COVERD CHARGES	5,508.87	TOTAL MEDICAID LIAB	16,447.20
		LESS: COB	0.00
		LESS: COPAYMENT	99.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,348.20
		TOTAL NUMBER OF CLAIMS	210

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:35:26
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NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	482.64	0.00	OTHER LAB	445.00	0.00
MED/SURG SUPPLY	249.00	30.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,807.29	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,073.63	1,138.37	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	27,602.94	1,697.46
EKG/ECG	1,464.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,096.00	375.00	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	80.00	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	120,713.00	1,337.00	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	5,400.72	77.98
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,096.02	853.06	NO CC/INVALID REV CODE	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	192,510.24	5,508.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	192,510.24	5,508.87

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:35:28
Page: 10

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	587.00	ADJUSTMENTS	0.00
COVERED CHARGES	587.00	CONTRACTUAL ALLOW	508.68
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:35:28
 Page: 11

NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	67.00	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	520.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	587.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	587.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:35:28
Page: 12

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,572.14	ADJUSTMENTS	10,198.80
COVERED CHARGES	65,258.04	CONTRACTUAL ALLOW	49,950.84
NON-COVERD CHARGES	2,314.10	TOTAL MEDICAID LIAB	15,307.20
		LESS: COB	0.00
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,301.20

TOTAL NUMBER OF CLAIMS 3

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:35:28
 Page: 13

NAVICENT HEALTH OCONEE
 821 N COBB ST
 MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
 000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	5,968.97	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,059.07	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	152.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	127.74	162.14	FEE SCHEDULE LAB	346.25	27.32
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	9,650.00	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,558.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	934.40	2,052.64
RADIOLOGY THERAPEUTIC	23,626.81	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	72.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	20,834.80	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	65,258.04	2,314.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	65,258.04	2,314.10

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:35:29
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NAVICENT HEALTH OCONEE
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:48
 Page: 1

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 1221 E MCPHERSON AVE
 NASHVILLE, GA 31639-2326

PROVIDER NUMBER
 000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	192,193.25	ADJUSTMENTS	20,333.28
COVERED CHARGES	192,193.25	CONTRACTUAL ALLOW	129,243.92
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	62,949.33
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	62,949.33

TOTAL NUMBER OF ADMISSIONS 9

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	38		0	34,580.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	38		0	34,580.00		0.00
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	38		0	34,580.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:48
 Page: 2

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 1221 E MCPHERSON AVE
 NASHVILLE, GA 31639-2326

PROVIDER NUMBER
 000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	72,271.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	131.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	25,433.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,893.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	38,728.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,826.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	202.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,317.00	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	76.00	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	4,145.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,671.00	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	4,920.00	0.00			
			TOTAL ANCILLARY	157,613.25	0.00
			TOTAL ACCOMODATIONS	34,580.00	0.00
			TOTAL CHARGES	192,193.25	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:49
Page: 3

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:49
Page: 4

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	822,501.69	ADJUSTMENTS	68,242.03
COVERED CHARGES	776,836.69	CONTRACTUAL ALLOW	544,040.76
NON-COVERD CHARGES	45,665.00	TOTAL MEDICAID LIAB	232,795.93
		LESS: COB	131.10
		LESS: COPAYMENT	165.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	232,499.83
		ALL OTHER	213,626.86
		FEE SCHEDULE-LAB	17,432.55
		INJECTABLE DRUGS	1,440.42
		TOTAL NUMBER OF CLAIMS	651

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

Run Date: 09/20/2021
 Run Time: 20:44:49
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 1221 E MCPHERSON AVE
 NASHVILLE, GA 31639-2326

PROVIDER NUMBER
 000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	16,577.50	0.00	OTHER LAB	4,118.00	0.00
MED/SURG SUPPLY	1,356.69	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	45,693.00	3,538.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	212,913.00	8,434.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	139,827.00	8,045.00
EKG/ECG	9,284.00	202.00	MRI SERVICES	0.00	0.00
IV THERAPY	54,262.00	6,276.00	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	618.00	612.00	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	191,661.00	688.00	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	59,714.50	13,287.00
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	1,884.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	23,028.00	1,028.00	NO CC/INVALID REV CODE	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	1,671.00	1,671.00			
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	16,113.00	0.00			
			TOTAL ANCILLARY	776,836.69	45,665.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	776,836.69	45,665.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:53
Page: 6

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,596.00	ADJUSTMENTS	0.00
COVERED CHARGES	5,596.00	CONTRACTUAL ALLOW	3,546.20
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	2,049.80
		LESS: COB	2,049.80
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:53
 Page: 7

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 1221 E MCPHERSON AVE
 NASHVILLE, GA 31639-2326

PROVIDER NUMBER
 000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	222.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,610.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	387.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	125.00	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	1,252.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,596.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,596.00	0.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:53
Page: 8

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,933.61	ADJUSTMENTS	0.00
COVERED CHARGES	52,013.50	CONTRACTUAL ALLOW	45,043.02
NON-COVERD CHARGES	1,920.11	TOTAL MEDICAID LIAB	6,970.48
		LESS: COB	0.00
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,880.48

TOTAL NUMBER OF CLAIMS 89

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:53
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 1221 E MCPHERSON AVE
 NASHVILLE, GA 31639-2326

PROVIDER NUMBER
 000000173A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	423.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	54.11	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,561.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,912.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,181.00	525.00
EKG/ECG	200.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,131.00	125.00	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	34,308.00	86.00	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	1,297.00	1,130.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	52,013.50	1,920.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	52,013.50	1,920.11

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:44:53
Page: 10

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:44:53
Page: 11

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:53
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
1221 E MCPHERSON AVE
NASHVILLE, GA 31639-2326

PROVIDER NUMBER
000000173A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:41
 Page: 1

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER 000000195A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,273.60	ADJUSTMENTS	5,327.68
COVERED CHARGES	17,273.60	CONTRACTUAL ALLOW	597.68
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	16,675.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,675.92

TOTAL NUMBER OF ADMISSIONS 3

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	2,910.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	2,910.00		0.00
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	6		0	2,910.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:41
 Page: 2

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	2,475.50	0.00	OTHER LAB	242.00	0.00
MED/SURG SUPPLY	572.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,447.20	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	139.15	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,915.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	110.00	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	1,491.50	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	2,128.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,584.55	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	257.40	0.00			
			TOTAL ANCILLARY	14,363.60	0.00
			TOTAL ACCOMODATIONS	2,910.00	0.00
			TOTAL CHARGES	17,273.60	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:42
Page: 3

BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN, GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:42
Page: 4

BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN, GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	450,433.19	ADJUSTMENTS	23,778.23
COVERED CHARGES	439,906.14	CONTRACTUAL ALLOW	184,934.18
NON-COVERD CHARGES	10,527.05	TOTAL MEDICAID LIAB	254,971.96
		LESS: COB	375.48
		LESS: COPAYMENT	357.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	254,239.48
		ALL OTHER	231,290.18
		FEE SCHEDULE-LAB	22,035.22
		INJECTABLE DRUGS	914.08
		TOTAL NUMBER OF CLAIMS	559

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:42
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BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	15,108.56	880.00	OTHER LAB	43,680.78	0.00
MED/SURG SUPPLY	8,658.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,704.15	99.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	45,277.90	1,610.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,368.05	0.00	FEE SCHEDULE LAB	146,869.49	3,485.15
EKG/ECG	9,570.00	955.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,826.00	69.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	86.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,312.50	141.90	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	117,525.44	990.50	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	8,900.00	2,124.00
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	172.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	281.25	0.00	NO CC/INVALID REV CODE	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	780.85	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,084.82	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,871.60	0.00			
			TOTAL ANCILLARY	439,906.14	10,527.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	439,906.14	10,527.05

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:43
Page: 6

BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN,GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	619.60	ADJUSTMENTS	0.00
COVERED CHARGES	605.80	CONTRACTUAL ALLOW	526.48
NON-COVERD CHARGES	13.80	TOTAL MEDICAID LIAB	79.32
		LESS: COB	79.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:43
 Page: 7

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	605.80	13.80
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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	605.80	13.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	605.80	13.80

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:43
Page: 8

BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN,GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,627.70	ADJUSTMENTS	67.00
COVERED CHARGES	14,257.10	CONTRACTUAL ALLOW	11,681.79
NON-COVERD CHARGES	370.60	TOTAL MEDICAID LIAB	2,575.31
		LESS: COB	0.00
		LESS: COPAYMENT	60.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,515.31

TOTAL NUMBER OF CLAIMS 37

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:43
 Page: 9

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	585.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	133.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	941.35	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	2,672.75	71.60
EKG/ECG	250.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26.00	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	248.60	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	8,593.50	244.00	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	450.00	55.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	356.40	0.00			
			TOTAL ANCILLARY	14,257.10	370.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,257.10	370.60

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:02:44
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BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN,GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	679.90	ADJUSTMENTS	0.00
COVERED CHARGES	679.90	CONTRACTUAL ALLOW	609.90
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	67.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:02:44
 Page: 11

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN, GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	294.40	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	350.50	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	35.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	679.90	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	679.90	0.00

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

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BLECKLEY MEMORIAL HOSP
 145 E PEACOCK ST
 COCHRAN,GA 31014-7846

PROVIDER NUMBER
 000000195A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	242.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	463.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	264.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,198.60	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,064.80	0.00
EKG/ECG	125.00	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	2,565.93	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	145.00	70.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	8,069.03	70.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,069.03	70.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BLECKLEY MEMORIAL HOSP
145 E PEACOCK ST
COCHRAN,GA 31014-7846

PROVIDER NUMBER
000000195A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:52
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BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER 000000239A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	226,849.00	ADJUSTMENTS	0.00
COVERED CHARGES	226,849.00	CONTRACTUAL ALLOW	148,370.51
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	78,478.49
		LESS: COB	0.00
		LESS: COPAYMENT	125.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	78,353.49

TOTAL NUMBER OF ADMISSIONS 16

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	57		0	49,053.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	57		0	49,053.00		0.00
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	57		0	49,053.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:52
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BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER
 000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	33,832.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,445.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	62,511.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,978.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,849.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,484.00	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	22,102.00	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	18,960.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,587.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,048.00	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	177,796.00	0.00
			TOTAL ACCOMODATIONS	49,053.00	0.00
			TOTAL CHARGES	226,849.00	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:53
Page: 3

BROOKS COUNTY HOSPITAL
903 N COURT ST
QUITMAN, GA 31643-1315

PROVIDER NUMBER
000000239A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:53
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BROOKS COUNTY HOSPITAL
903 N COURT ST
QUITMAN, GA 31643-1315

PROVIDER NUMBER 000000239A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,113,308.00	ADJUSTMENTS	24,119.39
COVERED CHARGES	1,058,143.00	CONTRACTUAL ALLOW	771,447.16
NON-COVERD CHARGES	55,165.00	TOTAL MEDICAID LIAB	286,695.84
		LESS: COB	227.19
		LESS: COPAYMENT	693.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	285,775.65
		ALL OTHER	258,846.28
		FEE SCHEDULE-LAB	25,386.18
		INJECTABLE DRUGS	1,543.19
		TOTAL NUMBER OF CLAIMS	987

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:53
 Page: 5

BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER
 000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	112,486.00	1,796.00	OTHER LAB	2,245.00	0.00
MED/SURG SUPPLY	9,818.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	188.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	104,726.00	364.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	127,983.00	10,390.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	63,372.00	10,332.00	FEE SCHEDULE LAB	245,140.00	16,143.00
EKG/ECG	6,732.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	50,515.00	1,573.00	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	3,102.00	2,220.00	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	254,889.00	1,132.00	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	17,017.00	2,722.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	27,508.00	6,766.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	256.00	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	564.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,722.00	719.00	NO CC/INVALID REV CODE	69.00	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	12,595.00	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	7,224.00	0.00			
			TOTAL ANCILLARY	1,058,143.00	55,165.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,058,143.00	55,165.00

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:55
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BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER
 000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	51.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	88.00	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	428.00	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	1,020.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,587.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,587.00	0.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 9

BROOKS COUNTY HOSPITAL
903 N COURT ST
QUITMAN, GA 31643-1315

PROVIDER NUMBER
000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,141.00	ADJUSTMENTS	0.00
COVERED CHARGES	55,568.00	CONTRACTUAL ALLOW	51,788.00
NON-COVERD CHARGES	573.00	TOTAL MEDICAID LIAB	3,780.00
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,741.00

TOTAL NUMBER OF CLAIMS 54

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:55
 Page: 10

BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER
 000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	554.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	517.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,395.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,105.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,547.00	401.00
EKG/ECG	530.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,777.00	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	27,553.00	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	2,871.00	172.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	719.00	0.00	NO CC/INVALID REV CODE	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	55,568.00	573.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	55,568.00	573.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:02:56
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BROOKS COUNTY HOSPITAL
903 N COURT ST
QUITMAN, GA 31643-1315

PROVIDER NUMBER
000000239A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:02:56
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BROOKS COUNTY HOSPITAL
 903 N COURT ST
 QUITMAN, GA 31643-1315

PROVIDER NUMBER
 000000239A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	133,643.00	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	47.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	422.00	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	11,682.00	3,285.00
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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	145,747.00	3,332.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	145,747.00	3,332.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BROOKS COUNTY HOSPITAL
903 N COURT ST
QUITMAN, GA 31643-1315

PROVIDER NUMBER
000000239A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:26
 Page: 1

EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO, GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,050,206.96	ADJUSTMENTS	179,059.63
COVERED CHARGES	29,893,789.40	CONTRACTUAL ALLOW	24,852,587.08
NON-COVERED CHARGES	156,417.56	TOTAL MEDICAID LIAB	5,041,202.32
		LESS: COB	49,667.20
		LESS: COPAYMENT	562.50
		ADD: ADDON PYMT	4,347.00
		REIMBURSEMENT	4,995,319.62

TOTAL NUMBER OF ADMISSIONS 599

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	627		0	899,745.00		0.00
ROUTINE NURSERY	206		0	312,887.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	833		0	1,212,632.00		0.00
SPECIAL CARE SERVICES						
CCU	307		0	754,600.00		0.00
ICU	1,450		0	2,944,270.00		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	1,757		0	3,698,870.00		0.00
TOTAL ACCOMODATIONS	2,590		0	4,911,502.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:26
 Page: 2

EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,448,906.37	0.00	OTHER LAB	107,881.00	0.00
MED/SURG SUPPLY	862,835.00	620.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,766,069.62	0.00	EDUCATION & TRAINING	3,630.00	0.00
RADIOLOGY-DIAGNOSTIC	562,079.39	6,257.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,428,817.00	17,619.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	269,657.04	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	99,703.00	0.00	MRI SERVICES	352,077.00	0.00
IV THERAPY	1,284.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,329,439.57	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	442,928.00	1,916.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,175,566.90	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	550,164.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	184,330.00	7,269.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,449,003.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	175,882.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	124,119.00	0.00	INJECTABLE DRUGS	1,059,511.74	153.56
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,355.04	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	38,487.25	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	75,110.00	3,081.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,139.00	8,782.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	747,057.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	106,789.00	0.00	NO CC/INVALID REV CODE	20,147.00	65,741.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	123,195.00	42,600.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,891.00	2,379.00			
AUDIOLOGY	37,985.00	0.00			
CARDIOLOGY	2,062,856.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	55,748.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	277,644.48	0.00			
			TOTAL ANCILLARY	24,982,287.40	156,417.56
			TOTAL ACCOMODATIONS	4,911,502.00	0.00
			TOTAL CHARGES	29,893,789.40	156,417.56

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:31
 Page: 4

EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	350,451.35	ADJUSTMENTS	0.00
COVERED CHARGES	347,444.35	CONTRACTUAL ALLOW	316,230.55
NON-COVERD CHARGES	3,007.00	TOTAL MEDICAID LIAB	31,213.80
		LESS: COB	31,213.80
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7		0	10,045.00		0.00
ROUTINE NURSERY	2		0	2,664.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	9		0	12,709.00		0.00
SPECIAL CARE SERVICES						
CCU	1		0	2,450.00		0.00
ICU	3		0	6,835.00		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	4		0	9,285.00		0.00
TOTAL ACCOMODATIONS	13		0	21,994.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:31
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EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	43,628.94	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,287.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	33,859.41	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,960.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,133.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	426.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	97,142.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	32,277.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,355.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,017.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,176.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,534.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,874.00	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	276.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	5,306.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,122.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,185.00	3,007.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	53,892.00	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	325,450.35	3,007.00
			TOTAL ACCOMODATIONS	21,994.00	0.00
			TOTAL CHARGES	347,444.35	3,007.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,240,197.83	ADJUSTMENTS	375,204.03
COVERED CHARGES	23,519,993.35	CONTRACTUAL ALLOW	22,146,976.37
NON-COVERD CHARGES	2,720,204.48	TOTAL MEDICAID LIAB	1,373,016.98
		LESS: COB	853.53
		LESS: COPAYMENT	1,880.71
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,370,282.74
		ALL OTHER	1,219,585.34
		FEE SCHEDULE-LAB	131,814.08
		INJECTABLE DRUGS	18,883.32
		TOTAL NUMBER OF CLAIMS	3,834

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:32
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EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	473,777.47	254.90	OTHER LAB	450,844.00	24,490.00
MED/SURG SUPPLY	194,150.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	2,854.00	EDUCATION & TRAINING	0.00	1,365.00
RADIOLOGY-DIAGNOSTIC	776,907.16	30,424.29	OTHER THERAPEUTIC SVC	0.00	1,714.00
CT SCAN	2,430,574.14	253,510.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	15,549.10	FEE SCHEDULE LAB	2,962,346.84	115,758.86
EKG/ECG	90,099.00	9,372.00	MRI SERVICES	660,907.00	24,826.00
IV THERAPY	457,457.00	127,752.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,589,858.88	1,041,562.18	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	139,969.40	239,790.30	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	653,799.00	7,149.00	AMBULANCE	0.00	0.00
GI SERVICES	431,269.83	67,258.17	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,690,958.00	85,856.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	443,568.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,006,017.38	133,802.52
RADIOLOGY THERAPEUTIC	1,593.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,074.03	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	712.00	8,094.14	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	21,455.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	27,233.00	4,347.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	232,967.00	148,175.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	386,175.00	142,377.00	NO CC/INVALID REV CODE	0.00	11,835.80
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	15,929.00	6,248.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	125,309.00	16,056.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,684,671.00	92,211.00			
AMBULATORY SURGERY	1,374.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,964.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	583,563.25	85,043.19			
			TOTAL ANCILLARY	23,519,993.35	2,720,204.48
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,519,993.35	2,720,204.48

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:41
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EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	475,705.04	ADJUSTMENTS	0.00
COVERED CHARGES	358,673.85	CONTRACTUAL ALLOW	338,505.71
NON-COVERD CHARGES	117,031.19	TOTAL MEDICAID LIAB	20,168.14
		LESS: COB	20,129.14
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 74

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	7,950.10	0.00	OTHER LAB	13,345.00	0.00
MED/SURG SUPPLY	736.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,070.89	3,219.09	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,487.00	10,266.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	52,952.76	1,929.00
EKG/ECG	1,065.00	0.00	MRI SERVICES	9,542.00	4,072.00
IV THERAPY	3,872.00	196.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,672.00	64,092.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	821.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	14,822.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,068.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	134,634.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	13,756.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,835.10	2,327.10
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	8,543.00	14,206.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	884.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,114.00	10,772.00	NO CC/INVALID REV CODE	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	3,456.00	0.00			
			TOTAL ANCILLARY	358,673.85	117,031.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	358,673.85	117,031.19

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,836,164.36	ADJUSTMENTS	1,123.21
COVERED CHARGES	1,777,644.85	CONTRACTUAL ALLOW	1,748,577.56
NON-COVERD CHARGES	58,519.51	TOTAL MEDICAID LIAB	29,067.29
		LESS: COB	0.00
		LESS: COPAYMENT	531.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	28,536.29

TOTAL NUMBER OF CLAIMS 433

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	26,369.19	0.00	OTHER LAB	21,247.00	2,688.00
MED/SURG SUPPLY	6,189.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	75,268.53	521.16	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	164,573.00	22,631.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	222,932.52	3,323.49
EKG/ECG	5,112.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	46,784.00	13,027.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	54,648.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,913.00	524.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,394.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,051,813.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,972.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	62,154.61	1,334.86
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	138.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,371.00	14,332.00	NO CC/INVALID REV CODE	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	3,904.00	0.00			
			TOTAL ANCILLARY	1,777,644.85	58,519.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,777,644.85	58,519.51

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:11:44
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EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,855.86	ADJUSTMENTS	0.00
COVERED CHARGES	42,953.26	CONTRACTUAL ALLOW	42,214.83
NON-COVERD CHARGES	7,902.60	TOTAL MEDICAID LIAB	738.43
		LESS: COB	732.43
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:11:44
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EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	27.30	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	1,055.80	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,504.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,325.16	16.60
EKG/ECG	213.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	409.00	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	32,198.00	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	1,725.00	36.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	346.00	NO CC/INVALID REV CODE	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	42,953.26	7,902.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	42,953.26	7,902.60

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:11:45
Page: 15

EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,333,849.63	ADJUSTMENTS	47,340.06
COVERED CHARGES	1,194,296.36	CONTRACTUAL ALLOW	1,141,672.96
NON-COVERD CHARGES	139,553.27	TOTAL MEDICAID LIAB	52,623.40
		LESS: COB	0.00
		LESS: COPAYMENT	21.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	52,602.40

TOTAL NUMBER OF CLAIMS 10

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:45
 Page: 16

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EAST GA REGIONAL MEDICAL CTR., LLC
 1499 FAIR RD
 STATESBORO,GA 30458-1683

PROVIDER NUMBER
 000000272A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	23,636.51	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	42,149.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	91.00
RADIOLOGY-DIAGNOSTIC	2,674.36	2,347.48	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,546.02	FEE SCHEDULE LAB	17,622.41	383.80
EKG/ECG	852.00	1,065.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,289.00	3,134.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	280,390.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,477.30	4,579.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	31,334.00	1,276.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,500.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,374.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	55,471.78	812.97
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	0.00	78.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	414,750.00	34,348.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	290,728.00	85,500.00			
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	10,048.00	3,392.00			
			TOTAL ANCILLARY	1,194,296.36	139,553.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,194,296.36	139,553.27

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:46
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

PROVIDER NUMBER
000000272A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:04
 Page: 1

BURKE MEDICAL CENTER
 351 S LIBERTY ST
 WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
 000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 06/01/19 THROUGH 05/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	241,866.85	ADJUSTMENTS	43,066.59
COVERED CHARGES	240,216.85	CONTRACTUAL ALLOW	131,514.34
NON-COVERED CHARGES	1,650.00	TOTAL MEDICAID LIAB	108,702.51
		LESS: COB	1,638.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	107,063.86

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	49		0	29,400.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	49		0	29,400.00		0.00
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	49		0	29,400.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:04
 Page: 2

BURKE MEDICAL CENTER
 351 S LIBERTY ST
 WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
 000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 06/01/19 THROUGH 05/31/20
 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	26,596.82	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	15,453.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	26,753.30	0.00	EDUCATION & TRAINING	151.38	0.00
RADIOLOGY-DIAGNOSTIC	4,579.29	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,854.29	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,695.75	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,475.00	0.00	MRI SERVICES	2,653.02	0.00
IV THERAPY	14,188.80	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	58,447.10	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	396.84	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,862.60	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,251.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	17,861.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,551.03	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	681.25	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,876.00	1,650.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	696.93	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	6,790.85	0.00			
			TOTAL ANCILLARY	210,816.85	1,650.00
			TOTAL ACCOMODATIONS	29,400.00	0.00
			TOTAL CHARGES	240,216.85	1,650.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:05
Page: 3

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	06/01/19	THROUGH	05/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:05
Page: 4

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 06/01/19 THROUGH 05/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,184,152.75	ADJUSTMENTS	6,541.78
COVERED CHARGES	1,060,045.72	CONTRACTUAL ALLOW	760,499.22
NON-COVERD CHARGES	124,107.03	TOTAL MEDICAID LIAB	299,546.50
		LESS: COB	466.39
		LESS: COPAYMENT	435.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	298,645.11
		ALL OTHER	279,022.33
		FEE SCHEDULE-LAB	17,982.33
		INJECTABLE DRUGS	1,640.45
		TOTAL NUMBER OF CLAIMS	762

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:05
 Page: 5

BURKE MEDICAL CENTER
 351 S LIBERTY ST
 WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
 000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 06/01/19 THROUGH 05/31/20
 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	31,223.50	843.50	OTHER LAB	6,886.07	0.00
MED/SURG SUPPLY	8,756.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	681.21
RADIOLOGY-DIAGNOSTIC	56,967.40	3,977.63	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	114,788.85	17,811.08	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	143,176.75	18,475.25
EKG/ECG	17,445.56	675.00	MRI SERVICES	16,374.87	4,436.28
IV THERAPY	95,129.22	30,801.84	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	30,518.47	27,865.28	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,182.62	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,874.75	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	418,482.26	2,747.64	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	625.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	30,401.10	5,908.00
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	264.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	38,887.73	507.28	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,814.00	4,238.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,698.08	1,349.04			
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	33,811.75	3,526.00			
			TOTAL ANCILLARY	1,060,045.72	124,107.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,060,045.72	124,107.03

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:07
Page: 6

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	06/01/19	THROUGH	05/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:07
Page: 7

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 06/01/19 THROUGH 05/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	145,530.00	ADJUSTMENTS	75.32
COVERED CHARGES	135,500.82	CONTRACTUAL ALLOW	127,747.14
NON-COVERD CHARGES	10,029.18	TOTAL MEDICAID LIAB	7,753.68
		LESS: COB	0.00
		LESS: COPAYMENT	204.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,549.68

TOTAL NUMBER OF CLAIMS 99

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:07
 Page: 8

BURKE MEDICAL CENTER
 351 S LIBERTY ST
 WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
 000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 06/01/19 THROUGH 05/31/20
 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	1,841.50	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	7,147.15	1,212.12	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,867.90	6,710.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,583.00	1,327.50
EKG/ECG	1,350.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,481.61	683.31	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	1,626.53	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	93,107.88	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	2,883.50	96.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	611.75	0.00			
			TOTAL ANCILLARY	135,500.82	10,029.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	135,500.82	10,029.18

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:03:07
Page: 9

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 06/01/19 THROUGH 05/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,831.50	ADJUSTMENTS	0.00
COVERED CHARGES	1,831.50	CONTRACTUAL ALLOW	1,674.86
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	156.64
		LESS: COB	156.64
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:03:07
 Page: 10

BURKE MEDICAL CENTER
 351 S LIBERTY ST
 WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
 000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 06/01/19 THROUGH 05/31/20
 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	31.50	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	1,800.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,831.50	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,831.50	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:03:07
Page: 11

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	06/01/19	THROUGH	05/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:07
Page: 12

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BURKE MEDICAL CENTER
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	06/01/19	THROUGH	05/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:56
 Page: 1

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER 000000294A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	133,946,402.61	ADJUSTMENTS	11,092,161.54
COVERED CHARGES	132,800,426.44	CONTRACTUAL ALLOW	104,174,799.07
NON-COVERED CHARGES	1,145,976.17	TOTAL MEDICAID LIAB	28,625,627.37
		LESS: COB	331,900.08
		LESS: COPAYMENT	450.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	28,293,277.29

TOTAL NUMBER OF ADMISSIONS 2,844

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7,929		0	16,263,554.00		0.00
ROUTINE NURSERY	2,803		0	6,515,200.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10,732		0	22,778,754.00		0.00
SPECIAL CARE SERVICES						
CCU	127		0	640,838.00		0.00
ICU	2,226		0	9,247,256.00		0.00
NICU	1,922		0	9,601,201.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	155		0	973,965.00		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	4,430		0	20,463,260.00		0.00
TOTAL ACCOMODATIONS	15,162		0	43,242,014.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:56
 Page: 2

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	11,718,903.92	0.00	OTHER LAB	508,305.00	0.00
MED/SURG SUPPLY	1,067,287.28	43,116.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,417,082.12	0.00	EDUCATION & TRAINING	5,684.00	0.00
RADIOLOGY-DIAGNOSTIC	2,733,529.00	0.00	OTHER THERAPEUTIC SVC	2,848.00	0.00
CT SCAN	6,019,668.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	418,222.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	672,876.00	0.00	MRI SERVICES	1,838,648.00	0.00
IV THERAPY	1,173,614.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,532,114.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,441,792.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,553,119.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,400,808.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	247,690.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,759,179.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,371,836.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	4,527.50
LABORATORY PATHOLOGIC	458,821.00	0.00	INJECTABLE DRUGS	13,386,464.19	663,757.17
RADIOLOGY THERAPEUTIC	7,176.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	206,413.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	224,818.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,098,708.00	138,090.00	PATIENT CONVENIENCE	0.00	0.50
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,012.00	91,345.00	TRAUMA RESPONSE	0.00	196,304.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,808,088.43	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	658,457.50	8,115.00	NO CC/INVALID REV CODE	0.00	223.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,431,619.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	529,406.00	498.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,386,790.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	178,235.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	298,198.00	0.00			
			TOTAL ANCILLARY	89,558,412.44	1,145,976.17
			TOTAL ACCOMODATIONS	43,242,014.00	0.00
			TOTAL CHARGES	132,800,426.44	1,145,976.17

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:07
 Page: 4

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER 000000294A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,044,360.34	ADJUSTMENTS	0.00
COVERED CHARGES	3,039,581.80	CONTRACTUAL ALLOW	2,705,490.95
NON-COVERED CHARGES	4,778.54	TOTAL MEDICAID LIAB	334,090.85
		LESS: COB	334,090.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 40

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	63		0	149,768.00		0.00
ROUTINE NURSERY	344		0	1,505,414.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	407		0	1,655,182.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	9		0	39,544.00		0.00
NICU	29		0	170,616.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	1		0	6,174.00		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	39		0	216,334.00		0.00
TOTAL ACCOMODATIONS	446		0	1,871,516.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:07
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NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	163,157.00	0.00	OTHER LAB	3,224.00	0.00
MED/SURG SUPPLY	7,282.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	216,158.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	74,215.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	40,605.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,350.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,050.00	0.00	MRI SERVICES	10,785.00	0.00
IV THERAPY	9,614.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	39,424.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,155.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	121,647.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,776.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,965.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	35,114.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	733.00	0.00	INJECTABLE DRUGS	237,010.80	3,626.54
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,527.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	646.00	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	86.00	1,152.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	27,583.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,410.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,265.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	49,115.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,911.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	13,258.00	0.00			
			TOTAL ANCILLARY	1,168,065.80	4,778.54
			TOTAL ACCOMODATIONS	1,871,516.00	0.00
			TOTAL CHARGES	3,039,581.80	4,778.54

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:39:08
Page: 6

NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,481,282.07	ADJUSTMENTS	1,232,209.50
COVERED CHARGES	24,364,839.92	CONTRACTUAL ALLOW	20,008,620.68
NON-COVERD CHARGES	5,116,442.15	TOTAL MEDICAID LIAB	4,356,219.24
		LESS: COB	12,186.50
		LESS: COPAYMENT	6,367.53
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,337,665.21
		ALL OTHER	3,605,752.12
		FEE SCHEDULE-LAB	244,926.48
		INJECTABLE DRUGS	486,986.61
		TOTAL NUMBER OF CLAIMS	6,177

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:08
 Page: 7

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	344,706.51	0.04	OTHER LAB	159,015.00	0.00
MED/SURG SUPPLY	163,201.00	9,879.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	305.00	170.00
RADIOLOGY-DIAGNOSTIC	879,235.00	27,868.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,249,911.00	381,379.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	172,813.00	14,125.00	FEE SCHEDULE LAB	3,968,876.00	119,848.00
EKG/ECG	391,397.00	2,582.00	MRI SERVICES	559,076.00	66,900.00
IV THERAPY	2,557,201.00	39,798.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,466,300.00	368,225.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,515.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	102,553.00	16,962.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	447,170.00	2,728.00	AMBULANCE	0.00	0.00
GI SERVICES	78,463.00	14,654.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,538,640.00	21,041.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	341,342.00	604.00	DRUG-SPECIFIC/HOME IV	0.00	1,478.83
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,782,109.17	3,147,900.28
RADIOLOGY THERAPEUTIC	118,579.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	16,040.00	3,995.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	215.00	4,248.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	500,646.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	220,263.00	16,763.00	TRAUMA RESPONSE	0.00	82,972.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	84,245.00	5,540.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	933,066.00	110,274.00	NO CC/INVALID REV CODE	22,077.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	126,018.00	2,658.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	344,823.00	33,632.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	499,900.00	99,116.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	27,229.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	756,556.24	20,456.00			
			TOTAL ANCILLARY	24,364,839.92	5,116,442.15
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,364,839.92	5,116,442.15

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	679,491.18	ADJUSTMENTS	0.00
COVERED CHARGES	475,153.85	CONTRACTUAL ALLOW	405,288.25
NON-COVERD CHARGES	204,337.33	TOTAL MEDICAID LIAB	69,865.60
		LESS: COB	69,805.56
		LESS: COPAYMENT	60.04
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	90

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	15,087.75	0.00	OTHER LAB	6,368.00	0.00
MED/SURG SUPPLY	7,347.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,024.00	3,559.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	43,749.00	38,274.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	169.00	FEE SCHEDULE LAB	90,889.00	2,507.00
EKG/ECG	3,645.00	0.00	MRI SERVICES	0.00	4,731.00
IV THERAPY	29,357.00	2,661.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	28,602.00	53,638.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	656.00	583.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,163.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	106,318.00	620.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,759.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	70,025.10	70,037.33
RADIOLOGY THERAPEUTIC	1,698.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	169.00	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	1,648.00	226.00	TRAUMA RESPONSE	0.00	14,489.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	729.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,524.00	11,945.00	NO CC/INVALID REV CODE	123.00	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	14,171.00	0.00			
			TOTAL ANCILLARY	475,153.85	204,337.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	475,153.85	204,337.33

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:39:24
Page: 14

NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	854,944.30	ADJUSTMENTS	2,048.03
COVERED CHARGES	807,952.57	CONTRACTUAL ALLOW	789,558.95
NON-COVERD CHARGES	46,991.73	TOTAL MEDICAID LIAB	18,393.62
		LESS: COB	0.00
		LESS: COPAYMENT	234.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	18,159.62

TOTAL NUMBER OF CLAIMS 274

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:24
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NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	5,442.69	0.00	OTHER LAB	1,021.00	0.00
MED/SURG SUPPLY	1,207.00	135.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	38,028.00	2,579.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	123,541.00	22,722.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	140,224.00	3,190.00
EKG/ECG	11,796.00	0.00	MRI SERVICES	0.00	4,316.00
IV THERAPY	32,566.00	660.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	23,030.00	1.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	688.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,187.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	375,239.00	1,647.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,759.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,313.88	552.73
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	504.00	82.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,711.00	11,107.00	NO CC/INVALID REV CODE	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	2,695.00	0.00			
			TOTAL ANCILLARY	807,952.57	46,991.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	807,952.57	46,991.73

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,391.50	ADJUSTMENTS	0.00
COVERED CHARGES	20,391.50	CONTRACTUAL ALLOW	19,918.59
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	472.91
		LESS: COB	466.91
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 8

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:39:26
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NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	63.00	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	925.00	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	5,125.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	168.00	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	11,125.00	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	94.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,891.00	0.00	NO CC/INVALID REV CODE	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	20,391.50	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,391.50	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:39:28
Page: 18

NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,403,115.12	ADJUSTMENTS	461,019.26
COVERED CHARGES	7,753,307.02	CONTRACTUAL ALLOW	6,598,520.98
NON-COVERD CHARGES	649,808.10	TOTAL MEDICAID LIAB	1,154,786.04
		LESS: COB	4,909.14
		LESS: COPAYMENT	438.77
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,149,438.13

TOTAL NUMBER OF CLAIMS 215

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC.
 1000 MEDICAL CENTER BLVD
 LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
 000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	64,519.46	0.00	OTHER LAB	4,849.00	0.00
MED/SURG SUPPLY	195,503.00	1,941.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	63,889.00	15,768.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	181,799.00	16,189.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,921.00	FEE SCHEDULE LAB	308,626.00	6,250.00
EKG/ECG	21,896.00	1,215.00	MRI SERVICES	48,726.00	3,264.00
IV THERAPY	396,275.00	40,019.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,003,471.00	210,328.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,484.00	333.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	213,845.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,033.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	107,134.00	1,860.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	121,253.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,182,544.56	183,459.10
RADIOLOGY THERAPEUTIC	27,364.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,094.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	615.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	3,668.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,258.00	724.00	TRAUMA RESPONSE	0.00	23,976.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	354,916.00	28,361.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,571.00	11,600.00	NO CC/INVALID REV CODE	669.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,386.00	3,987.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	42,783.00	5,741.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	250,990.00	87,495.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,856.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	109,667.00	0.00			
			TOTAL ANCILLARY	7,753,307.02	649,808.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,753,307.02	649,808.10

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC.
1000 MEDICAL CENTER BLVD
LAWRENCEVILLE, GA 30046-7694

PROVIDER NUMBER
000000294A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:15
 Page: 1

CANDLER COUNTY HOSP
 400 CEDAR ST
 METTER, GA 30439-3338

PROVIDER NUMBER
 000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	584,101.87	ADJUSTMENTS	0.00
COVERED CHARGES	583,359.87	CONTRACTUAL ALLOW	311,025.21
NON-COVERD CHARGES	742.00	TOTAL MEDICAID LIAB	272,334.66
		LESS: COB	2,929.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	269,405.06

TOTAL NUMBER OF ADMISSIONS 27

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	49		0	58,966.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	49		0	58,966.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	23		0	45,248.00		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	23		0	45,248.00		0.00
TOTAL ACCOMODATIONS	72		0	104,214.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
 400 CEDAR ST
 METTER, GA 30439-3338

PROVIDER NUMBER
 000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	105,428.17	0.00	OTHER LAB	2,691.00	0.00
MED/SURG SUPPLY	46,116.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	131,836.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,739.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	54,805.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,110.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,890.00	0.00	MRI SERVICES	3,687.00	0.00
IV THERAPY	18,142.00	442.00	PROFESSIONAL FEES	0.00	300.00
OPERATING ROOM	25,631.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,461.00	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	33,605.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,437.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	878.00	0.00	INJECTABLE DRUGS	2,891.90	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	447.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,929.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,026.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,788.00	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	4,607.30	0.00			
			TOTAL ANCILLARY	479,145.87	742.00
			TOTAL ACCOMODATIONS	104,214.00	0.00
			TOTAL CHARGES	583,359.87	742.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:16
Page: 4

CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,843,301.29	ADJUSTMENTS	25,263.11
COVERED CHARGES	2,555,743.95	CONTRACTUAL ALLOW	2,105,867.23
NON-COVERD CHARGES	287,557.34	TOTAL MEDICAID LIAB	449,876.72
		LESS: COB	309.09
		LESS: COPAYMENT	450.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	449,117.63
		ALL OTHER	381,520.78
		FEE SCHEDULE-LAB	64,745.44
		INJECTABLE DRUGS	2,851.41
		TOTAL NUMBER OF CLAIMS	1,042

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
 400 CEDAR ST
 METTER, GA 30439-3338

PROVIDER NUMBER
 000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	70,172.90	2,975.57	OTHER LAB	8,289.00	0.00
MED/SURG SUPPLY	289,895.13	4,730.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	78,480.00	4,305.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	287,642.00	33,075.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	46,785.00	10,217.00	FEE SCHEDULE LAB	687,140.72	35,357.56
EKG/ECG	31,132.00	1,315.00	MRI SERVICES	53,700.00	3,687.00
IV THERAPY	104,226.00	8,118.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	354,707.90	113,912.10	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,115.00	980.00	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	265,511.00	11,181.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	126,996.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	42,446.30	26,922.61
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,198.00	474.00	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	730.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	46.00	1,710.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	31,152.00	4,238.00	NO CC/INVALID REV CODE	0.00	3,687.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,120.00	11,707.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,516.00	1,788.00			
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	37,473.00	6,447.50			
			TOTAL ANCILLARY	2,555,743.95	287,557.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,555,743.95	287,557.34

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,900.79	ADJUSTMENTS	0.00
COVERED CHARGES	17,739.29	CONTRACTUAL ALLOW	14,473.58
NON-COVERD CHARGES	10,161.50	TOTAL MEDICAID LIAB	3,265.71
		LESS: COB	3,265.71
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
 400 CEDAR ST
 METTER, GA 30439-3338

PROVIDER NUMBER
 000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	394.28	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,955.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	386.00	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	3,149.00	151.00
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	9,986.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,300.00	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	500.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,479.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	575.26	24.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	17,739.29	10,161.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,739.29	10,161.50

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	76,098.13	ADJUSTMENTS	67.00
COVERED CHARGES	68,907.62	CONTRACTUAL ALLOW	66,247.62
NON-COVERD CHARGES	7,190.51	TOTAL MEDICAID LIAB	2,660.00
		LESS: COB	0.00
		LESS: COPAYMENT	24.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,636.00

TOTAL NUMBER OF CLAIMS 38

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
 400 CEDAR ST
 METTER, GA 30439-3338

PROVIDER NUMBER
 000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	805.37	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,988.00	15.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,742.00	256.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,280.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,302.70	704.00
EKG/ECG	1,315.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,288.00	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	25,847.00	322.00	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	6,844.55	5,893.51
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	495.00	0.00	NO CC/INVALID REV CODE	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	68,907.62	7,190.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,907.62	7,190.51

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:03:19
Page: 11

CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:27
 Page: 1

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,007,763.40	ADJUSTMENTS	430,696.93
COVERED CHARGES	26,552,026.40	CONTRACTUAL ALLOW	20,727,777.95
NON-COVERD CHARGES	455,737.00	TOTAL MEDICAID LIAB	5,824,248.45
		LESS: COB	91,889.49
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	2,709.00
		REIMBURSEMENT	5,734,992.96

TOTAL NUMBER OF ADMISSIONS 693

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,500		0	4,258,753.00		0.00
ROUTINE NURSERY	411		0	575,135.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,911		0	4,833,888.50		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	739		0	1,984,830.00		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	739		0	1,984,830.00		0.00
TOTAL ACCOMODATIONS	4,650		0	6,818,718.50		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,680,009.64	0.00	OTHER LAB	121,323.00	0.00
MED/SURG SUPPLY	500,024.80	818.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,718,360.18	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	732,957.00	0.00	OTHER THERAPEUTIC SVC	0.00	48,288.00
CT SCAN	1,476,889.00	23,810.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	295,549.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	95,665.00	0.00	MRI SERVICES	351,826.00	0.00
IV THERAPY	742,110.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,133,177.00	3,200.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	265,006.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	817,029.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	562,088.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	82,919.00	1,894.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	995,302.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	367,640.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	149,219.00	0.00	INJECTABLE DRUGS	2,713,035.28	199,812.00
RADIOLOGY THERAPEUTIC	139,613.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	83,527.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,135.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	133,763.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	279.00	870.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	216,789.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	152,378.00	0.00	NO CC/INVALID REV CODE	0.00	2,688.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	686,671.00	46,407.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	150,937.00	127,950.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	190,133.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,643.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	103,311.00	0.00			
			TOTAL ANCILLARY	19,733,307.90	455,737.00
			TOTAL ACCOMODATIONS	6,818,718.50	0.00
			TOTAL CHARGES	26,552,026.40	455,737.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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 Page: 4

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER 000000327A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	258,498.08	ADJUSTMENTS	0.00
COVERED CHARGES	258,498.08	CONTRACTUAL ALLOW	177,190.62
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	81,307.46
		LESS: COB	81,307.46
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 14

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	45	0	54,720.00	0.00
ROUTINE NURSERY	9	0	17,334.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	54	0	72,054.00	0.00
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	54	0	72,054.00	0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	10,855.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	989.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,890.08	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,856.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	728.00	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	33,167.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	54,692.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	27,944.00	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	23,055.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,184.00	0.00	INJECTABLE DRUGS	9,197.00	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	863.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	578.00	0.00	NO CC/INVALID REV CODE	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	1,446.00	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	186,444.08	0.00
			TOTAL ACCOMODATIONS	72,054.00	0.00
			TOTAL CHARGES	258,498.08	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,069,977.70	ADJUSTMENTS	293,040.11
COVERED CHARGES	22,582,984.69	CONTRACTUAL ALLOW	19,111,395.32
NON-COVERD CHARGES	1,486,993.01	TOTAL MEDICAID LIAB	3,471,589.37
		LESS: COB	10,412.54
		LESS: COPAYMENT	8,469.65
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,452,707.18
		ALL OTHER	3,241,521.32
		FEE SCHEDULE-LAB	200,218.48
		INJECTABLE DRUGS	10,967.38
		TOTAL NUMBER OF CLAIMS	7,505

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,459,376.20	13,454.29	OTHER LAB	166,856.00	1,615.00
MED/SURG SUPPLY	204,363.78	798.00	RECREATIONAL THERAPY	413.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	142.34
RADIOLOGY-DIAGNOSTIC	780,243.00	106,979.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,119,389.00	222,401.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	62,635.00	20,507.00	FEE SCHEDULE LAB	1,718,627.92	96,727.00
EKG/ECG	97,875.00	6,300.00	MRI SERVICES	396,866.00	47,074.00
IV THERAPY	2,058,100.00	225,398.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,346,040.78	200,907.70	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,972.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	69,310.00	20,218.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	638,910.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	142,050.00	15,152.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,219,366.00	123,840.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	502,130.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	105,325.29	8,706.18
RADIOLOGY THERAPEUTIC	3,766,768.00	78,430.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	17,416.00	9,917.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,381.00	3,248.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,057.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	23,075.00	372.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	118,625.00	35,155.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	665,108.00	98,550.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	268,782.00	10,218.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	141,300.00	118,975.00			
AUDIOLOGY	78,776.00	920.00			
CARDIOLOGY	50,359.00	9,492.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	12,460.00	0.00			
ORGAN ACQUISITION	0.00	2,057.00			
TREATMENT/OBSERV. RM	337,085.72	7,382.00			
			TOTAL ANCILLARY	22,582,984.69	1,486,993.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	22,582,984.69	1,486,993.01

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 8

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	788,533.22	ADJUSTMENTS	0.00
COVERED CHARGES	360,727.08	CONTRACTUAL ALLOW	314,272.40
NON-COVERD CHARGES	427,806.14	TOTAL MEDICAID LIAB	46,454.68

LESS: COB	46,351.73
LESS: COPAYMENT	102.95
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 94

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	24,240.06	429.00	OTHER LAB	916.00	0.00
MED/SURG SUPPLY	7,412.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,988.00	2,680.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,485.00	31,635.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	18,710.18	1,581.00
EKG/ECG	1,125.00	225.00	MRI SERVICES	0.00	8,365.00
IV THERAPY	32,496.00	1,523.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	56,673.86	95,876.14	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,008.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,908.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,788.00	12,818.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	21,908.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	33,855.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	32,120.98	264,448.00
RADIOLOGY THERAPEUTIC	39,240.00	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	345.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,928.00	1,317.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,752.00	4,306.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,321.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	1,847.00			
AUDIOLOGY	3,438.00	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	11,069.00	756.00			
			TOTAL ANCILLARY	360,727.08	427,806.14
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	360,727.08	427,806.14

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	693,480.88	ADJUSTMENTS	67.13
COVERED CHARGES	659,434.81	CONTRACTUAL ALLOW	632,649.94
NON-COVERD CHARGES	34,046.07	TOTAL MEDICAID LIAB	26,784.87
		LESS: COB	50.99
		LESS: COPAYMENT	657.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,076.88

TOTAL NUMBER OF CLAIMS 399

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:03:52
 Page: 11

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,581.81	344.07	OTHER LAB	5,379.00	0.00
MED/SURG SUPPLY	486.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	66,560.00	3,398.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	95,200.00	17,469.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	66,965.00	2,765.00
EKG/ECG	2,025.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	88,611.00	6,120.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,000.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,008.00	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	301,081.00	380.00	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	1,719.00	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	IMPL DEV CHARGE PATIENTS	114.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,903.00	2,275.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,161.00	1,295.00			
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	1,641.00	0.00			
			TOTAL ANCILLARY	659,434.81	34,046.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	659,434.81	34,046.07

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:03:54
Page: 12

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,301.00	ADJUSTMENTS	0.00
COVERED CHARGES	37,666.00	CONTRACTUAL ALLOW	36,790.31
NON-COVERD CHARGES	14,635.00	TOTAL MEDICAID LIAB	875.69
		LESS: COB	860.69
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:03:54
 Page: 13

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,248.00	174.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	496.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,028.00	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	7,882.00	587.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,259.00	981.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	9,857.00	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	2,310.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,507.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,045.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,203.00	1,003.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	2,033.00	NO CC/INVALID REV CODE	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	1,688.00	0.00			
			TOTAL ANCILLARY	37,666.00	14,635.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,666.00	14,635.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:03:56
Page: 14

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,490,842.00	ADJUSTMENTS	10,507.36
COVERED CHARGES	1,394,403.71	CONTRACTUAL ALLOW	1,226,093.95
NON-COVERD CHARGES	96,438.29	TOTAL MEDICAID LIAB	168,309.76
		LESS: COB	6,784.53
		LESS: COPAYMENT	139.89
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	161,385.34

TOTAL NUMBER OF CLAIMS 32

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:03:56
 Page: 15

CANDLER HOSPITAL
 5353 REYNOLDS ST
 SAVANNAH, GA 31405-6005

PROVIDER NUMBER
 000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	725,626.37	520.63	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	90,304.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,875.00	18,836.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,950.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,444.00	FEE SCHEDULE LAB	13,305.00	372.00
EKG/ECG	1,350.00	0.00	MRI SERVICES	5,288.00	0.00
IV THERAPY	23,599.00	5,719.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	316,196.34	19,895.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	252.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	71,670.00	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	34,305.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,044.00	0.00
RADIOLOGY THERAPEUTIC	51,027.00	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	40,678.00	38,947.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,884.00	4,754.00	NO CC/INVALID REV CODE	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	1,394,403.71	96,438.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,394,403.71	96,438.29

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:03:57
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:46:54
 Page: 1

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,220,056.84	ADJUSTMENTS	540,850.88
COVERED CHARGES	37,411,806.17	CONTRACTUAL ALLOW	27,888,440.88
NON-COVERED CHARGES	808,250.67	TOTAL MEDICAID LIAB	9,523,365.29
		LESS: COB	184,361.83
		LESS: COPAYMENT	50.00
		ADD: ADDON PYMT	20,412.00
		REIMBURSEMENT	9,359,365.46

TOTAL NUMBER OF ADMISSIONS 1,313

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,392		0	5,295,300.00		0.00
ROUTINE NURSERY	983		0	1,732,600.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,375		0	7,027,900.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	742		0	2,972,000.00		0.00
NICU	178		0	685,300.00		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	920		0	3,657,300.00		0.00
TOTAL ACCOMODATIONS	5,295		0	10,685,200.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:46:54
 Page: 2

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,692,025.28	0.00	OTHER LAB	183,446.47	0.00
MED/SURG SUPPLY	1,915,790.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,963,139.76	0.00	EDUCATION & TRAINING	10,160.24	0.00
RADIOLOGY-DIAGNOSTIC	639,644.51	0.00	OTHER THERAPEUTIC SVC	0.00	7,237.43
CT SCAN	1,265,463.26	394,131.16	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	134,302.80	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	264,440.16	0.00	MRI SERVICES	244,221.59	0.00
IV THERAPY	95,706.77	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,761,424.57	1,029.86	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	736,858.93	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,852,156.18	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	382,685.59	0.00	AMBULANCE	0.00	0.00
GI SERVICES	191,813.68	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,403,124.54	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	257,723.74	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	134,347.40	0.00	INJECTABLE DRUGS	1,198.32	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	39,595.38	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	66,453.82	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	207,857.41	2,702.13	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	63,698.72	2,368.94	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,120,650.42	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	211,696.27	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	263,815.73	22,316.88			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	205,364.66	33,593.59			
AUDIOLOGY	79,499.41	344,870.68			
CARDIOLOGY	2,107,326.58	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	29,289.26	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	201,684.43	0.00			
			TOTAL ANCILLARY	26,726,606.17	808,250.67
			TOTAL ACCOMODATIONS	10,685,200.00	0.00
			TOTAL CHARGES	37,411,806.17	808,250.67

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:47:01
 Page: 3

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,284.26	ADJUSTMENTS	0.00
COVERED CHARGES	27,164.55	CONTRACTUAL ALLOW	13,205.65
NON-COVERED CHARGES	1,119.71	TOTAL MEDICAID LIAB	13,958.90
		LESS: COB	14,021.90
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	3,000.00		0.00
ROUTINE NURSERY	3		0	3,600.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5		0	6,600.00		0.00
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	5		0	6,600.00		0.00

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

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

Run Date: 09/20/2021
 Run Time: 20:47:01
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PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	916.71	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	540.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,067.21	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	806.30	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,594.31	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	358.32	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	1,981.90	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	5,906.62	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	404.80	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	1,801.42	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	186.75	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,119.71			
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	20,564.55	1,119.71
			TOTAL ACCOMODATIONS	6,600.00	0.00
			TOTAL CHARGES	27,164.55	1,119.71

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 5

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE, GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 18,323,193.77
COVERED CHARGES 16,958,566.70
NON-COVERD CHARGES 1,364,627.07

-----PAYMENTS-----
ADJUSTMENTS 428,721.43
CONTRACTUAL ALLOW 15,084,064.42
TOTAL MEDICAID LIAB 1,874,502.28
LESS: COB 691.53
LESS: COPAYMENT 695.42
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,873,115.33
ALL OTHER 1,716,816.65
FEE SCHEDULE-LAB 135,642.23
INJECTABLE DRUGS 20,656.45

TOTAL NUMBER OF CLAIMS 3,815

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:47:02
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PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	180,521.40	9,441.28	OTHER LAB	257,251.11	8,853.71
MED/SURG SUPPLY	246,904.79	14,762.58	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,940.72
RADIOLOGY-DIAGNOSTIC	602,892.14	30,230.61	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,650,419.31	244,299.80	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	116,048.93	15,473.60	FEE SCHEDULE LAB	4,304,046.18	267,103.14
EKG/ECG	227,174.88	27,948.96	MRI SERVICES	63,270.64	18,091.23
IV THERAPY	773,868.10	67,227.06	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	987,358.73	114,743.65	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	58,535.99	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	390,599.00	16,115.42	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	130,290.22	0.00	AMBULANCE	0.00	0.00
GI SERVICES	65,896.55	14,613.95	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,853,350.80	44,288.89	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	78,757.89	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	205,764.54	74,681.39
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,562.23	9,697.81	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,036.55	5,334.66	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	40,576.34	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	32,763.93	2,755.40	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	49,625.72	8,858.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	229,352.44	62,443.43	NO CC/INVALID REV CODE	0.00	6,637.23
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,293.72	14,602.92			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	52,753.64	123,841.19			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	184,991.80	120,064.10			
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	188,235.47	0.00			
			TOTAL ANCILLARY	16,958,566.70	1,364,627.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,958,566.70	1,364,627.07

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 8

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE, GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	59,797.78	ADJUSTMENTS	0.00
COVERED CHARGES	33,894.48	CONTRACTUAL ALLOW	31,003.61
NON-COVERD CHARGES	25,903.30	TOTAL MEDICAID LIAB	2,890.87
		LESS: COB	2,890.87
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 9

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	765.45	477.00	OTHER LAB	562.55	690.93
MED/SURG SUPPLY	2,285.81	1,287.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,108.01	1,137.78	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,523.71	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,712.02	441.84
EKG/ECG	716.64	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	240.17	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	234.72	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,880.15	251.36	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	639.66	31.42
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	186.75	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	562.55	0.00	NO CC/INVALID REV CODE	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	17,062.26			
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	33,894.48	25,903.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	33,894.48	25,903.30

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE, GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	162,951.06	ADJUSTMENTS	131.26
COVERED CHARGES	156,940.36	CONTRACTUAL ALLOW	149,623.19
NON-COVERD CHARGES	6,010.70	TOTAL MEDICAID LIAB	7,317.17
		LESS: COB	0.00
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,227.17

TOTAL NUMBER OF CLAIMS 109

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:47:17
 Page: 11

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	476.49	232.32	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	294.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,088.73	808.62	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,532.41	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,898.08	2,575.94
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,766.34	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	109,210.12	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	1,985.74	1,268.72
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,687.65	1,125.10	NO CC/INVALID REV CODE	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	156,940.36	6,010.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	156,940.36	6,010.70

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:47:18
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PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE, GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,584.41	ADJUSTMENTS	0.00
COVERED CHARGES	3,543.49	CONTRACTUAL ALLOW	3,476.36
NON-COVERD CHARGES	40.92	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

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

Run Date: 09/20/2021
 Run Time: 20:47:18
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PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	25.70	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	577.58	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	707.25	40.92
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	2,232.96	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,543.49	40.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,543.49	40.92

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:47:19
Page: 14

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE, GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,017,892.43	ADJUSTMENTS	91,066.20
COVERED CHARGES	1,703,562.81	CONTRACTUAL ALLOW	1,570,386.41
NON-COVERD CHARGES	314,329.62	TOTAL MEDICAID LIAB	133,176.40
		LESS: COB	0.00
		LESS: COPAYMENT	30.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	133,146.40

TOTAL NUMBER OF CLAIMS 26

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:47:19
 Page: 15

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
 11 UPPER RIVERDALE RD SW
 RIVERDALE, GA 30274-2615

PROVIDER NUMBER
 000000404A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	10,291.98	799.67	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	290,749.29	85,811.13	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,313.24	28,266.84	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,677.96	2,594.31	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	25,685.90	2,328.84
EKG/ECG	1,074.96	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,746.06	1,456.80	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	769,921.34	94,881.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	691.92	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	80,244.82	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	21,575.63	1,110.81	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,857.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	88,966.10	3,253.58
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	214,396.41	31,344.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,363.30	562.55	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,215.62	3,828.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	138,134.00	58,090.61			
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	3,657.08	0.00			
			TOTAL ANCILLARY	1,703,562.81	314,329.62
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,703,562.81	314,329.62

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:47:20
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PRIME HEALTHCARE FOUNDATION-SOUTHERN REGIONAL LLC
11 UPPER RIVERDALE RD SW
RIVERDALE,GA 30274-2615

PROVIDER NUMBER
000000404A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:48
 Page: 1

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE,GA 31634-9701

PROVIDER NUMBER 000000415A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	141,640.78	ADJUSTMENTS	5,065.26
COVERED CHARGES	141,605.50	CONTRACTUAL ALLOW	49,445.27
NON-COVERED CHARGES	35.28	TOTAL MEDICAID LIAB	92,160.23
		LESS: COB	0.00
		LESS: COPAYMENT	137.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	92,022.73

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	48	0	19,200.00	0.00
ROUTINE NURSERY	0	0	0.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	48	0	19,200.00	0.00
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	48	0	19,200.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:48
 Page: 2

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
 000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	38,459.31	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	15,814.76	35.28	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	31,375.93	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,739.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,947.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	12,585.00	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	8,046.00	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	2,272.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,166.00	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	122,405.50	35.28
			TOTAL ACCOMODATIONS	19,200.00	0.00
			TOTAL CHARGES	141,605.50	35.28

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:07:48
Page: 3

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:07:48
Page: 4

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	703,428.78	ADJUSTMENTS	12,573.00
COVERED CHARGES	504,140.47	CONTRACTUAL ALLOW	144,080.53
NON-COVERD CHARGES	199,288.31	TOTAL MEDICAID LIAB	360,059.94
		LESS: COB	834.78
		LESS: COPAYMENT	840.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	358,385.16
		ALL OTHER	339,096.64
		FEE SCHEDULE-LAB	19,288.52
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	512

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

Run Date: 09/20/2021
 Run Time: 21:07:48
 Page: 5

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
 000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	41,589.14	0.00	OTHER LAB	1,060.00	214.00
MED/SURG SUPPLY	15,975.26	401.65	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,350.00	4,898.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	78,517.50	6,524.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,483.00	2,086.00	FEE SCHEDULE LAB	135,094.57	7,886.66
EKG/ECG	18,197.00	265.00	MRI SERVICES	0.00	0.00
IV THERAPY	37,728.00	3,785.00	PROFESSIONAL FEES	0.00	211.00
OPERATING ROOM	3,804.00	1,854.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	82,010.00	166,689.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	667.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,983.00	685.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	784.00	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	495.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,053.00	134.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,840.00	1,935.00			
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	18,160.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,512.00	558.00			
			TOTAL ANCILLARY	504,140.47	199,288.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	504,140.47	199,288.31

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:07:49
Page: 6

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,811.96	ADJUSTMENTS	0.00
COVERED CHARGES	3,629.96	CONTRACTUAL ALLOW	2,167.45
NON-COVERD CHARGES	182.00	TOTAL MEDICAID LIAB	1,462.51
		LESS: COB	1,462.51
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:49
 Page: 7

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
 000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	346.23	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	152.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	150.00	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	2,299.00	182.00
EKG/ECG	440.00	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	242.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,629.96	182.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,629.96	182.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:07:50
Page: 8

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	55,247.55	ADJUSTMENTS	134.00
COVERED CHARGES	50,397.55	CONTRACTUAL ALLOW	45,217.55
NON-COVERD CHARGES	4,850.00	TOTAL MEDICAID LIAB	5,180.00
		LESS: COB	0.00
		LESS: COPAYMENT	126.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,054.00

TOTAL NUMBER OF CLAIMS 74

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:50
 Page: 9

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
 000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,356.32	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	861.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,183.00	602.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,166.00	2,694.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,032.53	471.00
EKG/ECG	1,620.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,726.00	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	277.00	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	10,175.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,083.00			
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	50,397.55	4,850.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	50,397.55	4,850.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:07:50
Page: 10

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:07:50
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CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER 000000415A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,987.06	ADJUSTMENTS	6,058.77
COVERED CHARGES	36,489.56	CONTRACTUAL ALLOW	12,254.48
NON-COVERD CHARGES	2,497.50	TOTAL MEDICAID LIAB	24,235.08
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	24,220.08

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CLINCH MEMORIAL HOSP
 1050 VALDOSTA HWY
 HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
 000000415A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,332.70	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,088.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	615.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,848.00	1,492.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,789.73	376.00
EKG/ECG	3,707.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,336.00	222.00	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	532.00	407.00	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	442.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	799.00	0.00			
			TOTAL ANCILLARY	36,489.56	2,497.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,489.56	2,497.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CLINCH MEMORIAL HOSP
1050 VALDOSTA HWY
HOMERVILLE, GA 31634-9701

PROVIDER NUMBER
000000415A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:55:34
 Page: 1

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER 000000426A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,046,166.38	ADJUSTMENTS	2,193,413.71
COVERED CHARGES	108,896,608.28	CONTRACTUAL ALLOW	92,247,443.96
NON-COVERED CHARGES	149,558.10	TOTAL MEDICAID LIAB	16,649,164.32
		LESS: COB	288,276.19
		LESS: COPAYMENT	462.50
		ADD: ADDON PYMT	29,673.00
		REIMBURSEMENT	16,390,098.63

TOTAL NUMBER OF ADMISSIONS 2,301

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,767		0	9,493,722.00		0.00
ROUTINE NURSERY	1,827		0	6,102,294.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,594		0	15,596,016.00		0.00
SPECIAL CARE SERVICES						
CCU	2,932		0	11,861,467.00		0.00
ICU	571		0	2,617,760.00		0.00
NICU	545		0	3,755,050.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	6		0	36,618.00		0.00
BURN UNIT	5		0	30,515.00		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	4,059		0	18,301,410.00		0.00
TOTAL ACCOMODATIONS	11,653		0	33,897,426.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:55:34
 Page: 2

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	15,106,039.51	0.00	OTHER LAB	939,465.00	0.00
MED/SURG SUPPLY	2,636,830.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,413,907.38	0.00	EDUCATION & TRAINING	43,653.00	0.00
RADIOLOGY-DIAGNOSTIC	1,605,791.00	0.00	OTHER THERAPEUTIC SVC	0.00	39,988.00
CT SCAN	5,273,287.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	581,801.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	807,694.00	0.00	MRI SERVICES	1,178,015.00	0.00
IV THERAPY	976,489.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,926,132.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,706,491.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,936,279.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,215,102.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	628,175.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,528,519.10	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,213,704.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	18,520.10
LABORATORY PATHOLOGIC	578,567.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	30,226.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	452,945.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	194,665.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	995,120.00	37,530.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	66,488.00	43,654.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	163,501.00	0.00	IMPL DEV CHARGE PATIENTS	963,464.08	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	607,021.00	0.00	NO CC/INVALID REV CODE	0.00	2,860.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,548,287.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	388,823.20	7,006.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,033,914.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	317,849.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,940,937.80	0.00			
			TOTAL ANCILLARY	74,999,182.28	149,558.10
			TOTAL ACCOMODATIONS	33,897,426.00	0.00
			TOTAL CHARGES	108,896,608.28	149,558.10

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:55:47
 Page: 4

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER 000000426A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,265,565.25	ADJUSTMENTS	0.00
COVERED CHARGES	2,265,565.25	CONTRACTUAL ALLOW	2,009,015.86
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	256,549.39
		LESS: COB	257,494.39
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	945.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 48

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	75		0	108,120.00		0.00
ROUTINE NURSERY	35		0	92,838.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	110		0	200,958.00		0.00
SPECIAL CARE SERVICES						
CCU	78		0	313,716.00		0.00
ICU	34		0	153,850.00		0.00
NICU	17		0	117,130.00		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	129		0	584,696.00		0.00
TOTAL ACCOMODATIONS	239		0	785,654.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:55:47
 Page: 5

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	175,910.00	0.00	OTHER LAB	34,696.00	0.00
MED/SURG SUPPLY	67,866.16	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	235,965.00	0.00	EDUCATION & TRAINING	3,641.00	0.00
RADIOLOGY-DIAGNOSTIC	33,960.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	67,730.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,470.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,376.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,333.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	183,349.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	217,227.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	128,989.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	47,670.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,878.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	34,061.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	26,682.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	7,716.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,948.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,041.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	62,233.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,522.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	15,876.21	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,169.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,463.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,937.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,956.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	52,246.88	0.00			
			TOTAL ANCILLARY	1,479,911.25	0.00
			TOTAL ACCOMODATIONS	785,654.00	0.00
			TOTAL CHARGES	2,265,565.25	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:55:49
Page: 6

WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	40,301,450.10	ADJUSTMENTS	595,475.24
COVERED CHARGES	36,221,705.83	CONTRACTUAL ALLOW	31,734,087.50
NON-COVERD CHARGES	4,079,744.27	TOTAL MEDICAID LIAB	4,487,618.33
		LESS: COB	13,674.13
		LESS: COPAYMENT	9,293.38
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,464,650.82
		ALL OTHER	3,464,770.64
		FEE SCHEDULE-LAB	336,780.91
		INJECTABLE DRUGS	663,099.27
		TOTAL NUMBER OF CLAIMS	8,999

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:55:49
 Page: 7

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	589,327.83	471.55	OTHER LAB	418,428.00	11,128.00
MED/SURG SUPPLY	692,705.53	710.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	506.10	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,443,024.00	7,519.00	OTHER THERAPEUTIC SVC	0.00	78,080.00
CT SCAN	5,328,529.00	328,816.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	115,967.00	23,783.00	FEE SCHEDULE LAB	5,127,521.07	279,688.93
EKG/ECG	618,352.00	21,096.00	MRI SERVICES	800,678.00	56,911.00
IV THERAPY	2,694,905.00	134,347.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,693,629.27	349,598.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,108.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	125,682.00	82,601.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	684,533.00	2,430.00	AMBULANCE	0.00	0.00
GI SERVICES	134,526.50	24,719.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,624,725.00	24,835.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	431,988.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,798.70
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,059,341.38	1,722,523.62
RADIOLOGY THERAPEUTIC	346,647.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	64,647.00	10,109.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	19,140.00	3,201.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	200,160.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	298,730.00	94,536.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	208,135.00	121,005.00	IMPL DEV CHARGE PATIENTS	226,131.55	0.00
LITHOTRIPSY	0.00	39,440.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	648,207.50	93,861.00	NO CC/INVALID REV CODE	576.00	107.64
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	106,136.00	4,124.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	372,046.65	66,925.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	628,301.00	96,979.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	76,518.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	638,519.55	197,733.00			
			TOTAL ANCILLARY	36,221,705.83	4,079,744.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,221,705.83	4,079,744.27

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

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

Run Date: 09/20/2021
 Run Time: 20:56:14
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WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	13,073.73	0.00	OTHER LAB	8,905.00	1,634.00
MED/SURG SUPPLY	19,001.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	227.00
RADIOLOGY-DIAGNOSTIC	14,366.00	654.00	OTHER THERAPEUTIC SVC	0.00	1,132.00
CT SCAN	30,199.00	6,267.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	90,551.76	39,144.25
EKG/ECG	5,274.00	0.00	MRI SERVICES	0.00	19,255.00
IV THERAPY	63,257.00	2,503.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,171.00	55,090.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,792.00	2,200.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	31,656.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	103,242.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,582.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	76,958.88	94,079.60
RADIOLOGY THERAPEUTIC	1,112.00	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	7,643.00	4,601.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	800.00	2,859.00	IMPL DEV CHARGE PATIENTS	30,692.15	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,665.00	8,397.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	47,707.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,023.00	1,147.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,958.00	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	14,204.38	499.00			
			TOTAL ANCILLARY	636,834.00	239,688.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	636,834.00	239,688.85

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:56:17
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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	864,574.95	ADJUSTMENTS	0.00
COVERED CHARGES	804,443.65	CONTRACTUAL ALLOW	784,103.26
NON-COVERD CHARGES	60,131.30	TOTAL MEDICAID LIAB	20,340.39
		LESS: COB	64.05
		LESS: COPAYMENT	339.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	19,937.34

TOTAL NUMBER OF CLAIMS 303

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:17
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WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,991.80	0.00	OTHER LAB	9,536.00	0.00
MED/SURG SUPPLY	1,835.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,973.00	539.00	OTHER THERAPEUTIC SVC	0.00	7,064.00
CT SCAN	76,148.00	15,405.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	145,988.00	9,106.00
EKG/ECG	14,064.00	0.00	MRI SERVICES	12,253.00	0.00
IV THERAPY	27,494.00	841.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,285.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,616.00	1,100.00	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	436,763.00	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	2,199.20	4,743.30
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	116.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	8,000.00	12,000.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,497.00	9,217.00	NO CC/INVALID REV CODE	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	800.00	0.00			
			TOTAL ANCILLARY	804,443.65	60,131.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	804,443.65	60,131.30

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:56:19
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WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	35.10	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	741.00	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	603.00	0.00
EKG/ECG	586.00	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	8,432.00	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	0.00	20.90
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,397.10	20.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,397.10	20.90

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:56:21
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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER 000000426A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,135,924.37	ADJUSTMENTS	511,751.65
COVERED CHARGES	28,218,593.98	CONTRACTUAL ALLOW	26,105,854.91
NON-COVERD CHARGES	1,917,330.39	TOTAL MEDICAID LIAB	2,112,739.07
		LESS: COB	0.00
		LESS: COPAYMENT	2,306.95
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,110,432.12

TOTAL NUMBER OF CLAIMS 392

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:21
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR COBB HOSPITAL
 3950 AUSTELL RD
 AUSTELL,GA 30106-1121

PROVIDER NUMBER
 000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	136,611.65	106.90	OTHER LAB	10,028.00	5,861.00
MED/SURG SUPPLY	237,526.82	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,362.00	44,155.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	44,755.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,519.00	3,422.00	FEE SCHEDULE LAB	428,552.00	5,625.00
EKG/ECG	4,688.00	5,274.00	MRI SERVICES	9,600.00	0.00
IV THERAPY	1,411,533.00	12,312.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	658,045.66	84,397.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,546.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	169,603.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,027.75	1,009.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,381.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	90,073.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	23,739,940.35	1,699,387.90
RADIOLOGY THERAPEUTIC	333,065.00	9,895.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,743.00	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	21,540.00	44,385.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	744,655.14	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,069.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,006.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,833.60	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	49,460.00	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	54,430.01	1,500.00			
			TOTAL ANCILLARY	28,218,593.98	1,917,330.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,218,593.98	1,917,330.39

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:37
 Page: 1

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER 000000437A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,791,793.75	ADJUSTMENTS	25,732.53
COVERED CHARGES	1,641,670.75	CONTRACTUAL ALLOW	901,348.31
NON-COVERED CHARGES	150,123.00	TOTAL MEDICAID LIAB	740,322.44
		LESS: COB	1,454.72
		LESS: COPAYMENT	87.50
		ADD: ADDON PYMT	18,000.00
		REIMBURSEMENT	756,780.22

TOTAL NUMBER OF ADMISSIONS 139

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	281		0	149,149.00		0.00
ROUTINE NURSERY	40		0	12,724.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	321		0	161,873.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	100		0	128,221.00		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	100		0	128,221.00		0.00
TOTAL ACCOMODATIONS	421		0	290,094.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:37
 Page: 2

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	62,445.80	0.00	OTHER LAB	12,110.80	0.00
MED/SURG SUPPLY	31,299.00	11.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	282,574.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,943.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	141,062.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	16,849.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	21,624.00	0.00	MRI SERVICES	5,678.00	0.00
IV THERAPY	70,624.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	49,129.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	86,633.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	155,615.00	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	135,296.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,536.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,538.00	0.00	INJECTABLE DRUGS	274,705.49	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,442.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,581.00	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	21,754.66	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,173.00	0.00	NO CC/INVALID REV CODE	1,228.00	6,258.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,725.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,420.00	2,792.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	39,899.00	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	7,754.00	0.00			
			TOTAL ANCILLARY	1,351,576.75	150,123.00
			TOTAL ACCOMODATIONS	290,094.00	0.00
			TOTAL CHARGES	1,641,670.75	150,123.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:39
 Page: 4

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER 000000437A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,446.80	ADJUSTMENTS	0.00
COVERED CHARGES	13,446.80	CONTRACTUAL ALLOW	6,766.62
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	6,680.18
		LESS: COB	6,667.68
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	2,128.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	2,128.00		0.00
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	4		0	2,128.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:39
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ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	797.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	854.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,351.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	266.00	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	4,111.00	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	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	3,939.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,318.80	0.00
			TOTAL ACCOMODATIONS	2,128.00	0.00
			TOTAL CHARGES	13,446.80	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:48:40
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ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA,GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,332,215.22	ADJUSTMENTS	14,273.95
COVERED CHARGES	3,012,390.71	CONTRACTUAL ALLOW	2,355,378.70
NON-COVERD CHARGES	319,824.51	TOTAL MEDICAID LIAB	657,012.01
		LESS: COB	1,543.81
		LESS: COPAYMENT	2,055.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	653,413.20
		ALL OTHER	574,516.07
		FEE SCHEDULE-LAB	64,430.46
		INJECTABLE DRUGS	14,466.67
		TOTAL NUMBER OF CLAIMS	1,901

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:40
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ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	14,607.06	4,081.50	OTHER LAB	22,119.20	0.00
MED/SURG SUPPLY	16,890.00	238.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	172.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	144,889.00	1,376.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	616,227.00	71,007.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	90,576.00	43,467.00	FEE SCHEDULE LAB	515,453.00	39,738.00
EKG/ECG	48,722.00	1,484.00	MRI SERVICES	101,465.00	1,516.00
IV THERAPY	200,232.00	24,573.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	57,232.00	22,770.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	420.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,348.00	2,092.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	92,294.00	3,283.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	654,780.00	1,991.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,977.00	222.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	124,216.45	25,520.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,765.00	5,326.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	345.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.01
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	4,166.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	19,299.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	27,803.00	1,998.00	NO CC/INVALID REV CODE	0.00	3,527.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,627.00	925.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	56,049.00	41,764.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	53,994.00	15,487.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	67,714.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	39,692.00	2,756.00			
			TOTAL ANCILLARY	3,012,390.71	319,824.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,012,390.71	319,824.51

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:48:46
Page: 9

ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA, GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,613.20	ADJUSTMENTS	0.00
COVERED CHARGES	39,277.55	CONTRACTUAL ALLOW	31,515.89
NON-COVERED CHARGES	17,335.65	TOTAL MEDICAID LIAB	7,761.66
		LESS: COB	7,755.66
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 37

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:46
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	539.40	30.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	629.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,987.00	525.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,664.00	13,484.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,309.00	666.00
EKG/ECG	212.00	0.00	MRI SERVICES	3,613.00	1,619.00
IV THERAPY	3,755.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,602.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	70.00	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	10,210.00	269.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	406.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,139.15	354.65
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	388.00	NO CC/INVALID REV CODE	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	142.00	0.00			
			TOTAL ANCILLARY	39,277.55	17,335.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,277.55	17,335.65

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:48:46
Page: 11

ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA,GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	227,292.78	ADJUSTMENTS	153.64
COVERED CHARGES	211,204.72	CONTRACTUAL ALLOW	196,715.52
NON-COVERD CHARGES	16,088.06	TOTAL MEDICAID LIAB	14,489.20
		LESS: COB	0.00
		LESS: COPAYMENT	303.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,186.20

TOTAL NUMBER OF CLAIMS 185

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:48:46
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ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	533.52	97.45	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	127.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,050.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,140.00	8,068.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	40,258.00	2,776.00
EKG/ECG	2,968.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,886.00	89.00	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	93,158.00	208.00	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	8,577.20	273.61
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	146.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	969.00	0.00	NO CC/INVALID REV CODE	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	4,303.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	781.00	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	884.00	0.00			
			TOTAL ANCILLARY	211,204.72	16,088.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	211,204.72	16,088.06

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:48:47
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ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA,GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,363.50	ADJUSTMENTS	0.00
COVERED CHARGES	9,932.50	CONTRACTUAL ALLOW	9,462.58
NON-COVERD CHARGES	431.00	TOTAL MEDICAID LIAB	469.92
		LESS: COB	463.92
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

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

Run Date: 09/20/2021
 Run Time: 20:48:47
 Page: 14

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	31.70	15.00	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	414.00	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	3,134.00	416.00
EKG/ECG	212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	937.00	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	150.00	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	4,389.00	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	341.80	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	323.00	0.00	NO CC/INVALID REV CODE	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	9,932.50	431.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,932.50	431.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:48:48
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ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA,GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,385.00	ADJUSTMENTS	0.00
COVERED CHARGES	19,385.00	CONTRACTUAL ALLOW	14,279.89
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,105.11
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,105.11

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST MARYS SACRED HEART HOSPITAL INC
 367 CLEAR CREEK PARKWAY
 LAVONIA,GA 30553-4173

PROVIDER NUMBER
 000000437A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,443.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	650.00	0.00
EKG/ECG	212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	165.00	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	1,987.00	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	14,928.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	19,385.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,385.00	0.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST MARYS SACRED HEART HOSPITAL INC
367 CLEAR CREEK PARKWAY
LAVONIA,GA 30553-4173

PROVIDER NUMBER
000000437A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:58
 Page: 1

COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER 000000448A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,492,629.99	ADJUSTMENTS	393,573.10
COVERED CHARGES	17,216,569.99	CONTRACTUAL ALLOW	13,124,970.50
NON-COVERED CHARGES	276,060.00	TOTAL MEDICAID LIAB	4,091,599.49
		LESS: COB	89,276.49
		LESS: COPAYMENT	137.50
		ADD: ADDON PYMT	1,575.00
		REIMBURSEMENT	4,003,760.50

TOTAL NUMBER OF ADMISSIONS 479

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,410		0	1,220,591.00		0.00
ROUTINE NURSERY	59		0	47,127.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,469		0	1,267,718.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	478		0	715,748.00		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	478		0	715,748.00		0.00
TOTAL ACCOMODATIONS	1,947		0	1,983,466.00		0.00

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: 09/20/2021
 Run Time: 21:07:58
 Page: 2

COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,177,882.92	0.00	OTHER LAB	94,108.00	0.00
MED/SURG SUPPLY	695,204.88	1,048.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,482,482.77	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	457,185.07	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	789,638.00	8,556.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	109,467.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	454,846.00	0.00	MRI SERVICES	143,220.00	0.00
IV THERAPY	367,744.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,043,174.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	46,208.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,130,660.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	149,636.83	0.00	AMBULANCE	0.00	0.00
GI SERVICES	126,999.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	437,766.03	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	37,619.21	0.00	DRUG-SPECIFIC/HOME IV	0.00	133,280.00
LABORATORY PATHOLOGIC	21,206.00	0.00	INJECTABLE DRUGS	180,800.20	0.00
RADIOLOGY THERAPEUTIC	635.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	12,531.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	156,876.00	8,884.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	434.00	219.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,154,211.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	59,871.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,939.00	119,198.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	177,630.00	4,875.00			
AUDIOLOGY	9,016.00	0.00			
CARDIOLOGY	1,393,405.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,692.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	282,016.08	0.00			
			TOTAL ANCILLARY	15,233,103.99	276,060.00
			TOTAL ACCOMODATIONS	1,983,466.00	0.00
			TOTAL CHARGES	17,216,569.99	276,060.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:00
 Page: 3

COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	134,719.65	ADJUSTMENTS	0.00
COVERED CHARGES	134,719.65	CONTRACTUAL ALLOW	75,137.53
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	59,582.12
		LESS: COB	59,645.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	14		0	11,722.00		0.00
ROUTINE NURSERY	4		0	3,156.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	18		0	14,878.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	9,218.00		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	6		0	9,218.00		0.00
TOTAL ACCOMODATIONS	24		0	24,096.00		0.00

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

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

Run Date: 09/20/2021
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COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	22,826.00	0.00	OTHER LAB	1,429.00	0.00
MED/SURG SUPPLY	8,064.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	27,763.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,692.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,030.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	383.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	436.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,574.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,517.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,237.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,534.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,471.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,654.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	765.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	284.00	0.00	INJECTABLE DRUGS	425.00	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	608.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	966.00	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	965.65	0.00			
			TOTAL ANCILLARY	110,623.65	0.00
			TOTAL ACCOMODATIONS	24,096.00	0.00
			TOTAL CHARGES	134,719.65	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS, GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 11,133,734.90
COVERED CHARGES 10,502,726.72
NON-COVERD CHARGES 631,008.18

-----PAYMENTS-----
ADJUSTMENTS 270,205.02
CONTRACTUAL ALLOW 8,928,501.86
TOTAL MEDICAID LIAB 1,574,224.86
LESS: COB 334.17
LESS: COPAYMENT 1,492.56
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,572,398.13
ALL OTHER 1,353,130.33
FEE SCHEDULE-LAB 140,561.26
INJECTABLE DRUGS 78,706.54

TOTAL NUMBER OF CLAIMS 3,367

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

Run Date: 09/20/2021
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COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	315,484.00	3,861.03	OTHER LAB	86,013.00	0.00
MED/SURG SUPPLY	254,433.00	944.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,750.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	461,610.00	18,070.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,425,678.00	61,657.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	60,068.00	3,043.00	FEE SCHEDULE LAB	1,977,346.99	103,447.00
EKG/ECG	180,094.00	944.00	MRI SERVICES	304,768.00	3,215.00
IV THERAPY	683,893.00	42,835.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	946,053.50	20,649.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	117,912.00	4,342.00	FREE STANDING CLINIC	110.00	0.00
ANESTHESIA	240,118.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	98,801.00	200.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	837,729.12	4,333.01	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,255.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	25,310.00
LABORATORY PATHOLOGIC	0.00	250.00	INJECTABLE DRUGS	528,873.27	223,134.63
RADIOLOGY THERAPEUTIC	85,330.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,066.00	799.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,404.00	951.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	14,518.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,503.00	571.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	127,223.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	242,183.00	8,813.01	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,103.00	23,394.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	310,677.00	6,504.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	623,144.00	5,880.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,256.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	494,597.84	51,593.00			
			TOTAL ANCILLARY	10,502,726.72	631,008.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,502,726.72	631,008.18

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS,GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	197,348.02	ADJUSTMENTS	0.00
COVERED CHARGES	109,975.02	CONTRACTUAL ALLOW	92,872.70
NON-COVERD CHARGES	87,373.00	TOTAL MEDICAID LIAB	17,102.32

LESS: COB	17,087.32
LESS: COPAYMENT	15.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 31

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,890.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,876.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,764.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,919.00	1,641.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,365.00	679.00
EKG/ECG	872.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,224.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,190.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,626.00	166.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,942.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,335.02	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,530.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	334.00	82,819.00
RADIOLOGY THERAPEUTIC	823.00	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	15,991.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,251.00	0.00	NO CC/INVALID REV CODE	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	4,987.00	2,068.00			
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	15,056.00	0.00			
			TOTAL ANCILLARY	109,975.02	87,373.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	109,975.02	87,373.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS, GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	373,890.39	ADJUSTMENTS	313.28
COVERED CHARGES	362,050.39	CONTRACTUAL ALLOW	344,193.28
NON-COVERD CHARGES	11,840.00	TOTAL MEDICAID LIAB	17,857.11
		LESS: COB	0.00
		LESS: COPAYMENT	138.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,719.11

TOTAL NUMBER OF CLAIMS 243

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	11,287.00	17.00	OTHER LAB	1,429.00	0.00
MED/SURG SUPPLY	2,692.00	1,048.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,349.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	53,886.00	5,138.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	105,114.00	3,363.00
EKG/ECG	5,649.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	31,313.00	528.00	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	1,350.00	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	114,107.15	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	2,490.00	787.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,891.00	959.00	NO CC/INVALID REV CODE	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	2,919.00	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	2,574.24	0.00			
			TOTAL ANCILLARY	362,050.39	11,840.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	362,050.39	11,840.00

Report : CLM-0810-0
Process : CLMJO800
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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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS,GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,068.00	ADJUSTMENTS	0.00
COVERED CHARGES	7,543.00	CONTRACTUAL ALLOW	7,308.04
NON-COVERD CHARGES	3,525.00	TOTAL MEDICAID LIAB	234.96
		LESS: COB	231.96
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	21.00	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	577.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,497.00	3,497.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	822.00	28.00
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	2,082.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	544.00	0.00	NO CC/INVALID REV CODE	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	7,543.00	3,525.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,543.00	3,525.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:08:10
Page: 13

COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS, GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,456,837.69	ADJUSTMENTS	156,145.48
COVERED CHARGES	3,309,785.57	CONTRACTUAL ALLOW	2,959,757.28
NON-COVERD CHARGES	147,052.12	TOTAL MEDICAID LIAB	350,028.29
		LESS: COB	0.00
		LESS: COPAYMENT	57.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	349,971.29

TOTAL NUMBER OF CLAIMS 65

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COFFEE REGIONAL MEDICAL CENTER
 1101 OCILLA RD
 DOUGLAS, GA 31533-2207

PROVIDER NUMBER
 000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	35,860.00	594.00	OTHER LAB	3,244.00	0.00
MED/SURG SUPPLY	101,254.00	812.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,734.00	47,061.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,189.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,457.00	1,485.00	FEE SCHEDULE LAB	27,113.00	1,990.00
EKG/ECG	6,104.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,017.00	320.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	937,405.00	16,639.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,298.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,721.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,452.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,300.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	980,008.06	38,156.12
RADIOLOGY THERAPEUTIC	34,640.00	654.00	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	463,156.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,459.00	0.00	NO CC/INVALID REV CODE	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	400.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	215,139.00	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	359,235.51	38,941.00			
			TOTAL ANCILLARY	3,309,785.57	147,052.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,309,785.57	147,052.12

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:08:11
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
DOUGLAS,GA 31533-2207

PROVIDER NUMBER
000000448A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:19
 Page: 1

COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER 000000459A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,473,551.78	ADJUSTMENTS	824,179.41
COVERED CHARGES	75,990,188.78	CONTRACTUAL ALLOW	65,120,932.68
NON-COVERED CHARGES	1,483,363.00	TOTAL MEDICAID LIAB	10,869,256.10
		LESS: COB	160,238.13
		LESS: COPAYMENT	300.00
		ADD: ADDON PYMT	2,898.00
		REIMBURSEMENT	10,711,615.97

TOTAL NUMBER OF ADMISSIONS 1,185

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,316		0	11,356,749.00		0.00
ROUTINE NURSERY	134		0	301,048.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5,450		0	11,657,797.00		0.00
SPECIAL CARE SERVICES						
CCU	85		0	441,159.00		0.00
ICU	743		0	3,571,792.00		0.00
NICU	3		0	16,511.00		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	831		0	4,029,462.00		0.00
TOTAL ACCOMODATIONS	6,281		0	15,687,259.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:19
 Page: 2

COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,098,914.40	0.00	OTHER LAB	364,114.00	0.00
MED/SURG SUPPLY	2,062,261.46	850.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,506,428.89	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,137,289.13	0.00	OTHER THERAPEUTIC SVC	0.00	1,071.00
CT SCAN	3,987,671.00	1,123,504.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,026,142.44	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	665,220.18	0.00	MRI SERVICES	1,353,581.00	0.00
IV THERAPY	17,545.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,064,966.08	4,752.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	181,559.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,444,563.60	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	867,105.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	294,513.11	4,020.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,385,626.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	504,307.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	9,654.00
LABORATORY PATHOLOGIC	205,341.00	0.00	INJECTABLE DRUGS	9,526,685.65	263,353.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	655,163.84	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	242,019.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	345,507.00	22,141.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,611.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	12,478.50	IMPL DEV CHARGE PATIENTS	852,146.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	567,764.00	0.00	NO CC/INVALID REV CODE	0.00	52.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	600,079.00	1,947.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	148,479.00	39,540.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,097,481.40	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	63,238.10	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	25,607.00	0.00			
			TOTAL ANCILLARY	60,302,929.78	1,483,363.00
			TOTAL ACCOMODATIONS	15,687,259.00	0.00
			TOTAL CHARGES	75,990,188.78	1,483,363.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:24
 Page: 4

COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER 000000459A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	357,864.50	ADJUSTMENTS	0.00
COVERED CHARGES	357,864.50	CONTRACTUAL ALLOW	294,420.31
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	63,444.19
		LESS: COB	63,633.19
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	12		0	25,458.00		0.00
ROUTINE NURSERY	9		0	32,753.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	21		0	58,211.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	5		0	16,515.00		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	5		0	16,515.00		0.00
TOTAL ACCOMODATIONS	26		0	74,726.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:24
 Page: 5

COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,959.25	0.00	OTHER LAB	5,356.00	0.00
MED/SURG SUPPLY	27,633.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	45,207.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,750.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,930.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	539.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	567.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	70,516.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,397.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	428.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,706.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,719.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,266.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,986.50	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	237.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	14,249.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,691.00	0.00	NO CC/INVALID REV CODE	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	283,138.50	0.00
			TOTAL ACCOMODATIONS	74,726.00	0.00
			TOTAL CHARGES	357,864.50	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:08:25
Page: 6

COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,954,364.36	ADJUSTMENTS	160,235.49
COVERED CHARGES	18,014,799.83	CONTRACTUAL ALLOW	16,715,128.02
NON-COVERD CHARGES	3,939,564.53	TOTAL MEDICAID LIAB	1,299,671.81
		LESS: COB	577.07
		LESS: COPAYMENT	952.14
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,298,142.60
		ALL OTHER	1,151,441.20
		FEE SCHEDULE-LAB	138,959.84
		INJECTABLE DRUGS	7,741.56
		TOTAL NUMBER OF CLAIMS	3,841

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:08:25
 Page: 7

COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	272,745.04	271,699.50	OTHER LAB	212,214.00	0.00
MED/SURG SUPPLY	460,899.00	108,999.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,487,008.75	34,838.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,937,960.00	1,261,130.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	8,938.00	FEE SCHEDULE LAB	4,207,312.25	484,508.60
EKG/ECG	494,633.00	7,007.00	MRI SERVICES	67,238.25	69,367.75
IV THERAPY	501,624.00	4,690.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,020,549.08	458,757.92	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,156.00	1,521.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	48,986.50	11,017.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	359,324.00	7,346.00	AMBULANCE	0.00	0.00
GI SERVICES	159,228.00	29,329.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,366,476.00	5,929.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	255,996.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,650.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	219,597.71	160,240.26
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,004.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,465.00	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	4,108.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	4,848.00	21,513.00	IMPL DEV CHARGE PATIENTS	38,905.25	16,194.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	377,394.00	243,834.00	NO CC/INVALID REV CODE	214.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	22,803.00	1,824.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	35,003.00	3,590.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	331,294.00	685,443.75			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,292.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	120,099.00	29,618.00			
			TOTAL ANCILLARY	18,014,799.83	3,939,564.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,014,799.83	3,939,564.53

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:08:35
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COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	225,366.78	ADJUSTMENTS	0.00
COVERED CHARGES	133,687.75	CONTRACTUAL ALLOW	124,189.75
NON-COVERED CHARGES	91,679.03	TOTAL MEDICAID LIAB	9,498.00
		LESS: COB	9,491.66
		LESS: COPAYMENT	6.34
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 30

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,916.50	2,596.25	OTHER LAB	4,018.00	0.00
MED/SURG SUPPLY	1,736.25	2,215.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,794.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	19,373.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	24,570.25	34.50
EKG/ECG	2,643.00	1,078.00	MRI SERVICES	0.00	10,351.00
IV THERAPY	2,516.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,586.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	411.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	649.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,436.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	4,020.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,729.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,000.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,964.00	1,990.53
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	8,565.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,082.00	13,691.00	NO CC/INVALID REV CODE	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	26,636.00	27,764.00			
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	133,687.75	91,679.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	133,687.75	91,679.03

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,837,414.02	ADJUSTMENTS	64.13
COVERED CHARGES	1,517,070.17	CONTRACTUAL ALLOW	1,475,046.79
NON-COVERD CHARGES	320,343.85	TOTAL MEDICAID LIAB	42,023.38
		LESS: COB	0.00
		LESS: COPAYMENT	933.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	41,090.38

TOTAL NUMBER OF CLAIMS 626

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	19,079.62	18,815.25	OTHER LAB	15,636.00	0.00
MED/SURG SUPPLY	909.00	51.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	136,171.50	2,564.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	100,311.00	223,558.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	416,821.75	34,780.85
EKG/ECG	24,891.00	539.00	MRI SERVICES	0.00	0.00
IV THERAPY	43,747.00	110.00	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	852.50	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	730,244.00	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	13,508.80	10,836.25
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	162.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,878.00	28,664.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,363.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,657.00	263.00			
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	1,517,070.17	320,343.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,517,070.17	320,343.85

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:08:38
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COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,140.25	ADJUSTMENTS	0.00
COVERED CHARGES	44,595.00	CONTRACTUAL ALLOW	44,054.96
NON-COVERD CHARGES	15,545.25	TOTAL MEDICAID LIAB	540.04
		LESS: COB	528.04
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 9

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	92.50	286.00	OTHER LAB	2,038.00	0.00
MED/SURG SUPPLY	523.50	52.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,302.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	15,051.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,568.25	0.00
EKG/ECG	1,052.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	212.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,802.00	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	1,588.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,115.00	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	17,301.00	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	156.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	44,595.00	15,545.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	44,595.00	15,545.25

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,546,766.87	ADJUSTMENTS	16,408.34
COVERED CHARGES	1,386,688.87	CONTRACTUAL ALLOW	1,309,737.99
NON-COVERD CHARGES	160,078.00	TOTAL MEDICAID LIAB	76,950.88
		LESS: COB	0.00
		LESS: COPAYMENT	66.76
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	76,884.12

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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COLISEUM MEDICAL CENTERS
 350 HOSPITAL DR
 MACON, GA 31217-3838

PROVIDER NUMBER
 000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	31,548.62	3,215.25	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	108,513.75	27,790.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,593.00	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	4,532.00	FEE SCHEDULE LAB	34,884.75	1,422.25
EKG/ECG	5,799.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	687,335.75	14,564.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	56.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	86,645.00	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	32,772.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,427.00	4,947.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,331.00	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	155,218.00	70,432.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,912.00	2,346.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,958.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	212,026.00	27,498.00			
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	1,386,688.87	160,078.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,386,688.87	160,078.00

Report : CLM-0814-0
Process : CLMJO800
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

COLISEUM MEDICAL CENTERS
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:09
 Page: 1

PIEDMONT NEWNAN HOSPITAL INC
 745 POPLAR ROAD
 NEWNAN,GA 30265-1618

PROVIDER NUMBER 000000492A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,702,730.58	ADJUSTMENTS	803,285.67
COVERED CHARGES	35,615,652.69	CONTRACTUAL ALLOW	28,440,846.08
NON-COVERD CHARGES	87,077.89	TOTAL MEDICAID LIAB	7,174,806.61
		LESS: COB	55,328.00
		LESS: COPAYMENT	175.00
		ADD: ADDON PYMT	5,103.00
		REIMBURSEMENT	7,124,406.61

TOTAL NUMBER OF ADMISSIONS 689

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,264		0	3,104,392.00		0.00
ROUTINE NURSERY	360		0	619,216.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		30.00
TOTAL ROUTINE	2,624		0	3,723,608.00		30.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	705		0	2,587,373.00		0.00
NICU	9		0	38,840.00		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	714		0	2,626,213.00		0.00
TOTAL ACCOMODATIONS	3,338		0	6,349,821.00		30.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:09
 Page: 2

PIEDMONT NEWMAN HOSPITAL INC
 745 POPLAR ROAD
 NEWMAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,529,988.67	0.00	OTHER LAB	267,633.00	0.00
MED/SURG SUPPLY	649,011.33	1,896.89	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,552,298.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	420,782.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,515,792.00	9,895.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	199,068.06	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	390,328.00	0.00	MRI SERVICES	499,209.00	0.00
IV THERAPY	815,732.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,510,470.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	673,937.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,984,080.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	263,917.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	306,099.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,750,692.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	509,659.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	123,234.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	7,598.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	95,784.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	80,829.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	430,683.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	32,239.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	849,141.05	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	247,761.00	16,962.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	855,200.00	38,830.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	102,279.00	19,464.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,177,833.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	75,159.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	349,394.58	0.00			
			TOTAL ANCILLARY	29,265,831.69	87,047.89
			TOTAL ACCOMODATIONS	6,349,821.00	30.00
			TOTAL CHARGES	35,615,652.69	87,077.89

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:13
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PIEDMONT NEWNAN HOSPITAL INC
 745 POPLAR ROAD
 NEWNAN,GA 30265-1618

PROVIDER NUMBER 000000492A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	424,109.51	ADJUSTMENTS	0.00
COVERED CHARGES	424,109.51	CONTRACTUAL ALLOW	388,477.13
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	35,632.38
		LESS: COB	35,884.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	39		0	53,430.00		0.00
ROUTINE NURSERY	7		0	7,882.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	46		0	61,312.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	4,115.00		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	1		0	4,115.00		0.00
TOTAL ACCOMODATIONS	47		0	65,427.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:13
 Page: 4

PIEDMONT NEWMAN HOSPITAL INC
 745 POPLAR ROAD
 NEWMAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	69,589.26	0.00	OTHER LAB	6,066.00	0.00
MED/SURG SUPPLY	7,446.49	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	69,109.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,662.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,444.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	830.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,527.00	0.00	MRI SERVICES	16,715.00	0.00
IV THERAPY	10,685.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	28,997.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,505.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,669.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,718.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,680.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,068.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,929.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,263.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,694.00	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	1,190.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,346.76	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,942.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	31,546.00	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	10,061.00	0.00			
			TOTAL ANCILLARY	358,682.51	0.00
			TOTAL ACCOMODATIONS	65,427.00	0.00
			TOTAL CHARGES	424,109.51	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN, GA 30265-1618

PROVIDER NUMBER
000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 30,995,460.12
COVERED CHARGES 25,629,773.22
NON-COVERD CHARGES 5,365,686.90

-----PAYMENTS-----
ADJUSTMENTS 1,504,960.82
CONTRACTUAL ALLOW 22,218,475.72
TOTAL MEDICAID LIAB 3,411,297.50
LESS: COB 1,582.52
LESS: COPAYMENT 4,677.38
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,405,037.60
ALL OTHER 1,731,718.43
FEE SCHEDULE-LAB 121,401.83
INJECTABLE DRUGS 1,551,917.34

TOTAL NUMBER OF CLAIMS 4,022

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:14
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PIEDMONT NEWMAN HOSPITAL INC
 745 POPLAR ROAD
 NEWMAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	408,045.98	6,755.86	OTHER LAB	233,131.00	2,061.00
MED/SURG SUPPLY	556,983.27	42,150.39	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	615,879.00	69,591.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,037,667.00	537,646.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,687.00	34,635.02	FEE SCHEDULE LAB	2,433,199.00	163,343.00
EKG/ECG	360,651.00	14,084.00	MRI SERVICES	315,439.00	164,222.00
IV THERAPY	1,278,844.00	260,279.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,929,896.92	310,969.08	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	12,363.00	0.00	REHAB THERAPY	0.00	1,188.00
RESPIRATORY SERVICES	111,692.00	61,264.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	246,659.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	128,322.00	53,324.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,948,868.00	18,819.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	402,246.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,254,159.99	1,760,318.16
RADIOLOGY THERAPEUTIC	704,871.00	748,895.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	11,080.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	483.00	9,072.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	80,541.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	5,389.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	234,375.83	261,746.39
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	579,855.00	71,647.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,872.00	5,295.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	160,261.00	262,495.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	669,973.00	356,387.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	313,288.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	675,061.23	52,490.00			
			TOTAL ANCILLARY	25,629,773.22	5,365,686.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,629,773.22	5,365,686.90

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN, GA 30265-1618

PROVIDER NUMBER
000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,054,502.30	ADJUSTMENTS	0.00
COVERED CHARGES	360,446.29	CONTRACTUAL ALLOW	331,880.17
NON-COVERD CHARGES	2,694,056.01	TOTAL MEDICAID LIAB	28,566.12
		LESS: COB	28,532.74
		LESS: COPAYMENT	33.38
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 68

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT NEWMAN HOSPITAL INC
 745 POPLAR ROAD
 NEWMAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,991.56	332.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,027.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,662.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	43,319.00	40,583.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	48,956.00	4,699.00
EKG/ECG	8,048.00	0.00	MRI SERVICES	0.00	3,906.00
IV THERAPY	27,302.00	4,873.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,650.00	12,914.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,528.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,887.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,594.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	79,166.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,948.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,637.64	2,612,397.69
RADIOLOGY THERAPEUTIC	2,869.00	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	69.49	923.52
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,111.00	9,412.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,057.00	2,747.00			
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	1,717.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,906.60	1,268.00			
			TOTAL ANCILLARY	360,446.29	2,694,056.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	360,446.29	2,694,056.01

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN, GA 30265-1618

PROVIDER NUMBER
000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	331,258.69	ADJUSTMENTS	67.13
COVERED CHARGES	318,814.14	CONTRACTUAL ALLOW	309,751.59
NON-COVERD CHARGES	12,444.55	TOTAL MEDICAID LIAB	9,062.55
		LESS: COB	0.00
		LESS: COPAYMENT	177.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,885.55

TOTAL NUMBER OF CLAIMS 135

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:46:24
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PIEDMONT NEWNAN HOSPITAL INC
 745 POPLAR ROAD
 NEWNAN, GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,257.58	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	132.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,066.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	54,540.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	54,230.00	3,778.00
EKG/ECG	5,533.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,441.00	5,176.00	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	360.00	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	168,423.00	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	1,364.56	1,032.55
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,467.00	2,458.00	NO CC/INVALID REV CODE	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	318,814.14	12,444.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	318,814.14	12,444.55

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:46:25
Page: 11

PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN, GA 30265-1618

PROVIDER NUMBER
000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,877.20	ADJUSTMENTS	0.00
COVERED CHARGES	10,775.60	CONTRACTUAL ALLOW	10,574.21
NON-COVERD CHARGES	101.60	TOTAL MEDICAID LIAB	201.39
		LESS: COB	198.39
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:46:25
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PIEDMONT NEWNAN HOSPITAL INC
 745 POPLAR ROAD
 NEWNAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	416.00	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	1,020.00	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	2,211.00	86.00
EKG/ECG	503.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,511.00	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	4,099.00	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	15.60	15.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,775.60	101.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,775.60	101.60

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:46:26
Page: 13

PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN, GA 30265-1618

PROVIDER NUMBER 000000492A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,559,781.98	ADJUSTMENTS	143,152.32
COVERED CHARGES	3,443,830.30	CONTRACTUAL ALLOW	3,065,596.96
NON-COVERD CHARGES	115,951.68	TOTAL MEDICAID LIAB	378,233.34
		LESS: COB	0.00
		LESS: COPAYMENT	252.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	377,981.34

TOTAL NUMBER OF CLAIMS 63

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT NEWNAN HOSPITAL INC
 745 POPLAR ROAD
 NEWNAN,GA 30265-1618

PROVIDER NUMBER
 000000492A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	12,009.20	582.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	85,922.46	3,840.72	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,556.00	8,755.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,755.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,365.00	FEE SCHEDULE LAB	12,485.00	79.00
EKG/ECG	3,521.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,424.00	459.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	68,091.00	36,682.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,222.00	1,254.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,940.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,620.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,535.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,578,077.96	25,792.28
RADIOLOGY THERAPEUTIC	254,495.00	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	151.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	165,290.68	26,604.28
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,321.00	0.00	NO CC/INVALID REV CODE	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	174,406.00	7,632.00			
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	19,914.00	0.00			
			TOTAL ANCILLARY	3,443,830.30	115,951.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,443,830.30	115,951.68

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT NEWNAN HOSPITAL INC
745 POPLAR ROAD
NEWNAN,GA 30265-1618

PROVIDER NUMBER
000000492A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:47
 Page: 1

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER 000000503A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	128,221,860.85	ADJUSTMENTS	6,727,492.79
COVERED CHARGES	126,145,014.44	CONTRACTUAL ALLOW	95,555,043.71
NON-COVERED CHARGES	2,076,846.41	TOTAL MEDICAID LIAB	30,589,970.73
		LESS: COB	439,519.50
		LESS: COPAYMENT	1,525.00
		ADD: ADDON PYMT	7,686.00
		REIMBURSEMENT	30,156,612.23

TOTAL NUMBER OF ADMISSIONS 2,354

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	12,062	0	19,619,215.00	0.00
ROUTINE NURSERY	1,472	0	3,227,173.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	13,534	0	22,846,388.00	0.00
SPECIAL CARE SERVICES				
CCU	381	0	2,604,892.00	0.00
ICU	1,995	0	12,475,400.00	0.00
NICU	91	0	491,094.00	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	2,467	0	15,571,386.00	0.00
TOTAL ACCOMODATIONS	16,001	0	38,417,774.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:47
 Page: 2

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	5,116,185.85	0.00	OTHER LAB	699,341.00	0.00
MED/SURG SUPPLY	4,962,066.80	10,097.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,893,154.00	0.00	EDUCATION & TRAINING	228.00	0.00
RADIOLOGY-DIAGNOSTIC	1,445,626.00	880.00	OTHER THERAPEUTIC SVC	0.00	367,092.00
CT SCAN	3,368,023.00	27,966.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,239,412.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	611,164.00	0.00	MRI SERVICES	1,225,517.00	0.00
IV THERAPY	880,707.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,763,362.02	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	918,007.00	678.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,823,619.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,510,684.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	527,571.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,231,513.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	882,705.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	42,133.75
LABORATORY PATHOLOGIC	740,809.00	0.00	INJECTABLE DRUGS	8,571,701.36	312,818.66
RADIOLOGY THERAPEUTIC	149,105.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	575,079.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	219,719.12	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,380,099.00	314,958.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	34,016.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,136,809.89	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	599,988.00	488,793.00	NO CC/INVALID REV CODE	3,950.00	88,700.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,208,629.40	396,642.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	101,926.00	26,088.00			
AUDIOLOGY	23,247.00	0.00			
CARDIOLOGY	3,258,958.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	381,378.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	242,940.00	0.00			
			TOTAL ANCILLARY	87,727,240.44	2,076,846.41
			TOTAL ACCOMODATIONS	38,417,774.00	0.00
			TOTAL CHARGES	126,145,014.44	2,076,846.41

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:16:02
 Page: 4

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,219,567.37	ADJUSTMENTS	0.00
COVERED CHARGES	1,206,051.73	CONTRACTUAL ALLOW	935,511.38
NON-COVERED CHARGES	13,515.64	TOTAL MEDICAID LIAB	270,540.35
		LESS: COB	270,603.35
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 36

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	99		0	160,776.00		0.00
ROUTINE NURSERY	117		0	289,077.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	216		0	449,853.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	9		0	61,524.00		0.00
NICU	1		0	5,317.00		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	10		0	66,841.00		0.00
TOTAL ACCOMODATIONS	226		0	516,694.00		0.00

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

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

Run Date: 09/20/2021
 Run Time: 21:16:02
 Page: 5

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	36,089.92	0.00	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	41,949.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	140,212.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,406.00	0.00	OTHER THERAPEUTIC SVC	0.00	6,986.00
CT SCAN	9,606.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,380.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,925.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,461.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	46,788.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	155,602.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	77,307.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	27,508.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,736.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,100.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,592.64
LABORATORY PATHOLOGIC	5,454.00	0.00	INJECTABLE DRUGS	37,963.45	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,632.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,042.00	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	947.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,208.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,494.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	18,924.00	2,937.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	736.00	0.00			
CARDIOLOGY	20,569.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,797.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	47.00	0.00			
			TOTAL ANCILLARY	689,357.73	13,515.64
			TOTAL ACCOMODATIONS	516,694.00	0.00
			TOTAL CHARGES	1,206,051.73	13,515.64

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA,GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 45,064,805.58
COVERED CHARGES 33,940,212.45
NON-COVERD CHARGES 11,124,593.13

-----PAYMENTS-----
ADJUSTMENTS 531,423.65
CONTRACTUAL ALLOW 27,018,210.96
TOTAL MEDICAID LIAB 6,922,001.49
LESS: COB 9,397.15
LESS: COPAYMENT 13,825.39
ADD: ADDON PYMT 0.00
REIMBURSEMENT 6,898,778.95
ALL OTHER 4,863,127.70
FEE SCHEDULE-LAB 561,002.25
INJECTABLE DRUGS 1,474,649.00

TOTAL NUMBER OF CLAIMS 10,973

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	254,256.18	875,173.27	OTHER LAB	371,726.00	4,295.00
MED/SURG SUPPLY	971,225.99	7,904.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	2,646.00	EDUCATION & TRAINING	0.00	76.00
RADIOLOGY-DIAGNOSTIC	881,093.00	137,128.00	OTHER THERAPEUTIC SVC	13,972.00	204,300.00
CT SCAN	2,597,038.00	685,238.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	30,683.00	38,577.00	FEE SCHEDULE LAB	7,352,494.00	988,521.00
EKG/ECG	538,230.00	2,618.00	MRI SERVICES	867,450.00	359,908.00
IV THERAPY	2,698,266.00	122,287.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,064,072.50	1,085,413.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	46,510.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	179,434.00	88,550.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	531,896.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	116,478.00	123,367.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,702,036.50	69,178.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	551,563.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,519.94
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,457,654.00	4,006,685.91
RADIOLOGY THERAPEUTIC	1,081,757.00	44,768.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	25,052.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	24,435.00	49,967.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	298,100.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	9,059.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	71,654.80	365,659.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	971,865.00	765,879.00	NO CC/INVALID REV CODE	0.00	51,853.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	921,916.00	151,628.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	340,981.00	77,822.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	629,558.00	225,260.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,953.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,667,014.48	252,536.00			
			TOTAL ANCILLARY	33,940,212.45	11,122,969.13
			TOTAL ACCOMODATIONS	0.00	1,624.00
			TOTAL CHARGES	33,940,212.45	11,124,593.13

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA,GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,578,881.99
COVERED CHARGES 652,449.52
NON-COVERD CHARGES 926,432.47

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 567,300.71
TOTAL MEDICAID LIAB 85,148.81
LESS: COB 84,869.43
LESS: COPAYMENT 279.38
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00
ALL OTHER 0.00
FEE SCHEDULE-LAB 0.00
INJECTABLE DRUGS 0.00

TOTAL NUMBER OF CLAIMS 193

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	17,806.68	9,607.18	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	18,207.80	70.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,054.00	7,251.00	OTHER THERAPEUTIC SVC	0.00	41,916.00
CT SCAN	4,096.00	10,661.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	633.00	FEE SCHEDULE LAB	224,742.00	90,937.00
EKG/ECG	2,926.00	154.00	MRI SERVICES	0.00	10,279.00
IV THERAPY	66,099.00	796.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	50,354.50	48,099.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,457.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	671.00	235.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	18,125.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,874.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	33,238.00	819.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	32,275.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	8,943.60
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	40,095.54	656,820.19
RADIOLOGY THERAPEUTIC	8,829.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	713.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	815.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,630.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	897.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,621.00	2,625.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,409.00	17,493.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	71,300.00	2,937.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,306.00	958.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,739.00	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	41,098.00	7,269.00			
			TOTAL ANCILLARY	652,449.52	926,432.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	652,449.52	926,432.47

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA,GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	267,366.14	ADJUSTMENTS	262.52
COVERED CHARGES	256,303.41	CONTRACTUAL ALLOW	246,032.52
NON-COVERD CHARGES	11,062.73	TOTAL MEDICAID LIAB	10,270.89
		LESS: COB	0.00
		LESS: COPAYMENT	282.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,988.89

TOTAL NUMBER OF CLAIMS 153

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	2,665.19	1,200.00	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	5,857.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	249.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,368.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,720.00	2,282.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	48,290.00	1,891.00
EKG/ECG	4,158.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,059.00	170.00	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	2,976.00	1,912.00	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	130,868.00	1,620.00	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	5,967.22	144.73
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,583.00	1,541.00	NO CC/INVALID REV CODE	0.00	53.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,978.00	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	340.00	0.00			
			TOTAL ANCILLARY	256,303.41	11,062.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	256,303.41	11,062.73

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA,GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,014.96	ADJUSTMENTS	0.00
COVERED CHARGES	2,014.96	CONTRACTUAL ALLOW	1,880.70
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	134.26
		LESS: COB	131.26
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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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EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	42.96	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	67.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	589.00	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	124.00	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	1,192.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,014.96	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,014.96	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:16:42
Page: 16

EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA, GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,277,040.44	ADJUSTMENTS	224,150.82
COVERED CHARGES	8,335,528.30	CONTRACTUAL ALLOW	6,369,320.17
NON-COVERD CHARGES	941,512.14	TOTAL MEDICAID LIAB	1,966,208.13
		LESS: COB	11,785.72
		LESS: COPAYMENT	1,477.63
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,952,944.78

TOTAL NUMBER OF CLAIMS 325

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:16:42
 Page: 17

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	41,594.51	7,804.65	OTHER LAB	1,237.00	0.00
MED/SURG SUPPLY	197,302.22	128.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,685.00	31,780.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,666.00	821.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,051.00	FEE SCHEDULE LAB	286,484.00	16,843.00
EKG/ECG	3,080.00	154.00	MRI SERVICES	3,950.00	0.00
IV THERAPY	477,294.00	7,260.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,136,325.00	36,406.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,199.00	2,986.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	226,351.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,430.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	108,855.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,870,802.77	599,672.49
RADIOLOGY THERAPEUTIC	771,134.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	712.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	609.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	27,540.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	67.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	30,255.80	157,946.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,185.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	34,959.00	11,280.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,563.00	188.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	58,080.00	2,200.00			
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	28,096.00	35,064.00			
			TOTAL ANCILLARY	8,335,528.30	941,512.14
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,335,528.30	941,512.14

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:16:46
Page: 18

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIVERSITY HOSPITAL MIDTOWN
550 PEACHTREE ST NE
ATLANTA,GA 30308-2247

PROVIDER NUMBER
000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	387,466.27	ADJUSTMENTS	0.00
COVERED CHARGES	384,867.69	CONTRACTUAL ALLOW	324,089.59
NON-COVERD CHARGES	2,598.58	TOTAL MEDICAID LIAB	60,778.10
		LESS: COB	60,748.10
		LESS: COPAYMENT	30.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:16:46
 Page: 19

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIVERSITY HOSPITAL MIDTOWN
 550 PEACHTREE ST NE
 ATLANTA,GA 30308-2247

PROVIDER NUMBER
 000000503A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	435.36	110.58	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	679.00	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	8,100.00	386.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,863.00	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	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	344,175.33	0.00
RADIOLOGY THERAPEUTIC	8,787.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	828.00	2,102.00			
			TOTAL ANCILLARY	384,867.69	2,598.58
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	384,867.69	2,598.58

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:46
 Page: 1

CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE, GA 31015-3234

PROVIDER NUMBER 000000514A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,609,837.65	ADJUSTMENTS	13,123.09
COVERED CHARGES	6,471,624.33	CONTRACTUAL ALLOW	4,289,681.62
NON-COVERED CHARGES	138,213.32	TOTAL MEDICAID LIAB	2,181,942.71
		LESS: COB	20,438.23
		LESS: COPAYMENT	100.00
		ADD: ADDON PYMT	12,000.00
		REIMBURSEMENT	2,173,404.48

TOTAL NUMBER OF ADMISSIONS 259

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	854	0	731,641.00	0.00
ROUTINE NURSERY	24	0	25,920.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	75.00
TOTAL ROUTINE	878	0	757,561.00	75.00
SPECIAL CARE SERVICES				
CCU	0	0	0.00	0.00
ICU	374	0	632,330.00	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	374	0	632,330.00	0.00
TOTAL ACCOMODATIONS	1,252	0	1,389,891.00	75.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:46
 Page: 2

CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	994,406.18	0.00	OTHER LAB	15,954.59	0.00
MED/SURG SUPPLY	249,211.86	2,333.43	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,248,075.71	0.00	EDUCATION & TRAINING	492.00	0.00
RADIOLOGY-DIAGNOSTIC	92,755.79	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	397,032.38	9,642.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	60,474.25	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	32,560.60	0.00	MRI SERVICES	46,081.34	0.00
IV THERAPY	137,648.19	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	504,543.18	1,421.13	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	26,370.30	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	533,103.13	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,857.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	242,246.04	0.00	SPECIAL SERVICES	0.00	10,440.00
RECOVERY ROOM	54,935.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	10,359.38	0.00	INJECTABLE DRUGS	31,622.40	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,308.02	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	18,324.71	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,250.00	52,875.00	PATIENT CONVENIENCE	0.00	4.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	840.00	202.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	100,890.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,551.34	0.00	NO CC/INVALID REV CODE	0.00	4,098.80
BLOOD	2,705.40	0.00			
BLOOD STORAGE & PRO.	57,550.22	51,271.10			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,182.93	5,849.46			
AUDIOLOGY	3,093.74	0.00			
CARDIOLOGY	72,608.44	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,374.30	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	44,323.31	0.00			
			TOTAL ANCILLARY	5,081,733.33	138,138.32
			TOTAL ACCOMODATIONS	1,389,891.00	75.00
			TOTAL CHARGES	6,471,624.33	138,213.32

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:49
 Page: 4

CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER 000000514A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,969.37	ADJUSTMENTS	0.00
COVERED CHARGES	41,969.37	CONTRACTUAL ALLOW	26,833.45
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	15,135.92
		LESS: COB	15,123.42
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1		0	831.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1		0	831.00		0.00
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	1		0	831.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:49
 Page: 5

CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,928.70	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,795.87	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	113.74	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	179.10	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	11,375.00	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	1,125.00	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	660.00	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	IMPL DEV CHARGE PATIENTS	22,633.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	327.96	0.00	NO CC/INVALID REV CODE	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	41,138.37	0.00
			TOTAL ACCOMODATIONS	831.00	0.00
			TOTAL CHARGES	41,969.37	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:09:49
Page: 6

CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER
000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 6,515,220.50
COVERED CHARGES 5,387,712.78
NON-COVERD CHARGES 1,127,507.72

-----PAYMENTS-----
ADJUSTMENTS 254,419.90
CONTRACTUAL ALLOW 4,389,240.28
TOTAL MEDICAID LIAB 998,472.50
LESS: COB 522.00
LESS: COPAYMENT 2,736.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 995,214.50
ALL OTHER 782,729.79
FEE SCHEDULE-LAB 108,020.48
INJECTABLE DRUGS 104,464.23

TOTAL NUMBER OF CLAIMS 2,809

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:49
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CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	69,970.83	12,717.34	OTHER LAB	100,189.36	0.00
MED/SURG SUPPLY	121,014.82	23,119.28	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	120.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	191,572.57	23,410.62	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	861,866.65	196,869.34	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	38,781.64	7,088.14	FEE SCHEDULE LAB	1,190,541.17	140,992.31
EKG/ECG	47,896.68	4,260.00	MRI SERVICES	120,298.28	9,598.85
IV THERAPY	399,465.77	52,844.60	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	403,705.56	160,847.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,471.60	447.16	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	39,128.66	6,343.25	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	72,884.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	643,933.76	13,095.63	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	27,284.40	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	609,858.05	323,190.70
RADIOLOGY THERAPEUTIC	28,404.99	0.00	HOME HEALTH SERVICES	0.00	40.56
OCCUPATIONAL THERAPY	0.00	378.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,598.44	477.90	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	35,828.23	13,096.88	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	5,783.10	43,648.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	106,966.17	12,453.81	NO CC/INVALID REV CODE	4,293.80	7,618.84
BLOOD	2,075.36	781.20			
BLOOD STORAGE & PRO.	10,546.50	3,921.94			
ONCOLOGY	978.60	168.00			
NUCLEAR MEDICINE	57,537.21	20,663.92			
AUDIOLOGY	0.00	237.98			
CARDIOLOGY	22,578.24	18,547.20			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	17,431.71	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	150,825.93	28,035.77			
			TOTAL ANCILLARY	5,387,712.78	1,125,014.72
			TOTAL ACCOMODATIONS	0.00	2,493.00
			TOTAL CHARGES	5,387,712.78	1,127,507.72

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:09:57
Page: 9

CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER 000000514A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	829,404.63	ADJUSTMENTS	0.00
COVERED CHARGES	43,752.00	CONTRACTUAL ALLOW	36,177.16
NON-COVERD CHARGES	785,652.63	TOTAL MEDICAID LIAB	7,574.84
		LESS: COB	7,520.65
		LESS: COPAYMENT	54.19
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	31

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

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

Run Date: 09/20/2021
 Run Time: 21:09:57
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	276.57	65.00	OTHER LAB	2,987.00	0.00
MED/SURG SUPPLY	2,544.05	25.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	989.34	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,779.91	6,348.58	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,606.73	806.27
EKG/ECG	142.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,557.43	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,000.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	163.80	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	600.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,888.33	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	660.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,490.38	769,811.68
RADIOLOGY THERAPEUTIC	5,232.16	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	135.00	281.68	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,393.22	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	273.02	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	5,373.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	556.72	1,324.80			
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	476.34	1,616.12			
			TOTAL ANCILLARY	43,752.00	785,652.63
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	43,752.00	785,652.63

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 11

CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER
000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	235,622.73	ADJUSTMENTS	765.20
COVERED CHARGES	213,604.48	CONTRACTUAL ALLOW	203,031.28
NON-COVERD CHARGES	22,018.25	TOTAL MEDICAID LIAB	10,573.20
		LESS: COB	0.00
		LESS: COPAYMENT	252.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,321.20

TOTAL NUMBER OF CLAIMS 135

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:09:58
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CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE,GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,823.99	407.56	OTHER LAB	423.90	0.00
MED/SURG SUPPLY	3,440.44	178.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,921.86	791.65	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	37,886.62	8,128.49	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	51,735.15	6,040.21
EKG/ECG	1,817.60	142.00	MRI SERVICES	0.00	0.00
IV THERAPY	23,778.51	2,620.51	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,633.95	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	694.83	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	810.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	65,355.36	915.45	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	660.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,164.79	1,101.48
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	270.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	617.48	0.00	NO CC/INVALID REV CODE	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	97.60			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,324.80			
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	840.00	0.00			
			TOTAL ANCILLARY	213,604.48	22,018.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	213,604.48	22,018.25

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER
000000514A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:09:58
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CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER 000000514A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,060,478.65	ADJUSTMENTS	67,278.12
COVERED CHARGES	3,011,213.13	CONTRACTUAL ALLOW	2,769,961.20
NON-COVERD CHARGES	49,265.52	TOTAL MEDICAID LIAB	241,251.93
		LESS: COB	0.00
		LESS: COPAYMENT	174.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	241,077.93

TOTAL NUMBER OF CLAIMS 43

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:09:58
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CRISP REGIONAL HOSPITAL
 902 N 7TH ST
 CORDELE, GA 31015-3234

PROVIDER NUMBER
 000000514A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,175.07	618.53	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,405.01	139.80	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	581.46	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,323.90	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	27,806.45	1,534.78
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	22,724.20	5,826.11	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,960.00	4,480.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,439.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,650.00	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	1,320.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,895,140.91	33,711.91
RADIOLOGY THERAPEUTIC	31,273.89	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	1,738.56	627.60	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	253.86	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	183.60	0.00			
NUCLEAR MEDICINE	0.00	1,372.16			
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	1,818.68	373.17			
			TOTAL ANCILLARY	3,011,213.13	49,265.52
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,011,213.13	49,265.52

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER
000000514A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:14:23
 Page: 1

DECATUR HLTH RESOURCES HOSPITAL ,INC
 450 N CANDLER ST
 DECATUR,GA 30030-2626

PROVIDER NUMBER
 000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,042,397.62	ADJUSTMENTS	96,177.38
COVERED CHARGES	3,030,523.74	CONTRACTUAL ALLOW	2,237,026.02
NON-COVERED CHARGES	11,873.88	TOTAL MEDICAID LIAB	793,497.72
		LESS: COB	7,175.54
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	786,247.18

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	366		0	1,026,946.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	366		0	1,026,946.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	110		0	359,651.00		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	110		0	359,651.00		0.00
TOTAL ACCOMODATIONS	476		0	1,386,597.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:14:23
 Page: 2

DECATUR HLTH RESOURCES HOSPITAL ,INC
 450 N CANDLER ST
 DECATUR,GA 30030-2626

PROVIDER NUMBER
 000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	135,093.10	0.00	OTHER LAB	2,369.00	0.00
MED/SURG SUPPLY	133,700.39	1,984.08	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	152,659.15	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	49,502.40	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,812.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	102,167.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,110.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,807.65	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	696,551.30	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,210.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,951.00	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	681.00	0.00	INJECTABLE DRUGS	121,083.70	9,889.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	113,338.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	78,411.75	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	246.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,076.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,879.40	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,392.00	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	16,885.90	0.00			
			TOTAL ANCILLARY	1,643,926.74	11,873.88
			TOTAL ACCOMODATIONS	1,386,597.00	0.00
			TOTAL CHARGES	3,030,523.74	11,873.88

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:23
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DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:23
Page: 4

DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:23
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DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:23
Page: 6

DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:14:23
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DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:14:23
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DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DECATUR HLTH RESOURCES HOSPITAL ,INC
450 N CANDLER ST
DECATUR,GA 30030-2626

PROVIDER NUMBER
000000525A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:42
 Page: 1

DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER 000000536A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	58,057,982.60	ADJUSTMENTS	920,393.53
COVERED CHARGES	57,213,442.25	CONTRACTUAL ALLOW	42,641,355.53
NON-COVERED CHARGES	844,540.35	TOTAL MEDICAID LIAB	14,572,086.72
		LESS: COB	181,753.49
		LESS: COPAYMENT	562.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,389,770.73

TOTAL NUMBER OF ADMISSIONS 1,902

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,627		0	9,772,497.00		0.00
ROUTINE NURSERY	1,351		0	3,272,862.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,978		0	13,045,359.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,587		0	4,863,708.00		0.00
NICU	11		0	64,991.50		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	1,598		0	4,928,699.50		0.00
TOTAL ACCOMODATIONS	9,576		0	17,974,058.50		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:42
 Page: 2

DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	3,503,072.44	0.00	OTHER LAB	406,928.00	0.00
MED/SURG SUPPLY	917,121.98	343.00	RECREATIONAL THERAPY	55,916.00	0.00
LABORATORY-GENERAL	6,442,812.12	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,124,203.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,973,782.00	133,000.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,352,017.03	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	604,404.00	0.00	MRI SERVICES	464,530.00	0.00
IV THERAPY	1,059,582.90	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,155,091.40	2,706.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	319,108.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,472,341.76	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	587,146.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	194,876.00	2,587.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,969,756.86	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,276,612.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	124,827.40
LABORATORY PATHOLOGIC	223,722.00	0.00	INJECTABLE DRUGS	3,608,878.45	81,285.55
RADIOLOGY THERAPEUTIC	152,741.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,106,460.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	495,752.10	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	37,228.00	346,856.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	52,644.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	642,609.58	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	445,505.88	0.00	NO CC/INVALID REV CODE	0.00	7,720.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	260,857.60	133,416.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	341,189.00	11,799.00			
AUDIOLOGY	122,724.20	0.00			
CARDIOLOGY	831,234.15	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	111,054.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	927,481.80	0.00			
			TOTAL ANCILLARY	39,239,383.75	844,540.35
			TOTAL ACCOMODATIONS	17,974,058.50	0.00
			TOTAL CHARGES	57,213,442.25	844,540.35

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:53
 Page: 4

DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER 000000536A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	373,543.84	ADJUSTMENTS	0.00
COVERED CHARGES	373,543.84	CONTRACTUAL ALLOW	322,534.98
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	51,008.86
		LESS: COB	51,008.86
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	59		0	83,895.00		0.00
ROUTINE NURSERY	14		0	14,224.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	73		0	98,119.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	5,870.00		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	2		0	5,870.00		0.00
TOTAL ACCOMODATIONS	75		0	103,989.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:53
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DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	18,561.20	0.00	OTHER LAB	3,835.00	0.00
MED/SURG SUPPLY	6,522.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	30,736.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,792.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,660.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	13,777.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,423.00	0.00	MRI SERVICES	7,512.00	0.00
IV THERAPY	2,256.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,732.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,806.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	57,328.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	898.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,820.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,302.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,652.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	33,607.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,298.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,140.00	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	861.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,556.80	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,745.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,045.00	0.00			
AUDIOLOGY	2,996.00	0.00			
CARDIOLOGY	4,311.00	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	2,382.00	0.00			
			TOTAL ANCILLARY	269,554.84	0.00
			TOTAL ACCOMODATIONS	103,989.00	0.00
			TOTAL CHARGES	373,543.84	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:54
Page: 6

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER
000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,450,339.79	ADJUSTMENTS	347,005.41
COVERED CHARGES	18,220,987.01	CONTRACTUAL ALLOW	15,253,108.63
NON-COVERD CHARGES	2,229,352.78	TOTAL MEDICAID LIAB	2,967,878.38
		LESS: COB	5,620.06
		LESS: COPAYMENT	4,583.42
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,957,674.90
		ALL OTHER	2,695,708.86
		FEE SCHEDULE-LAB	189,752.39
		INJECTABLE DRUGS	72,213.65
		TOTAL NUMBER OF CLAIMS	5,425

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:54
 Page: 7

DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	256,774.20	4,978.40	OTHER LAB	326,106.00	12,372.00
MED/SURG SUPPLY	192,711.47	13,872.97	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	961,712.00	81,022.00	OTHER THERAPEUTIC SVC	0.00	1,850.90
CT SCAN	1,644,729.00	297,729.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	319,591.00	69,682.00	FEE SCHEDULE LAB	2,389,051.86	229,951.40
EKG/ECG	665,183.06	2,934.00	MRI SERVICES	203,100.00	38,349.00
IV THERAPY	917,901.00	52,836.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,514,848.48	333,796.62	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	111,698.15	437.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	255,689.00	2,770.00	AMBULANCE	0.00	0.00
GI SERVICES	34,612.00	21,547.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,372,446.00	11,985.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	390,705.00	47,109.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	508,781.80	406,594.60
RADIOLOGY THERAPEUTIC	307,366.00	13,890.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	65,779.00	38,346.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,957.00	16,702.90	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	61,744.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,751.00	9,225.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	77,090.02	89,689.99
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	810,399.00	135,602.00	NO CC/INVALID REV CODE	0.00	386.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	30,315.00	23,040.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	144,920.00	89,998.00			
AUDIOLOGY	3,343.00	684.00			
CARDIOLOGY	191,386.00	39,468.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	12,230.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	499,810.97	80,760.00			
			TOTAL ANCILLARY	18,220,987.01	2,229,352.78
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,220,987.01	2,229,352.78

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 9

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER 000000536A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	235,226.11	ADJUSTMENTS	0.00
COVERED CHARGES	199,230.16	CONTRACTUAL ALLOW	174,026.08
NON-COVERD CHARGES	35,995.95	TOTAL MEDICAID LIAB	25,204.08
		LESS: COB	25,192.08
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	38

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:09
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DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	5,793.10	0.00	OTHER LAB	1,717.00	0.00
MED/SURG SUPPLY	7,756.06	1,275.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,272.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,710.00	9,331.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,275.00	FEE SCHEDULE LAB	18,422.00	794.00
EKG/ECG	1,956.00	0.00	MRI SERVICES	1,381.00	0.00
IV THERAPY	5,685.00	233.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,362.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	242.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,468.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,056.00	2,176.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	40,588.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,905.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,235.00	1,496.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,435.00	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	8,100.00	3,437.40
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,799.00	3,641.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,191.00	5,625.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	28,156.00	5,276.00			
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	20,436.00	0.00			
			TOTAL ANCILLARY	199,230.16	35,995.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	199,230.16	35,995.95

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 11

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER
000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	304,872.30	ADJUSTMENTS	131.26
COVERED CHARGES	284,040.70	CONTRACTUAL ALLOW	271,286.00
NON-COVERD CHARGES	20,831.60	TOTAL MEDICAID LIAB	12,754.70
		LESS: COB	0.00
		LESS: COPAYMENT	264.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,490.70

TOTAL NUMBER OF CLAIMS 190

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
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DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,908.30	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	261.20	248.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,625.00	1,070.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,766.00	2,668.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,083.00	2,277.00
EKG/ECG	4,401.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,692.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,097.00	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	176,199.00	162.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,846.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,389.20	1,962.60
RADIOLOGY THERAPEUTIC	16,835.00	9,463.00	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	123.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,597.00	761.00	NO CC/INVALID REV CODE	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	2,438.00	0.00			
			TOTAL ANCILLARY	284,040.70	20,831.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	284,040.70	20,831.60

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 13

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER
000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,482.50	ADJUSTMENTS	0.00
COVERED CHARGES	9,482.50	CONTRACTUAL ALLOW	9,278.11
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	204.39
		LESS: COB	198.39
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	85.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	30.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	666.00	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	1,373.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	729.00	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	5,294.00	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	27.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,278.00	0.00	NO CC/INVALID REV CODE	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	9,482.50	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,482.50	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:13:13
Page: 15

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER
000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,193,886.98	ADJUSTMENTS	31,878.50
COVERED CHARGES	1,738,674.68	CONTRACTUAL ALLOW	1,510,028.43
NON-COVERD CHARGES	455,212.30	TOTAL MEDICAID LIAB	228,646.25
		LESS: COB	0.00
		LESS: COPAYMENT	213.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	228,433.25

TOTAL NUMBER OF CLAIMS 43

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DEKALB MEDICAL CENTER
 2701 N DECATUR RD
 DECATUR, GA 30033-5918

PROVIDER NUMBER
 000000536A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	21,285.20	40.10	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	46,408.16	4,417.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,329.00	5,007.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,031.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,666.00	FEE SCHEDULE LAB	45,724.00	1,950.00
EKG/ECG	5,868.00	489.00	MRI SERVICES	0.00	0.00
IV THERAPY	24,508.00	2,220.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	467,379.75	8,765.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	763.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	40,774.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,855.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	144,159.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	517,383.60	324,712.70
RADIOLOGY THERAPEUTIC	75,631.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,072.00	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	246.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	247,404.97	98,623.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,962.00	973.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	478.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	82,614.00	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	2,148.00	0.00			
			TOTAL ANCILLARY	1,738,674.68	455,212.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,738,674.68	455,212.30

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DEKALB MEDICAL CENTER
2701 N DECATUR RD
DECATUR, GA 30033-5918

PROVIDER NUMBER
000000536A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:44
 Page: 1

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER 000000536U
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,881,230.07	ADJUSTMENTS	240,918.74
COVERED CHARGES	19,460,897.17	CONTRACTUAL ALLOW	13,852,859.43
NON-COVERED CHARGES	420,332.90	TOTAL MEDICAID LIAB	5,608,037.74
		LESS: COB	47,414.67
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,560,610.57

TOTAL NUMBER OF ADMISSIONS 597

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,178		0	4,819,738.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,178		0	4,819,738.00		0.00
SPECIAL CARE SERVICES						
CCU	9		0	14,580.00		0.00
ICU	516		0	1,600,668.00		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	525		0	1,615,248.00		0.00
TOTAL ACCOMODATIONS	3,703		0	6,434,986.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:44
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DEKALB MEDICAL CENTER AT HILLDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,328,362.40	0.00	OTHER LAB	156,938.00	0.00
MED/SURG SUPPLY	185,510.39	130.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,459,593.20	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	422,493.91	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	788,780.70	5,864.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	249,158.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	250,017.12	0.00	MRI SERVICES	82,951.30	0.00
IV THERAPY	770,270.77	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	639,358.25	41,731.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,390,939.32	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	96,631.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	33,721.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,143,196.86	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	91,046.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	49,502.80
LABORATORY PATHOLOGIC	52,941.00	0.00	INJECTABLE DRUGS	1,239,929.67	9,730.30
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	147,191.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	100,019.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	20,884.00	235,489.80	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,733.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	73,156.82	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	198,897.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	137,517.00	73,728.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	243,226.00	4,157.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	277,115.90	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	17,122.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	420,210.56	0.00			
			TOTAL ANCILLARY	13,025,911.17	420,332.90
			TOTAL ACCOMODATIONS	6,434,986.00	0.00
			TOTAL CHARGES	19,460,897.17	420,332.90

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:49
 Page: 3

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER 000000536U
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,185.23	ADJUSTMENTS	0.00
COVERED CHARGES	53,185.23	CONTRACTUAL ALLOW	34,190.42
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	18,994.81
		LESS: COB	18,994.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	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	13		0	17,355.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	13		0	17,355.00		0.00
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	13		0	17,355.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:49
 Page: 4

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	4,779.90	0.00	OTHER LAB	1,458.00	0.00
MED/SURG SUPPLY	806.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,457.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,567.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,668.00	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	4,243.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,737.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	521.00	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	5,565.00	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	5,788.10	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	123.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	117.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	35,830.23	0.00
			TOTAL ACCOMODATIONS	17,355.00	0.00
			TOTAL CHARGES	53,185.23	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:13:50
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DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,737,955.96	ADJUSTMENTS	146,501.83
COVERED CHARGES	11,749,814.28	CONTRACTUAL ALLOW	10,013,500.45
NON-COVERD CHARGES	988,141.68	TOTAL MEDICAID LIAB	1,736,313.83
		LESS: COB	2,946.62
		LESS: COPAYMENT	1,981.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,731,386.21
		ALL OTHER	1,578,687.50
		FEE SCHEDULE-LAB	120,487.26
		INJECTABLE DRUGS	32,211.45
		TOTAL NUMBER OF CLAIMS	3,876

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:50
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DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	152,499.10	248.30	OTHER LAB	209,086.00	1,031.00
MED/SURG SUPPLY	81,436.41	2,563.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	762,570.00	74,864.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,186,171.00	204,972.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	217,488.00	57,430.00	FEE SCHEDULE LAB	1,665,893.00	130,372.00
EKG/ECG	470,418.00	489.00	MRI SERVICES	95,728.00	21,181.00
IV THERAPY	798,811.00	90,451.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	335,099.38	66,483.72	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	120,954.00	1,981.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	97,050.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	29,187.67	11,748.33	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,172,773.50	12,155.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	83,537.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,010.20
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	296,815.70	58,924.10
RADIOLOGY THERAPEUTIC	26,577.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	38,358.00	10,110.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	353.00	6,203.88	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	41,768.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	6,396.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	57,557.92	14,028.65
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	469,845.00	86,331.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,170.00	1,536.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	99,116.00	49,007.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	64,854.00	23,402.00			
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	210,465.60	13,455.00			
			TOTAL ANCILLARY	11,749,814.28	988,141.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,749,814.28	988,141.68

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:13:59
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DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	81,642.70	ADJUSTMENTS	0.00
COVERED CHARGES	68,108.70	CONTRACTUAL ALLOW	58,637.69
NON-COVERD CHARGES	13,534.00	TOTAL MEDICAID LIAB	9,471.01
		LESS: COB	9,471.01
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 24

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:13:59
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	658.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	31.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,670.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,327.00	1,327.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,172.00	551.00
EKG/ECG	2,934.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,353.00	789.00	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	32,923.00	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	328.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,712.00	10,867.00	NO CC/INVALID REV CODE	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	68,108.70	13,534.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,108.70	13,534.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:00
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DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	342,842.40	ADJUSTMENTS	131.26
COVERED CHARGES	332,727.80	CONTRACTUAL ALLOW	315,475.39
NON-COVERED CHARGES	10,114.60	TOTAL MEDICAID LIAB	17,252.41
		LESS: COB	0.00
		LESS: COPAYMENT	348.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,904.41

TOTAL NUMBER OF CLAIMS 257

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:14:00
 Page: 10

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	960.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	406.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,811.00	2,260.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,383.00	2,668.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	44,971.00	1,815.00
EKG/ECG	3,912.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,535.00	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	521.00	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	240,430.00	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	4,380.60	115.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,418.00	3,256.00	NO CC/INVALID REV CODE	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	332,727.80	10,114.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	332,727.80	10,114.60

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:14:01
Page: 11

DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	642.00	ADJUSTMENTS	0.00
COVERED CHARGES	642.00	CONTRACTUAL ALLOW	574.87
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:14:01
 Page: 12

DEKALB MEDICAL CENTER AT HILLANDALE
 2801 DEKALB MEDICAL PKWY
 LITHONIA, GA 30058-4996

PROVIDER NUMBER
 000000536U

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	642.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	642.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	642.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:14:02
Page: 13

DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:14:02
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DEKALB MEDICAL CENTER AT HILLANDALE
2801 DEKALB MEDICAL PKWY
LITHONIA, GA 30058-4996

PROVIDER NUMBER
000000536U

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:08
 Page: 1

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER 000000558A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	187,428,294.39	ADJUSTMENTS	6,813,899.98
COVERED CHARGES	185,108,382.75	CONTRACTUAL ALLOW	167,979,234.75
NON-COVERED CHARGES	2,319,911.64	TOTAL MEDICAID LIAB	17,129,148.00
		LESS: COB	72,873.17
		LESS: COPAYMENT	1,725.00
		ADD: ADDON PYMT	3,402.00
		REIMBURSEMENT	17,057,951.83

TOTAL NUMBER OF ADMISSIONS 883

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,751		0	6,033,978.84		0.00
ROUTINE NURSERY	200		0	626,345.76		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,951		0	6,660,324.60		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,539		0	6,770,467.52		0.00
NICU	0		0	0.00		0.00
PED ICU	3		0	9,646.64		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	109		0	633,181.00		0.00
BURN UNIT	950		0	14,112,246.72		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	2,601		0	21,525,541.88		0.00
TOTAL ACCOMODATIONS	6,552		0	28,185,866.48		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:08
 Page: 2

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	8,630,985.64	0.00	OTHER LAB	630,325.00	0.00
MED/SURG SUPPLY	18,653,219.81	58,687.78	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	23,416,848.30	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,883,142.90	0.00	OTHER THERAPEUTIC SVC	0.00	3,493.46
CT SCAN	3,113,540.37	553,863.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,432,101.75	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	628,530.48	0.00	MRI SERVICES	586,397.39	0.00
IV THERAPY	10,992.92	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,603,425.46	35,619.48	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	243,597.90	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,662,877.92	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	35,060.86	0.00	AMBULANCE	0.00	0.00
GI SERVICES	476,887.58	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,659,810.20	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,249,774.10	0.00	DRUG-SPECIFIC/HOME IV	0.00	59,485.42
LABORATORY PATHOLOGIC	399,697.15	0.00	INJECTABLE DRUGS	40,303,886.72	0.00
RADIOLOGY THERAPEUTIC	26,254.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,026,331.78	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	280,708.18	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	896,509.64	0.00	PATIENT CONVENIENCE	0.00	4,353.53
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	16,966.36	40,095.45	TRAUMA RESPONSE	0.00	377,960.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,498,924.75	0.00
LITHOTRIPSY	33,410.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	321,108.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,673,247.75	1,113,028.35			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	406,448.27	73,324.42			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,360,408.86	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	79,749.12	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	681,346.61	0.00			
			TOTAL ANCILLARY	156,922,516.27	2,319,911.64
			TOTAL ACCOMODATIONS	28,185,866.48	0.00
			TOTAL CHARGES	185,108,382.75	2,319,911.64

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:15
 Page: 4

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER 000000558A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	359,172.33	ADJUSTMENTS	0.00
COVERED CHARGES	357,486.67	CONTRACTUAL ALLOW	331,880.36
NON-COVERD CHARGES	1,685.66	TOTAL MEDICAID LIAB	25,606.31
		LESS: COB	25,732.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	15		0	33,559.92		0.00
ROUTINE NURSERY	6		0	27,342.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	21		0	60,901.92		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	7		0	20,994.12		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	7		0	20,994.12		0.00
TOTAL ACCOMODATIONS	28		0	81,896.04		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:15
 Page: 5

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	12,878.72	0.00	OTHER LAB	3,422.52	0.00
MED/SURG SUPPLY	21,086.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	71,147.02	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,356.80	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,582.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,762.87	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,138.40	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	42,192.36	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,832.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,260.36	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,229.36	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,776.70	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,978.72	0.00	INJECTABLE DRUGS	44,805.90	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	485.39	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	7,287.84	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	634.20	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	656.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,999.15	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	13,955.83	1,685.66			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,121.74	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	275,590.63	1,685.66
			TOTAL ACCOMODATIONS	81,896.04	0.00
			TOTAL CHARGES	357,486.67	1,685.66

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:16
Page: 6

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA, GA 30909-6521

PROVIDER NUMBER
000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,594,066.84	ADJUSTMENTS	159,215.90
COVERED CHARGES	26,014,531.20	CONTRACTUAL ALLOW	24,017,280.26
NON-COVERD CHARGES	8,579,535.64	TOTAL MEDICAID LIAB	1,997,250.94
		LESS: COB	4,308.14
		LESS: COPAYMENT	5,854.62
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,987,088.18
		ALL OTHER	1,848,707.69
		FEE SCHEDULE-LAB	122,751.70
		INJECTABLE DRUGS	15,628.79
		TOTAL NUMBER OF CLAIMS	4,860

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:16
 Page: 7

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	589,701.15	123,875.18	OTHER LAB	102,016.48	0.00
MED/SURG SUPPLY	2,193,634.53	474,859.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	882,245.11	46,052.41	OTHER THERAPEUTIC SVC	0.00	143.19
CT SCAN	2,981,877.71	1,071,869.31	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	95,579.19	99,478.72	FEE SCHEDULE LAB	1,861,040.68	257,721.43
EKG/ECG	602,892.48	4,118.40	MRI SERVICES	254,292.43	83,266.54
IV THERAPY	809,188.37	141,200.18	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,792,410.08	3,431,060.47	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	398,336.00	45,600.10	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	129,866.84	5,317.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,860.64	0.00	AMBULANCE	0.00	0.00
GI SERVICES	313,846.38	101,222.18	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,438,290.32	10,304.92	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,321,615.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	760,534.35	647,205.38
RADIOLOGY THERAPEUTIC	853,665.25	344,520.10	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,290.44	66,438.24	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	389.00	11,659.55	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	30,378.40	330,305.89	TRAUMA RESPONSE	0.00	202,620.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,665.00	57,126.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	501,970.55	192,977.04	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,031.05	18,035.95			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	174,295.11	356,273.77			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	124,568.62	247,742.92			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,192.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	731,857.24	208,540.02			
			TOTAL ANCILLARY	26,014,531.20	8,579,535.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,014,531.20	8,579,535.64

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:28
Page: 8

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA,GA 30909-6521

PROVIDER NUMBER 000000558A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	938,691.03	ADJUSTMENTS	0.00
COVERED CHARGES	501,863.17	CONTRACTUAL ALLOW	467,717.69
NON-COVERD CHARGES	436,827.86	TOTAL MEDICAID LIAB	34,145.48
		LESS: COB	34,044.52
		LESS: COPAYMENT	100.96
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	112

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	20,605.73	31,432.40	OTHER LAB	978.48	0.00
MED/SURG SUPPLY	61,033.25	10,905.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,239.49	1,718.28	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,050.47	33,037.27	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,699.92	7,552.89	FEE SCHEDULE LAB	54,241.92	375.81
EKG/ECG	7,326.00	0.00	MRI SERVICES	0.00	5,507.46
IV THERAPY	8,689.25	2,892.60	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	53,429.22	269,104.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	30,567.55	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,275.40	8,808.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	10,179.94	16,622.94	CAST ROOM	0.00	0.00
EMERGENCY ROOM	77,727.16	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	62,880.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	20,174.99	22,163.68
RADIOLOGY THERAPEUTIC	1,740.44	677.01	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,526.80	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	2,884.18	3,313.88	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	400.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	22,666.64	4,314.61	NO CC/INVALID REV CODE	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	23,072.34	14,873.98			
			TOTAL ANCILLARY	501,863.17	436,827.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	501,863.17	436,827.86

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:29
Page: 10

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA, GA 30909-6521

PROVIDER NUMBER
000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,571,101.82	ADJUSTMENTS	0.00
COVERED CHARGES	1,268,781.88	CONTRACTUAL ALLOW	1,234,746.97
NON-COVERD CHARGES	302,319.94	TOTAL MEDICAID LIAB	34,034.91
		LESS: COB	0.00
		LESS: COPAYMENT	768.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	33,266.91

TOTAL NUMBER OF CLAIMS 507

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:29
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DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	24,681.50	2,153.48	OTHER LAB	1,812.00	0.00
MED/SURG SUPPLY	15,775.45	89.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	82,384.13	1,856.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	135,450.32	192,776.19	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	162,580.32	16,052.34
EKG/ECG	36,303.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	69,251.60	2,631.60	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	31,298.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,734.05	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,092.20	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	607,496.80	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,139.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	47,911.50	41,189.04
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	151.00	TRAUMA RESPONSE	0.00	16,500.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	33,871.81	28,921.04	NO CC/INVALID REV CODE	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	1,268,781.88	302,319.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,268,781.88	302,319.94

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:10:32
Page: 12

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA, GA 30909-6521

PROVIDER NUMBER
000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	118,151.71	ADJUSTMENTS	0.00
COVERED CHARGES	102,401.35	CONTRACTUAL ALLOW	101,595.79
NON-COVERD CHARGES	15,750.36	TOTAL MEDICAID LIAB	805.56
		LESS: COB	793.56
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:10:32
 Page: 13

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	3,433.61	1,550.28	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	22,687.00	16.49	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	568.94	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	10,742.09	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,093.39	357.21
EKG/ECG	1,069.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,400.48	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	19,367.48	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,481.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,226.95	1,400.29
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,684.00	1,684.00	NO CC/INVALID REV CODE	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	388.80	0.00			
			TOTAL ANCILLARY	102,401.35	15,750.36
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	102,401.35	15,750.36

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:10:33
Page: 14

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA, GA 30909-6521

PROVIDER NUMBER
000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	733,822.33	ADJUSTMENTS	6,739.25
COVERED CHARGES	705,198.47	CONTRACTUAL ALLOW	657,960.72
NON-COVERD CHARGES	28,623.86	TOTAL MEDICAID LIAB	47,237.75
		LESS: COB	0.00
		LESS: COPAYMENT	44.93
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	47,192.82

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:33
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DOCTORS HOSPITAL OF AUGUSTA, LLC
 3651 WHEELER RD
 AUGUSTA,GA 30909-6521

PROVIDER NUMBER
 000000558A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	16,029.75	5,012.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	166,146.15	4,429.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,965.15	560.48	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,391.69	FEE SCHEDULE LAB	7,184.05	3,080.00
EKG/ECG	1,069.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	297,483.36	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	50,446.70	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,689.29	12,378.93
RADIOLOGY THERAPEUTIC	92,834.19	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,771.51	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	55,564.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	9,785.88	0.00			
			TOTAL ANCILLARY	705,198.47	28,623.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	705,198.47	28,623.86

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DOCTORS HOSPITAL OF AUGUSTA, LLC
3651 WHEELER RD
AUGUSTA,GA 30909-6521

PROVIDER NUMBER
000000558A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:42
 Page: 1

DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER 000000591A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,998,296.36	ADJUSTMENTS	44,833.76
COVERED CHARGES	2,982,504.68	CONTRACTUAL ALLOW	1,992,667.97
NON-COVERED CHARGES	15,791.68	TOTAL MEDICAID LIAB	989,836.71
		LESS: COB	18,366.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,315.00
		REIMBURSEMENT	974,785.09

TOTAL NUMBER OF ADMISSIONS 129

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	766		0	662,950.00		0.00
ROUTINE NURSERY	12		0	5,220.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	778		0	668,170.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	116		0	169,360.00		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	116		0	169,360.00		0.00
TOTAL ACCOMODATIONS	894		0	837,530.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:42
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DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER
 000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	269,892.78	0.00	OTHER LAB	15,313.75	0.00
MED/SURG SUPPLY	131,448.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	464,150.05	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,643.14	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	204,063.29	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	83,126.11	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	33,229.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	61,479.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	49,628.98	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,648.50	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	306,767.26	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	35,766.56	0.00	AMBULANCE	0.00	0.00
GI SERVICES	16,944.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	136,309.14	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,024.98	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,672.50	0.00	INJECTABLE DRUGS	183,643.70	2,901.44
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	1,140.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	25,992.86	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,006.25	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	21,198.70	11,891.24			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,320.25	999.00			
AUDIOLOGY	3,219.00	0.00			
CARDIOLOGY	38,411.25	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	3,935.40	0.00			
			TOTAL ANCILLARY	2,144,974.68	15,791.68
			TOTAL ACCOMODATIONS	837,530.00	0.00
			TOTAL CHARGES	2,982,504.68	15,791.68

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:44
Page: 3

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:44
Page: 4

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,567,234.01	ADJUSTMENTS	94,102.34
COVERED CHARGES	3,443,802.44	CONTRACTUAL ALLOW	2,867,992.13
NON-COVERD CHARGES	123,431.57	TOTAL MEDICAID LIAB	575,810.31
		LESS: COB	2,337.01
		LESS: COPAYMENT	1,257.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	572,216.30
		ALL OTHER	507,464.84
		FEE SCHEDULE-LAB	61,261.37
		INJECTABLE DRUGS	3,490.09
		TOTAL NUMBER OF CLAIMS	1,593

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:44
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DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER
 000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	39,223.89	550.75	OTHER LAB	234,919.25	1,672.00
MED/SURG SUPPLY	138,762.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	160,867.00	3,898.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	609,213.00	3,100.10	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	21,532.75	3,209.75	FEE SCHEDULE LAB	706,074.25	31,197.75
EKG/ECG	60,287.60	6,765.30	MRI SERVICES	97,017.75	0.00
IV THERAPY	199,693.94	6,535.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	89,766.75	17,315.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	32,584.00	6,032.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	27,510.00	7,966.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	84,605.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	28,980.25	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	659,746.75	1,744.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,873.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	49,810.94	8,427.47
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	492.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	19,214.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,233.00	3,250.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,167.50	5,074.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	64,034.25	8,364.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	34,993.25	1,407.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,767.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	32,923.52	6,429.20			
			TOTAL ANCILLARY	3,443,802.44	123,431.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,443,802.44	123,431.57

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:48
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DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,621.85	ADJUSTMENTS	0.00
COVERED CHARGES	27,714.50	CONTRACTUAL ALLOW	23,049.51
NON-COVERD CHARGES	7,907.35	TOTAL MEDICAID LIAB	4,664.99
		LESS: COB	4,664.99
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	14

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:48
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DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER
 000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	736.50	3.75	OTHER LAB	1,000.50	0.00
MED/SURG SUPPLY	2,040.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	754.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,080.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,752.25	365.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,531.50	78.75	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,042.00	1,474.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	373.75	373.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,705.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	1,531.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,425.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	274.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	898.50	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	IMPL DEV CHARGE PATIENTS	948.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	287.25	0.00	NO CC/INVALID REV CODE	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	944.25	0.00			
			TOTAL ANCILLARY	27,714.50	7,907.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	27,714.50	7,907.35

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:48
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DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,589.56	ADJUSTMENTS	0.00
COVERED CHARGES	169,566.31	CONTRACTUAL ALLOW	158,855.75
NON-COVERD CHARGES	3,023.25	TOTAL MEDICAID LIAB	10,710.56
		LESS: COB	0.00
		LESS: COPAYMENT	207.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,503.56

TOTAL NUMBER OF CLAIMS 137

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:10:48
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DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER
 000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,462.54	47.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,600.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	29.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,657.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,704.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	35,909.25	2,201.50
EKG/ECG	1,324.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,919.50	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	373.75	461.00	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	103,060.00	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	3,555.52	283.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	169,566.31	3,023.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	169,566.31	3,023.25

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:10:49
Page: 10

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER 000000591A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,375.25	ADJUSTMENTS	0.00
COVERED CHARGES	15,988.25	CONTRACTUAL ALLOW	15,440.01
NON-COVERD CHARGES	387.00	TOTAL MEDICAID LIAB	548.24
		LESS: COB	539.24
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:10:49
 Page: 11

DODGE COUNTY HOSPITAL
 901 GRIFFIN AVE
 EASTMAN, GA 31023-6720

PROVIDER NUMBER
 000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	139.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	330.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	722.50	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	4,616.50	387.00
EKG/ECG	993.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,440.75	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	7,500.75	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	245.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	15,988.25	387.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,988.25	387.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:10:49
Page: 12

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:10:49
Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:10
 Page: 1

DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER 000000613A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,703,747.59	ADJUSTMENTS	0.00
COVERED CHARGES	2,671,558.59	CONTRACTUAL ALLOW	1,945,238.34
NON-COVERED CHARGES	32,189.00	TOTAL MEDICAID LIAB	726,320.25
		LESS: COB	39,064.99
		LESS: COPAYMENT	700.00
		ADD: ADDON PYMT	7,000.00
		REIMBURSEMENT	693,555.26

TOTAL NUMBER OF ADMISSIONS 114

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	620		0	680,352.00		0.00
ROUTINE NURSERY	11		0	3,190.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	631		0	683,542.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	69		0	92,115.00		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	69		0	92,115.00		0.00
TOTAL ACCOMODATIONS	700		0	775,657.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:10
 Page: 2

DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	415,198.50	115.00	OTHER LAB	5,539.00	0.00
MED/SURG SUPPLY	179,635.56	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	401,323.75	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	55,950.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	188,884.75	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,907.25	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	42,975.75	0.00	MRI SERVICES	24,507.50	0.00
IV THERAPY	5,031.75	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,076.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,216.00	3,678.50	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	250,365.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,310.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	153,942.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,277.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	607.00	0.00	INJECTABLE DRUGS	2,481.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	309.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,897.50	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	292.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,757.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	67,784.78	16,778.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,080.75	0.00			
AUDIOLOGY	410.00	0.00			
CARDIOLOGY	18,747.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,245.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,438.25	11,324.50			
			TOTAL ANCILLARY	1,895,901.59	32,189.00
			TOTAL ACCOMODATIONS	775,657.00	0.00
			TOTAL CHARGES	2,671,558.59	32,189.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:12
 Page: 3

DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER 000000613A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,997.58	ADJUSTMENTS	0.00
COVERED CHARGES	10,997.58	CONTRACTUAL ALLOW	6,319.09
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	4,678.49
		LESS: COB	4,665.99
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7		0	4,095.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7		0	4,095.00		0.00
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	7		0	4,095.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:12
 Page: 4

DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,688.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	486.08	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,125.25	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	321.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	447.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	185.25	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	178.00	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	1,471.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	6,902.58	0.00
			TOTAL ACCOMODATIONS	4,095.00	0.00
			TOTAL CHARGES	10,997.58	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:12
Page: 5

DORMINY MEDICAL CENTER
200 PERRY HOUSE RD
FITZGERALD, GA 31750-8857

PROVIDER NUMBER
000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,106,644.09	ADJUSTMENTS	96,750.66
COVERED CHARGES	2,780,357.94	CONTRACTUAL ALLOW	2,335,749.35
NON-COVERD CHARGES	326,286.15	TOTAL MEDICAID LIAB	444,608.59
		LESS: COB	171.64
		LESS: COPAYMENT	961.29
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	443,475.66
		ALL OTHER	371,182.61
		FEE SCHEDULE-LAB	67,294.16
		INJECTABLE DRUGS	4,998.89
		TOTAL NUMBER OF CLAIMS	1,529

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:12
 Page: 6

DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	50,527.46	15,670.25	OTHER LAB	26,791.25	0.00
MED/SURG SUPPLY	52,805.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,037.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	151,720.50	5,053.00	OTHER THERAPEUTIC SVC	0.00	1,155.25
CT SCAN	594,632.00	119,010.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,848.75	352.75	FEE SCHEDULE LAB	733,844.88	65,549.40
EKG/ECG	53,960.25	5,883.75	MRI SERVICES	99,794.50	15,509.50
IV THERAPY	95,514.75	20,131.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	60,319.75	18,349.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,632.25	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,769.25	8,607.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,690.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	503,604.50	4,571.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	13,970.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	53,953.25	11,801.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,151.75	899.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,231.50	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	2,655.25	8,511.25	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,190.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	45,705.75	3,338.75	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	49,740.75	13,131.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,459.50	1,726.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	25,522.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	67,194.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	40,549.50	3,575.00			
			TOTAL ANCILLARY	2,780,357.94	326,286.15
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,780,357.94	326,286.15

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:16
Page: 7

DORMINY MEDICAL CENTER
200 PERRY HOUSE RD
FITZGERALD,GA 31750-8857

PROVIDER NUMBER
000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,028.18	ADJUSTMENTS	0.00
COVERED CHARGES	6,177.93	CONTRACTUAL ALLOW	5,040.23
NON-COVERD CHARGES	850.25	TOTAL MEDICAID LIAB	1,137.70
		LESS: COB	1,131.70
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:16
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DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	22.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	73.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	458.50	254.50	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	51.00	31.25
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	1,072.25	154.00	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	362.00	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	410.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,138.75	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	6,177.93	850.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,177.93	850.25

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:17
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DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	2,659.00	864.00	OTHER LAB	1,573.50	0.00
MED/SURG SUPPLY	2,065.38	96.23	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,351.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,915.75	25,502.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	43,172.75	3,167.25
EKG/ECG	4,140.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,040.00	1,154.75	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	345.00	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	98,244.75	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	2,654.75	1,369.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,213.75	689.75	NO CC/INVALID REV CODE	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	199,030.88	33,188.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	199,030.88	33,188.73

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 11

DORMINY MEDICAL CENTER
200 PERRY HOUSE RD
FITZGERALD, GA 31750-8857

PROVIDER NUMBER
000000613A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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DORMINY MEDICAL CENTER
200 PERRY HOUSE RD
FITZGERALD, GA 31750-8857

PROVIDER NUMBER 000000613A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,885.55	ADJUSTMENTS	0.00
COVERED CHARGES	37,243.30	CONTRACTUAL ALLOW	31,851.83
NON-COVERD CHARGES	7,642.25	TOTAL MEDICAID LIAB	5,391.47
		LESS: COB	0.00
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,385.47

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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DORMINY MEDICAL CENTER
 200 PERRY HOUSE RD
 FITZGERALD, GA 31750-8857

PROVIDER NUMBER
 000000613A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	262.00	70.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	18,176.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,587.75	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	301.75	31.25
EKG/ECG	345.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,726.25	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	1,154.75	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	1,455.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	20.00	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	IMPL DEV CHARGE PATIENTS	7,214.00	7,541.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	37,243.30	7,642.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,243.30	7,642.25

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:18
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DORMINY MEDICAL CENTER
200 PERRY HOUSE RD
FITZGERALD, GA 31750-8857

PROVIDER NUMBER
000000613A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:33
 Page: 1

WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER 000000624A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,247,511.82	ADJUSTMENTS	560,488.41
COVERED CHARGES	27,214,245.72	CONTRACTUAL ALLOW	22,484,301.49
NON-COVERED CHARGES	33,266.10	TOTAL MEDICAID LIAB	4,729,944.23
		LESS: COB	101,651.51
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	3,276.00
		REIMBURSEMENT	4,631,493.72

TOTAL NUMBER OF ADMISSIONS 554

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,209		0	1,657,386.00		0.00
ROUTINE NURSERY	100		0	141,142.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,309		0	1,798,528.00		0.00
SPECIAL CARE SERVICES						
CCU	911		0	3,666,016.00		0.00
ICU	255		0	1,158,112.00		0.00
NICU	14		0	96,460.00		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	1,180		0	4,920,588.00		0.00
TOTAL ACCOMODATIONS	2,489		0	6,719,116.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:33
 Page: 2

WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,417,755.90	0.00	OTHER LAB	202,964.00	0.00
MED/SURG SUPPLY	691,057.82	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,371,859.15	0.00	EDUCATION & TRAINING	5,070.00	0.00
RADIOLOGY-DIAGNOSTIC	572,753.00	0.00	OTHER THERAPEUTIC SVC	0.00	8,200.00
CT SCAN	1,782,058.00	5,848.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	127,936.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	256,258.00	0.00	MRI SERVICES	432,364.00	0.00
IV THERAPY	346,004.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,038,167.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	437,611.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,803,274.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	382,521.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	160,548.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,385,385.30	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	157,069.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	11,723.00
LABORATORY PATHOLOGIC	168,463.00	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	48,585.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	175,854.00	6,255.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,218.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	18,674.00	0.00	IMPL DEV CHARGE PATIENTS	167,936.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	156,830.00	0.00	NO CC/INVALID REV CODE	0.00	378.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	469,338.02	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	160,607.40	862.10			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	749,666.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	50,315.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	745,988.13	0.00			
			TOTAL ANCILLARY	20,495,129.72	33,266.10
			TOTAL ACCOMODATIONS	6,719,116.00	0.00
			TOTAL CHARGES	27,214,245.72	33,266.10

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:36
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WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER 000000624A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	267,843.41	ADJUSTMENTS	0.00
COVERED CHARGES	267,843.41	CONTRACTUAL ALLOW	216,368.98
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	51,474.43
		LESS: COB	51,474.43
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	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	11		0	15,070.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11		0	15,070.00		0.00
SPECIAL CARE SERVICES						
CCU	4		0	16,088.00		0.00
ICU	7		0	31,675.00		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	11		0	47,763.00		0.00
TOTAL ACCOMODATIONS	22		0	62,833.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:36
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WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	24,056.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,167.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	22,946.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,790.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,668.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,758.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,177.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,444.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,466.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,712.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,241.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,368.00	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	IMPL DEV CHARGE PATIENTS	19,676.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,655.00	0.00	NO CC/INVALID REV CODE	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	81,885.00	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	205,010.41	0.00
			TOTAL ACCOMODATIONS	62,833.00	0.00
			TOTAL CHARGES	267,843.41	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,526,722.75	ADJUSTMENTS	159,004.26
COVERED CHARGES	18,176,660.28	CONTRACTUAL ALLOW	15,990,027.57
NON-COVERD CHARGES	1,350,062.47	TOTAL MEDICAID LIAB	2,186,632.71
		LESS: COB	7,962.83
		LESS: COPAYMENT	3,260.83
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,175,409.05
		ALL OTHER	1,879,270.10
		FEE SCHEDULE-LAB	146,127.46
		INJECTABLE DRUGS	150,011.49
		TOTAL NUMBER OF CLAIMS	4,251

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:37
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WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	290,042.90	0.00	OTHER LAB	228,105.00	2,958.00
MED/SURG SUPPLY	247,287.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	78.00
RADIOLOGY-DIAGNOSTIC	995,034.00	6,714.00	OTHER THERAPEUTIC SVC	0.00	46,859.00
CT SCAN	3,455,677.00	139,736.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	48,152.00	13,108.00	FEE SCHEDULE LAB	2,378,028.74	159,764.41
EKG/ECG	336,339.00	8,790.00	MRI SERVICES	797,321.00	36,508.00
IV THERAPY	983,017.00	102,224.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	582,539.34	136,599.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,478.00	0.00	REHAB THERAPY	0.00	4.00
RESPIRATORY SERVICES	144,457.00	64,002.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	289,946.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	104,898.20	29,951.80	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,372,559.00	18,680.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	141,707.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	957,479.04	290,747.60
RADIOLOGY THERAPEUTIC	278.00	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	25,020.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	33,727.00	13,641.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	20,000.00	77,116.00	IMPL DEV CHARGE PATIENTS	23,875.95	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	512,526.00	48,923.00	NO CC/INVALID REV CODE	1,196.00	97.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	110,641.00	1,356.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	295,495.50	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	254,564.00	19,940.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	166,391.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	398,897.88	107,245.00			
			TOTAL ANCILLARY	18,176,660.28	1,350,062.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,176,660.28	1,350,062.47

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	233,877.03	ADJUSTMENTS	0.00
COVERED CHARGES	213,305.83	CONTRACTUAL ALLOW	189,963.92
NON-COVERD CHARGES	20,571.20	TOTAL MEDICAID LIAB	23,341.91
		LESS: COB	23,317.92
		LESS: COPAYMENT	23.99
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 43

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,095.90	0.00	OTHER LAB	5,378.00	0.00
MED/SURG SUPPLY	6,561.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,372.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,499.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	365.00	FEE SCHEDULE LAB	37,637.20	4,657.00
EKG/ECG	4,001.00	1,172.00	MRI SERVICES	4,887.00	0.00
IV THERAPY	9,968.00	232.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,444.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	752.00	1,100.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,410.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,682.00	1,682.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	61,215.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,914.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	852.00	2,015.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,465.00	2,888.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,527.00	503.60			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,958.00	1,958.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	11,126.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,561.30	0.00			
			TOTAL ANCILLARY	213,305.83	20,571.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	213,305.83	20,571.20

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	626,056.50	ADJUSTMENTS	64.13
COVERED CHARGES	553,673.70	CONTRACTUAL ALLOW	540,583.35
NON-COVERD CHARGES	72,382.80	TOTAL MEDICAID LIAB	13,090.35
		LESS: COB	0.00
		LESS: COPAYMENT	273.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,817.35

TOTAL NUMBER OF CLAIMS 195

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	12,212.40	0.00	OTHER LAB	1,696.00	0.00
MED/SURG SUPPLY	1,171.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	34,153.00	0.00	OTHER THERAPEUTIC SVC	0.00	9,132.00
CT SCAN	81,731.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	96,826.00	7,326.00
EKG/ECG	8,204.00	0.00	MRI SERVICES	0.00	4,753.00
IV THERAPY	21,744.00	798.00	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	1,272.00	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	284,419.00	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	3,661.30	42,257.80
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	116.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,600.00	8,000.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,984.00	0.00	NO CC/INVALID REV CODE	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	553,673.70	72,382.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	553,673.70	72,382.80

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:56:48
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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,391.50	ADJUSTMENTS	0.00
COVERED CHARGES	17,311.70	CONTRACTUAL ALLOW	16,976.05
NON-COVERD CHARGES	79.80	TOTAL MEDICAID LIAB	335.65
		LESS: COB	329.65
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:56:48
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WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	358.70	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	587.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,714.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,226.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,126.00	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	6,300.00	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	0.00	79.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	17,311.70	79.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,311.70	79.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:56:49
Page: 15

WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER 000000624A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	814,599.58	ADJUSTMENTS	10,650.48
COVERED CHARGES	772,383.08	CONTRACTUAL ALLOW	703,154.95
NON-COVERD CHARGES	42,216.50	TOTAL MEDICAID LIAB	69,228.13
		LESS: COB	0.00
		LESS: COPAYMENT	213.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	69,015.13

TOTAL NUMBER OF CLAIMS 13

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:49
 Page: 16

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR DOUGLAS HOSPITAL
 8954 HOSPITAL DR
 DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
 000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	9,519.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	21,576.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,988.00	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	11,456.00	668.00
EKG/ECG	1,172.00	1,758.00	MRI SERVICES	0.00	0.00
IV THERAPY	30,320.00	1,698.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	23,295.20	23,924.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	448.00	3,401.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,261.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,673.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,273.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	461,609.11	8,585.70
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	273.00	1,682.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	41,375.04	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	89,484.00	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	32,659.80	499.00			
			TOTAL ANCILLARY	772,383.08	42,216.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	772,383.08	42,216.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:56:50
Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE, GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:11
 Page: 1

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER 000000635A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	155,442.35	ADJUSTMENTS	0.00
COVERED CHARGES	152,962.48	CONTRACTUAL ALLOW	89,714.34
NON-COVERED CHARGES	2,479.87	TOTAL MEDICAID LIAB	63,248.14
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	63,248.14

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	41	0	38,950.00	0.00
ROUTINE NURSERY	0	0	0.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	41	0	38,950.00	0.00
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	41	0	38,950.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:11
 Page: 2

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	25,050.00	0.00	OTHER LAB	994.00	0.00
MED/SURG SUPPLY	19,852.93	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,290.95	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,241.16	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,996.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	784.80	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	507.00	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	5,204.50	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	25,800.52	0.00	SPECIAL SERVICES	0.00	161.74
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	183.93	INJECTABLE DRUGS	10,916.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	994.40	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,586.72	1,627.20			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,300.00	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	114,012.48	2,479.87
			TOTAL ACCOMODATIONS	38,950.00	0.00
			TOTAL CHARGES	152,962.48	2,479.87

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:12
Page: 3

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:12
Page: 4

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	530,451.31	ADJUSTMENTS	17,228.62
COVERED CHARGES	415,540.47	CONTRACTUAL ALLOW	336,776.24
NON-COVERD CHARGES	114,910.84	TOTAL MEDICAID LIAB	78,764.23
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	78,689.23
		ALL OTHER	64,485.17
		FEE SCHEDULE-LAB	13,765.27
		INJECTABLE DRUGS	438.79
		TOTAL NUMBER OF CLAIMS	538

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

Run Date: 09/20/2021
 Run Time: 21:28:12
 Page: 5

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,227.00	12,762.00	OTHER LAB	1,988.00	0.00
MED/SURG SUPPLY	10,657.62	2,237.35	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,678.90	4,796.06	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	69,615.00	65,202.80	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	50,782.53	3,781.40
EKG/ECG	2,746.80	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	990.00	PROFESSIONAL FEES	0.00	681.92
OPERATING ROOM	825.08	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,283.16	659.04	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	368.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	203,828.08	9,664.59	SPECIAL SERVICES	0.00	540.52
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,268.00	8,932.76
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,944.00	994.40	NO CC/INVALID REV CODE	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	3,300.00			
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	27,696.30	0.00			
			TOTAL ANCILLARY	415,540.47	114,910.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	415,540.47	114,910.84

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:13
Page: 6

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:13
Page: 7

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	80,315.03	ADJUSTMENTS	542.00
COVERED CHARGES	70,516.07	CONTRACTUAL ALLOW	65,476.07
NON-COVERD CHARGES	9,798.96	TOTAL MEDICAID LIAB	5,040.00
		LESS: COB	0.00
		LESS: COPAYMENT	126.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,914.00

TOTAL NUMBER OF CLAIMS 72

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:13
 Page: 8

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	111.00	1,474.38	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	541.09	126.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,597.84	870.64	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,462.60	3,538.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,172.32	281.14
EKG/ECG	130.80	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	72.00	PROFESSIONAL FEES	0.00	385.20
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	24.86	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	54,356.56	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	4,119.00	3,051.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	70,516.07	9,798.96
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	70,516.07	9,798.96

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:28:13
Page: 9

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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 Page: 1

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,328.32	ADJUSTMENTS	11,170.99
COVERED CHARGES	59,851.93	CONTRACTUAL ALLOW	37,467.38
NON-COVERD CHARGES	476.39	TOTAL MEDICAID LIAB	22,384.55
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	22,384.55

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	18		0	17,100.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	18		0	17,100.00		0.00
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	18		0	17,100.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/20 THROUGH 12/31/20
 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	7,809.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,634.34	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,382.26	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	801.12	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,557.90	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	392.40	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	472.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	757.60	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	6,249.67	0.00	SPECIAL SERVICES	0.00	3.64
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	395.24	0.00	INJECTABLE DRUGS	4,478.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	994.40	0.00	NO CC/INVALID REV CODE	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	3,300.00	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	42,751.93	476.39
			TOTAL ACCOMODATIONS	17,100.00	0.00
			TOTAL CHARGES	59,851.93	476.39

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 3

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	101,537.37	ADJUSTMENTS	3,284.61
COVERED CHARGES	72,265.69	CONTRACTUAL ALLOW	47,667.15
NON-COVERD CHARGES	29,271.68	TOTAL MEDICAID LIAB	24,598.54
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	24,598.54
		ALL OTHER	21,693.61
		FEE SCHEDULE-LAB	2,831.33
		INJECTABLE DRUGS	73.60
		TOTAL NUMBER OF CLAIMS	85

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/20 THROUGH 12/31/20
 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	1,514.00	2,989.00	OTHER LAB	1,988.00	0.00
MED/SURG SUPPLY	2,202.58	396.79	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,789.68	417.36	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,201.90	20,803.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,822.88	928.91
EKG/ECG	915.60	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	39,766.55	748.72	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	2,697.00	2,987.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,367.50	0.00			
			TOTAL ANCILLARY	72,265.69	29,271.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	72,265.69	29,271.68

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,652.67	ADJUSTMENTS	70.00
COVERED CHARGES	15,952.84	CONTRACTUAL ALLOW	14,972.84
NON-COVERD CHARGES	8,699.83	TOTAL MEDICAID LIAB	980.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	980.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:22
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
 11740 COLUMBIA ST
 BLAKELY,GA 39823-2574

PROVIDER NUMBER
 000000635A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/20 THROUGH 12/31/20
 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	78.00	1,239.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	271.54	126.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,626.10	310.64	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,548.70	6,788.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	904.84	129.36
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	8,469.66	106.23	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	54.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	15,952.84	8,699.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,952.84	8,699.83

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:28:22
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LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

LIFEBRITE HOSPITAL GROUP OF EARLY, LLC
11740 COLUMBIA ST
BLAKELY,GA 39823-2574

PROVIDER NUMBER
000000635A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:54
 Page: 1

EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER 000000657A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,016,376.55	ADJUSTMENTS	68,364.03
COVERED CHARGES	1,012,100.55	CONTRACTUAL ALLOW	718,862.07
NON-COVERED CHARGES	4,276.00	TOTAL MEDICAID LIAB	293,238.48
		LESS: COB	975.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	292,262.85

TOTAL NUMBER OF ADMISSIONS 23

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	124		0	312,788.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	124		0	312,788.00		0.00
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	124		0	312,788.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:54
 Page: 2

EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	212,772.61	0.00	OTHER LAB	5,075.96	0.00
MED/SURG SUPPLY	24,814.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	109,614.03	0.00	EDUCATION & TRAINING	666.00	0.00
RADIOLOGY-DIAGNOSTIC	20,612.21	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	71,139.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,616.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,750.80	0.00	MRI SERVICES	2,810.44	0.00
IV THERAPY	12,522.20	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	34,801.08	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	74,347.90	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,247.93	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,279.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,073.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,027.03	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	491.00	0.00	INJECTABLE DRUGS	1,728.38	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	844.13	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	23,192.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,632.65	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	4,276.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,875.00	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	37,380.00	0.00			
			TOTAL ANCILLARY	699,312.55	4,276.00
			TOTAL ACCOMODATIONS	312,788.00	0.00
			TOTAL CHARGES	1,012,100.55	4,276.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:55
Page: 3

EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:55
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EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 4,953,735.78
COVERED CHARGES 4,652,683.28
NON-COVERD CHARGES 301,052.50

-----PAYMENTS-----
ADJUSTMENTS 181,534.19
CONTRACTUAL ALLOW 3,762,983.90
TOTAL MEDICAID LIAB 889,699.38
LESS: COB 3,151.19
LESS: COPAYMENT 1,080.32
ADD: ADDON PYMT 0.00
REIMBURSEMENT 885,467.87
ALL OTHER 805,094.69
FEE SCHEDULE-LAB 47,521.84
INJECTABLE DRUGS 32,851.34

TOTAL NUMBER OF CLAIMS 1,350

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:55
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EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	59,848.45	9,948.95	OTHER LAB	33,199.82	0.00
MED/SURG SUPPLY	78,832.22	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	207,581.71	11,719.13	OTHER THERAPEUTIC SVC	0.00	306.12
CT SCAN	672,324.36	55,780.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	43,858.15	624.00	FEE SCHEDULE LAB	541,361.34	17,876.59
EKG/ECG	34,540.67	812.13	MRI SERVICES	131,939.00	0.00
IV THERAPY	134,384.08	3,415.88	PROFESSIONAL FEES	0.00	66.34
OPERATING ROOM	178,199.98	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,082.18	9,117.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,383.26	2,507.26	AMBULANCE	0.00	0.00
GI SERVICES	61,934.26	5,134.38	CAST ROOM	0.00	0.00
EMERGENCY ROOM	764,863.00	2,124.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	40,852.25	649.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,320,217.04	150,361.07
RADIOLOGY THERAPEUTIC	83,737.82	1,440.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	995.93	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	1,635.40	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	26,003.00	1,520.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	84,955.86	3,078.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,872.00	264.00			
ONCOLOGY	8,034.00	0.00			
NUCLEAR MEDICINE	0.00	0.03			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,626.00	5,150.00			
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	37,056.90	17,522.30			
			TOTAL ANCILLARY	4,652,683.28	301,052.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,652,683.28	301,052.50

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:59
Page: 6

EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	125,247.96	ADJUSTMENTS	0.00
COVERED CHARGES	28,170.80	CONTRACTUAL ALLOW	20,869.24
NON-COVERD CHARGES	97,077.16	TOTAL MEDICAID LIAB	7,301.56
		LESS: COB	7,286.56
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 15

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:59
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	537.55	0.00	OTHER LAB	972.00	0.00
MED/SURG SUPPLY	840.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	487.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,502.00	2,642.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,044.32	192.00
EKG/ECG	204.37	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	765.20	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	7,035.00	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	563.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,443.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	432.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	999.85	86,660.16
RADIOLOGY THERAPEUTIC	2,493.00	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	400.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,487.01	548.00	NO CC/INVALID REV CODE	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	28,170.80	97,077.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,170.80	97,077.16

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:11:59
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EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	178,358.23	ADJUSTMENTS	174.00
COVERED CHARGES	174,192.52	CONTRACTUAL ALLOW	166,692.52
NON-COVERD CHARGES	4,165.71	TOTAL MEDICAID LIAB	7,500.00
		LESS: COB	0.00
		LESS: COPAYMENT	195.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,305.00

TOTAL NUMBER OF CLAIMS 125

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:11:59
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EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD, GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	274.78	0.00	OTHER LAB	994.00	0.00
MED/SURG SUPPLY	256.53	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,396.00	2,056.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,233.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,832.36	921.00
EKG/ECG	1,634.96	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,173.36	211.85	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	750.00	250.00	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	124,231.00	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	2,416.53	726.86
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	174,192.52	4,165.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	174,192.52	4,165.71

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:11:59
Page: 10

EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,142.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,142.00	CONTRACTUAL ALLOW	1,022.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	120.00
		LESS: COB	120.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:11:59
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EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4.00	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	1,136.00	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	2.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,142.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,142.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:12:00
Page: 12

EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	163,850.17	ADJUSTMENTS	28,423.20
COVERED CHARGES	155,862.15	CONTRACTUAL ALLOW	117,956.55
NON-COVERD CHARGES	7,988.02	TOTAL MEDICAID LIAB	37,905.60
		LESS: COB	0.00
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	37,899.60

TOTAL NUMBER OF CLAIMS 4

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:12:00
 Page: 13

EFFINGHAM COUNTY HOSPITAL
 459 GA HIGHWAY 119 S
 SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
 000000657A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,262.58	310.00	OTHER LAB	21,823.00	0.00
MED/SURG SUPPLY	14,707.76	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,427.00	4,653.00	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	898.00	0.00
EKG/ECG	1,154.53	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	1,676.02
OPERATING ROOM	24,454.04	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	10,787.46	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	9,091.64	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,097.39	1,244.00
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	IMPL DEV CHARGE PATIENTS	63,638.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,520.00	105.00			
			TOTAL ANCILLARY	155,862.15	7,988.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	155,862.15	7,988.02

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:00
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EFFINGHAM COUNTY HOSPITAL
459 GA HIGHWAY 119 S
SPRINGFIELD,GA 31329-3021

PROVIDER NUMBER
000000657A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:18
 Page: 1

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER 000000668A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	149,282.38	ADJUSTMENTS	4,703.28
COVERED CHARGES	145,182.64	CONTRACTUAL ALLOW	90,625.68
NON-COVERED CHARGES	4,099.74	TOTAL MEDICAID LIAB	54,556.96
		LESS: COB	0.00
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	54,519.46

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	29		0	18,750.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	29		0	18,750.00		0.00
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	29		0	18,750.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:18
 Page: 2

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 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	23,172.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,057.00	98.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	14,699.05	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	994.52	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,617.10	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	257.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,337.00	0.00	MRI SERVICES	1,033.00	0.00
IV THERAPY	1,880.53	0.00	PROFESSIONAL FEES	0.00	3,630.00
OPERATING ROOM	21,561.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,125.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,567.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,821.90	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,079.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,100.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	440.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	370.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,052.66	281.74			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	653.00	90.00			
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	2,615.38	0.00			
			TOTAL ANCILLARY	126,432.64	4,099.74
			TOTAL ACCOMODATIONS	18,750.00	0.00
			TOTAL CHARGES	145,182.64	4,099.74

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:18
Page: 3

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/21/20	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:18
Page: 4

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/21/20 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	554,280.40	ADJUSTMENTS	33,521.49
COVERED CHARGES	493,218.60	CONTRACTUAL ALLOW	347,503.11
NON-COVERD CHARGES	61,061.80	TOTAL MEDICAID LIAB	145,715.49
		LESS: COB	0.00
		LESS: COPAYMENT	156.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	145,559.49
		ALL OTHER	134,178.17
		FEE SCHEDULE-LAB	10,262.69
		INJECTABLE DRUGS	1,118.63
		TOTAL NUMBER OF CLAIMS	303

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:18
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ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 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	3,674.95	14,330.35	OTHER LAB	3,690.50	0.00
MED/SURG SUPPLY	7,034.90	1,093.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	931.68	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,974.02	2,620.92	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	118,995.00	18,108.40	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,469.80	546.00	FEE SCHEDULE LAB	73,905.00	3,172.80
EKG/ECG	11,316.00	0.00	MRI SERVICES	7,225.10	0.00
IV THERAPY	24,163.83	6,740.89	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	42,150.00	1,500.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,826.03	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,961.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	83,032.00	2,977.39	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,038.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,189.20	1,151.45
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,294.27	3,259.60	NO CC/INVALID REV CODE	9,009.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,125.00	1,092.82			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,451.20	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	6,693.40	1,886.50			
			TOTAL ANCILLARY	493,218.60	59,411.80
			TOTAL ACCOMODATIONS	0.00	1,650.00
			TOTAL CHARGES	493,218.60	61,061.80

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:19
Page: 7

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/21/20 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,063.99	ADJUSTMENTS	0.00
COVERED CHARGES	2,794.09	CONTRACTUAL ALLOW	1,940.17
NON-COVERD CHARGES	269.90	TOTAL MEDICAID LIAB	853.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:19
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ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 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	40.00	149.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	133.00	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	541.39	120.90
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	138.00	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	1,921.70	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	20.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,794.09	269.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,794.09	269.90

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/21/20 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,126.25	ADJUSTMENTS	150.64
COVERED CHARGES	14,797.75	CONTRACTUAL ALLOW	13,231.67
NON-COVERD CHARGES	1,328.50	TOTAL MEDICAID LIAB	1,566.08
		LESS: COB	0.00
		LESS: COPAYMENT	27.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,539.08

TOTAL NUMBER OF CLAIMS 20

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:19
 Page: 10

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 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	37.50	142.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	30.00	228.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,116.00	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	4,034.41	161.50
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	514.50	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	101.39	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	7,734.70	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	229.25	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	797.00	NO CC/INVALID REV CODE	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	14,797.75	1,328.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,797.75	1,328.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/21/20	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER 000000668A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/21/20 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,773.10	ADJUSTMENTS	0.00
COVERED CHARGES	17,688.00	CONTRACTUAL ALLOW	12,061.15
NON-COVERD CHARGES	8,085.10	TOTAL MEDICAID LIAB	5,626.85
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,626.85

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/21/20 THROUGH 06/30/20
 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	28.00	860.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	1,649.10	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	72.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	1,320.00
OPERATING ROOM	15,750.00	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	690.50	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	1,039.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	108.00	20.00
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	IMPL DEV CHARGE PATIENTS	0.00	4,236.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	17,688.00	8,085.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,688.00	8,085.10

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/21/20	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:08
 Page: 1

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER 000000668A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 01/20/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	66,442.47	ADJUSTMENTS	0.00
COVERED CHARGES	65,524.47	CONTRACTUAL ALLOW	25,543.48
NON-COVERED CHARGES	918.00	TOTAL MEDICAID LIAB	39,980.99
		LESS: COB	0.00
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	39,943.49

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	26		0	15,625.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	26		0	15,625.00		0.00
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	26		0	15,625.00		0.00

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: 09/20/2021
 Run Time: 21:12:08
 Page: 2

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 01/20/20
 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	14,534.58	0.00	OTHER LAB	1,513.00	0.00
MED/SURG SUPPLY	3,364.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	9,919.96	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	895.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,784.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	905.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	738.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	340.00	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	1,303.00	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	2,962.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,128.00	918.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,512.93	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	49,899.47	918.00
			TOTAL ACCOMODATIONS	15,625.00	0.00
			TOTAL CHARGES	65,524.47	918.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:09
Page: 3

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	01/20/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:09
Page: 4

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 01/20/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	851,422.30	ADJUSTMENTS	40,017.97
COVERED CHARGES	753,149.73	CONTRACTUAL ALLOW	529,501.52
NON-COVERD CHARGES	98,272.57	TOTAL MEDICAID LIAB	223,648.21
		LESS: COB	0.00
		LESS: COPAYMENT	531.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	223,117.21
		ALL OTHER	206,867.47
		FEE SCHEDULE-LAB	14,860.71
		INJECTABLE DRUGS	1,389.03
		TOTAL NUMBER OF CLAIMS	516

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:09
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ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 01/20/20
 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	4,490.50	27,493.42	OTHER LAB	5,307.70	0.00
MED/SURG SUPPLY	10,919.10	1,561.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	34,683.99	5,100.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	194,306.91	22,283.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,814.00	3,146.00	FEE SCHEDULE LAB	107,529.23	9,135.77
EKG/ECG	11,562.00	492.00	MRI SERVICES	5,469.00	0.00
IV THERAPY	33,220.55	5,456.14	PROFESSIONAL FEES	0.00	1,320.00
OPERATING ROOM	69,312.00	3,375.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,419.46	141.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,517.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	141,913.22	1,188.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,750.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,602.10	280.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	312.00	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	4,236.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	48,019.04	8,683.60	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,015.00	918.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,512.93	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	23,786.00	3,151.64			
			TOTAL ANCILLARY	753,149.73	98,272.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	753,149.73	98,272.57

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:10
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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	01/20/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:10
Page: 7

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 01/20/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	54,047.18	ADJUSTMENTS	460.92
COVERED CHARGES	47,840.78	CONTRACTUAL ALLOW	44,316.38
NON-COVERD CHARGES	6,206.40	TOTAL MEDICAID LIAB	3,524.40
		LESS: COB	0.00
		LESS: COPAYMENT	84.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,440.40

TOTAL NUMBER OF CLAIMS 45

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:10
 Page: 8

ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 01/20/20
 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	421.00	949.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	33.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	970.81	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,667.00	3,879.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,267.55	962.56
EKG/ECG	492.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,922.93	415.84	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	101.39	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	20,014.00	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	951.10	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	47,840.78	6,206.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	47,840.78	6,206.40

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:12:10
Page: 9

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 01/20/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	339.00	ADJUSTMENTS	0.00
COVERED CHARGES	333.00	CONTRACTUAL ALLOW	254.68
NON-COVERD CHARGES	6.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:12:10
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ELBERT MEMORIAL HOSPITAL
 4 MEDICAL DR
 ELBERTON, GA 30635-1830

PROVIDER NUMBER
 000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 01/20/20
 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	6.00	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	83.00	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	250.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	333.00	6.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	333.00	6.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	01/20/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	01/20/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:27
 Page: 1

EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO,GA 30401-3231

PROVIDER NUMBER 000000701A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,929,891.22	ADJUSTMENTS	0.00
COVERED CHARGES	2,902,987.22	CONTRACTUAL ALLOW	2,087,279.17
NON-COVERED CHARGES	26,904.00	TOTAL MEDICAID LIAB	815,708.05
		LESS: COB	4,846.11
		LESS: COPAYMENT	200.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	810,661.94

TOTAL NUMBER OF ADMISSIONS 131

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	705		0	918,402.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		15,904.00
TOTAL ROUTINE	705		0	918,402.00		15,904.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	108		0	119,016.00		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	108		0	119,016.00		0.00
TOTAL ACCOMODATIONS	813		0	1,037,418.00		15,904.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:12:27
 Page: 2

EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
 000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	712,725.43	0.00	OTHER LAB	5,658.00	0.00
MED/SURG SUPPLY	57,915.19	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	386,498.60	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	40,961.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	127,971.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,485.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	22,724.00	0.00	MRI SERVICES	8,324.00	0.00
IV THERAPY	68,094.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,616.00	1,900.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	164,905.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,232.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	172,003.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,924.00	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	9,251.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,679.00	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	786.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,501.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,324.00	9,100.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,572.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,605.00	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	3,815.00	0.00			
			TOTAL ANCILLARY	1,865,569.22	11,000.00
			TOTAL ACCOMODATIONS	1,037,418.00	15,904.00
			TOTAL CHARGES	2,902,987.22	26,904.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:29
Page: 3

EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:29
Page: 4

EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,240,134.99	ADJUSTMENTS	6,111.93
COVERED CHARGES	3,905,872.79	CONTRACTUAL ALLOW	3,518,741.51
NON-COVERD CHARGES	334,262.20	TOTAL MEDICAID LIAB	387,131.28
		LESS: COB	134.74
		LESS: COPAYMENT	939.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	386,057.54
		ALL OTHER	325,490.49
		FEE SCHEDULE-LAB	60,566.38
		INJECTABLE DRUGS	0.67
		TOTAL NUMBER OF CLAIMS	1,655

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

Run Date: 09/20/2021
 Run Time: 21:12:29
 Page: 5

EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO, GA 30401-3231

PROVIDER NUMBER
 000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	369,616.11	0.00	OTHER LAB	15,692.00	0.00
MED/SURG SUPPLY	128,516.79	882.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	680.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	178,630.00	39,967.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	490,620.00	67,195.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	960,539.89	72,742.70
EKG/ECG	49,014.00	1,495.00	MRI SERVICES	149,100.00	5,369.00
IV THERAPY	252,563.00	24,901.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	74,736.00	34,345.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	28,136.00	1,005.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	32,790.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	817,164.00	21,897.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	45,546.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	485.00	970.00
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	IMPL DEV CHARGE PATIENTS	0.00	6,994.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	63,850.00	2,798.00	NO CC/INVALID REV CODE	1,975.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,907.00	9,100.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	35,394.00	32,604.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	22,086.00	1,845.00			
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	172,512.00	9,472.00			
			TOTAL ANCILLARY	3,905,872.79	334,262.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,905,872.79	334,262.20

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:33
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EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,664.35	ADJUSTMENTS	0.00
COVERED CHARGES	9,687.00	CONTRACTUAL ALLOW	8,704.93
NON-COVERD CHARGES	5,977.35	TOTAL MEDICAID LIAB	982.07
		LESS: COB	979.07
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 4

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

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

Run Date: 09/20/2021
 Run Time: 21:12:33
 Page: 8

EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
 000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,398.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	163.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	379.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,932.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,248.00	263.35
EKG/ECG	299.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,258.00	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	2,955.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,095.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,366.00	308.00			
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	9,687.00	5,977.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,687.00	5,977.35

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	520,222.85	ADJUSTMENTS	153.64
COVERED CHARGES	496,678.85	CONTRACTUAL ALLOW	479,683.41
NON-COVERD CHARGES	23,544.00	TOTAL MEDICAID LIAB	16,995.44
		LESS: COB	0.00
		LESS: COPAYMENT	357.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,638.44

TOTAL NUMBER OF CLAIMS 217

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
 000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	51,896.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,431.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,059.00	5,499.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	48,211.00	6,057.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	100,042.65	6,947.75
EKG/ECG	6,877.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	44,564.00	960.00	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	2,832.00	468.25	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	215,106.00	3,582.00	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	485.00	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	IMPL DEV CHARGE PATIENTS	0.00	30.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,175.00	0.00	NO CC/INVALID REV CODE	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	496,678.85	23,544.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	496,678.85	23,544.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,359.35	ADJUSTMENTS	0.00
COVERED CHARGES	16,348.35	CONTRACTUAL ALLOW	16,113.39
NON-COVERD CHARGES	4,011.00	TOTAL MEDICAID LIAB	234.96
		LESS: COB	231.96
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

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

Run Date: 09/20/2021
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EMANUEL MEDICAL CENTER
 117 KITE RD
 SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
 000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,229.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	450.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,602.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,371.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,285.35	102.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,420.00	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	362.00	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	4,000.00	538.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	16,348.35	4,011.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,348.35	4,011.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:12:34
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EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:12:34
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:14:39
 Page: 1

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER 000000712A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	162,209,240.53	ADJUSTMENTS	9,414,659.01
COVERED CHARGES	160,394,781.55	CONTRACTUAL ALLOW	118,841,379.24
NON-COVERED CHARGES	1,814,458.98	TOTAL MEDICAID LIAB	41,553,402.31
		LESS: COB	400,507.18
		LESS: COPAYMENT	2,025.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	41,150,870.13

TOTAL NUMBER OF ADMISSIONS 1,732

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,135		0	16,564,798.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10,135		0	16,564,798.00		0.00
SPECIAL CARE SERVICES						
CCU	283		0	1,934,964.00		0.00
ICU	5,503		0	29,538,259.00		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	5,786		0	31,473,223.00		0.00
TOTAL ACCOMODATIONS	15,921		0	48,038,021.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:14:39
 Page: 2

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	6,262,554.29	0.00	OTHER LAB	879,298.00	0.00
MED/SURG SUPPLY	5,562,865.39	337,493.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	23,288,901.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,022,210.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,553,219.00	26,272.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,057,190.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	488,931.00	0.00	MRI SERVICES	2,090,054.00	0.00
IV THERAPY	496,812.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,151,254.01	0.00	DURABLE MED. EQUIP.	0.00	2,968.56
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,296,758.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,469,208.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	894,656.00	17,741.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,039,741.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,083,050.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	56,425.31
LABORATORY PATHOLOGIC	1,299,436.00	0.00	INJECTABLE DRUGS	19,187,886.12	456,736.11
RADIOLOGY THERAPEUTIC	190,802.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	758,557.04	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	311,553.02	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,194,735.00	66,651.00	PATIENT CONVENIENCE	0.00	2,293.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	18,534.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,879,358.93	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	417,264.00	230,248.00	NO CC/INVALID REV CODE	0.00	106,258.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,754,166.00	503,500.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	50,938.00	7,873.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,485,787.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,155,269.00	0.00			
ORGAN ACQUISITION	1,886,555.75	0.00			
TREATMENT/OBSERV. RM	129,217.00	0.00			
			TOTAL ANCILLARY	112,356,760.55	1,814,458.98
			TOTAL ACCOMODATIONS	48,038,021.00	0.00
			TOTAL CHARGES	160,394,781.55	1,814,458.98

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER 000000712A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,368,959.30	ADJUSTMENTS	0.00
COVERED CHARGES	1,342,709.30	CONTRACTUAL ALLOW	1,030,963.51
NON-COVERED CHARGES	26,250.00	TOTAL MEDICAID LIAB	311,745.79
		LESS: COB	311,745.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 26

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	103		0	167,272.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	103		0	167,272.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	21		0	75,216.00		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	21		0	75,216.00		0.00
TOTAL ACCOMODATIONS	124		0	242,488.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	64,412.11	0.00	OTHER LAB	1,237.00	0.00
MED/SURG SUPPLY	19,223.64	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	182,288.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,179.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,278.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,857.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,618.00	0.00	MRI SERVICES	43,450.00	0.00
IV THERAPY	1,128.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	169,845.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	66,892.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,310.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,846.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,910.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,094.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	29,550.00	0.00	INJECTABLE DRUGS	278,468.55	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	1,218.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	3,652.00	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	67,409.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,880.00	23,313.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,916.00	2,937.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	28,947.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,088.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	525.00	0.00			
			TOTAL ANCILLARY	1,100,221.30	26,250.00
			TOTAL ACCOMODATIONS	242,488.00	0.00
			TOTAL CHARGES	1,342,709.30	26,250.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 30,038,733.25
COVERED CHARGES 21,045,041.20
NON-COVERD CHARGES 8,993,692.05

-----PAYMENTS-----
ADJUSTMENTS 500,063.23
CONTRACTUAL ALLOW 16,935,965.58
TOTAL MEDICAID LIAB 4,109,075.62
LESS: COB 4,087.98
LESS: COPAYMENT 6,975.44
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,098,012.20
ALL OTHER 3,315,633.12
FEE SCHEDULE-LAB 732,512.54
INJECTABLE DRUGS 49,866.54

TOTAL NUMBER OF CLAIMS 10,257

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	245,761.33	473,584.45	OTHER LAB	157,808.00	333.00
MED/SURG SUPPLY	632,998.03	26,228.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	2,574.00
RADIOLOGY-DIAGNOSTIC	530,379.00	285,125.59	OTHER THERAPEUTIC SVC	35,599.00	453,245.00
CT SCAN	1,957,481.00	518,899.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	35,101.00	FEE SCHEDULE LAB	4,802,549.00	702,746.00
EKG/ECG	171,710.00	308.00	MRI SERVICES	1,600,439.00	662,097.00
IV THERAPY	504,575.00	28,056.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,772,967.50	1,734,482.52	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	37,852.00	2,209.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	576,135.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	125,478.00	130,468.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,418,025.00	17,107.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	562,302.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	4,428.75
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	554,028.15	790,228.99
RADIOLOGY THERAPEUTIC	888,919.00	115,882.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	17,438.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	4,263.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	156,764.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	9,853.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	1,480.00	IMPL DEV CHARGE PATIENTS	143,033.34	1,403,609.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	703,748.00	327,657.00	NO CC/INVALID REV CODE	0.00	33,214.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	161,685.60	13,694.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	147,121.00	73,117.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	791,172.00	627,999.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	19,457.00	1,772.00			
ORGAN ACQUISITION	0.00	2,068.75			
TREATMENT/OBSERV. RM	503,818.25	332,788.00			
			TOTAL ANCILLARY	21,045,041.20	8,988,820.05
			TOTAL ACCOMODATIONS	0.00	4,872.00
			TOTAL CHARGES	21,045,041.20	8,993,692.05

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,066,134.78	ADJUSTMENTS	0.00
COVERED CHARGES	564,607.45	CONTRACTUAL ALLOW	463,420.78
NON-COVERD CHARGES	501,527.33	TOTAL MEDICAID LIAB	101,186.67
		LESS: COB	100,957.96
		LESS: COPAYMENT	228.71
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	145

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	12,258.24	9,347.00	OTHER LAB	6,185.00	0.00
MED/SURG SUPPLY	21,198.00	1,844.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	78.00
RADIOLOGY-DIAGNOSTIC	11,773.00	2,917.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,660.00	38,531.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	137,448.00	32,034.00
EKG/ECG	4,004.00	0.00	MRI SERVICES	7,900.00	30,029.00
IV THERAPY	7,002.00	483.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	113,958.00	82,315.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	419.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	28,200.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,962.00	5,704.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	52,305.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	57,095.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,614.21	55,602.33
RADIOLOGY THERAPEUTIC	32,796.00	28,645.00	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	13,150.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	85.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,205.00	113,351.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,668.00	11,470.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	372.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,370.00	55,318.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,264.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,951.00	20,624.00			
			TOTAL ANCILLARY	564,607.45	501,527.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	564,607.45	501,527.33

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	126,124.78	ADJUSTMENTS	259.52
COVERED CHARGES	101,343.41	CONTRACTUAL ALLOW	98,658.21
NON-COVERD CHARGES	24,781.37	TOTAL MEDICAID LIAB	2,685.20
		LESS: COB	0.00
		LESS: COPAYMENT	66.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,619.20

TOTAL NUMBER OF CLAIMS 40

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:22
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EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	120.08	373.08	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	586.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,054.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,801.00	8,270.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,584.00	1,335.00
EKG/ECG	1,848.00	0.00	MRI SERVICES	7,900.00	0.00
IV THERAPY	6,754.00	850.00	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	43,066.00	1,153.00	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	4,010.91	3,276.29
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,090.00	0.00	NO CC/INVALID REV CODE	0.00	7,900.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	186.00	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	3,869.42	1,624.00			
			TOTAL ANCILLARY	101,343.41	24,781.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	101,343.41	24,781.37

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:15:24
Page: 14

EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER 000000712A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,682.30	ADJUSTMENTS	0.00
COVERED CHARGES	5,647.97	CONTRACTUAL ALLOW	5,513.71
NON-COVERD CHARGES	1,034.33	TOTAL MEDICAID LIAB	134.26
		LESS: COB	131.26
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:15:24
 Page: 15

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	55.20	446.53	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	60.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	329.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,365.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	894.00	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	1,912.00	583.00	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	32.77	4.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,647.97	1,034.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,647.97	1,034.33

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:15:26
Page: 16

EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,100,388.41	ADJUSTMENTS	68,214.41
COVERED CHARGES	1,794,131.62	CONTRACTUAL ALLOW	1,507,677.41
NON-COVERD CHARGES	306,256.79	TOTAL MEDICAID LIAB	286,454.21
		LESS: COB	0.00
		LESS: COPAYMENT	358.34
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	286,095.87

TOTAL NUMBER OF CLAIMS 42

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:26
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	23,976.90	2,848.90	OTHER LAB	87.00	0.00
MED/SURG SUPPLY	188,325.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	37,195.00	7,880.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,266.00	8,897.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	5,947.00	FEE SCHEDULE LAB	46,162.00	3,957.00
EKG/ECG	462.00	0.00	MRI SERVICES	0.00	6,329.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	606,172.00	74,000.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,014.00	358.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	132,445.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,119.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	83,769.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,341.32	17,847.89
RADIOLOGY THERAPEUTIC	332,715.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,346.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	8,108.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	437.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	176,443.80	155,636.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	138.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,116.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,188.00	94.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	127,572.00	6,699.00			
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	1,624.00	4,872.00			
			TOTAL ANCILLARY	1,794,131.62	306,256.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,794,131.62	306,256.79

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:15:28
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	145,769.43	ADJUSTMENTS	0.00
COVERED CHARGES	120,239.00	CONTRACTUAL ALLOW	99,800.96
NON-COVERD CHARGES	25,530.43	TOTAL MEDICAID LIAB	20,438.04
		LESS: COB	20,429.04
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:28
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIV HOSPPT FINANCIALSERV
 1364 CLIFTON RD NE DEPT RM
 ATLANTA,GA 30322-1059

PROVIDER NUMBER
 000000712A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,295.92	595.06	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,832.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	157.00	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	745.00	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	14,950.00	11,880.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	423.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,725.00	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	11,474.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,108.08	350.37
RADIOLOGY THERAPEUTIC	40,544.00	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	37,985.00	12,705.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	120,239.00	25,530.43
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	120,239.00	25,530.43

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:38
 Page: 1

EMORY UNIVERSITY HOSPITAL
 1821 CLIFTON RD NE
 ATLANTA, GA 30329-4021

PROVIDER NUMBER 000000712B
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,355,297.54	ADJUSTMENTS	128,477.90
COVERED CHARGES	7,355,297.54	CONTRACTUAL ALLOW	3,788,575.67
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	3,566,721.87
		LESS: COB	840.95
		LESS: COPAYMENT	475.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,565,405.92

TOTAL NUMBER OF ADMISSIONS 300

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,472		0	6,131,317.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,472		0	6,131,317.00		0.00
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	2,472		0	6,131,317.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:38
 Page: 2

EMORY UNIVERSITY HOSPITAL
 1821 CLIFTON RD NE
 ATLANTA, GA 30329-4021

PROVIDER NUMBER
 000000712B

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	33,960.65	0.00	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	1,874.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	630,833.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,594.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,622.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	590.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,853.00	0.00	MRI SERVICES	2,379.00	0.00
IV THERAPY	143.00	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	8,889.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	858.00	0.00	INJECTABLE DRUGS	419,576.89	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	5,041.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	66,588.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,286.00	0.00	NO CC/INVALID REV CODE	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	4,419.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,223,980.54	0.00
			TOTAL ACCOMODATIONS	6,131,317.00	0.00
			TOTAL CHARGES	7,355,297.54	0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:39
 Page: 3

EMORY UNIVERSITY HOSPITAL
 1821 CLIFTON RD NE
 ATLANTA, GA 30329-4021

PROVIDER NUMBER 000000712B
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,707.86	ADJUSTMENTS	0.00
COVERED CHARGES	17,707.86	CONTRACTUAL ALLOW	5,326.42
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	12,381.44
		LESS: COB	12,381.44
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	14,880.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	14,880.00		0.00
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	6		0	14,880.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:15:39
 Page: 4

EMORY UNIVERSITY HOSPITAL
 1821 CLIFTON RD NE
 ATLANTA, GA 30329-4021

PROVIDER NUMBER
 000000712B

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	2,301.00	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	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	526.86	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,827.86	0.00
			TOTAL ACCOMODATIONS	14,880.00	0.00
			TOTAL CHARGES	17,707.86	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:15:39
Page: 5

EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:15:39
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EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:15:39
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EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA,GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:00:14
 Page: 1

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER 000000723A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	141,337,245.11	ADJUSTMENTS	5,306,742.66
COVERED CHARGES	140,098,513.67	CONTRACTUAL ALLOW	109,483,887.57
NON-COVERED CHARGES	1,238,731.44	TOTAL MEDICAID LIAB	30,614,626.10
		LESS: COB	193,939.03
		LESS: COPAYMENT	1,887.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	30,418,799.57

TOTAL NUMBER OF ADMISSIONS 2,013

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9,370		0	9,547,663.00		0.00
ROUTINE NURSERY	944		0	2,097,559.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		4.00
TOTAL ROUTINE	10,314		0	11,645,222.00		4.00
SPECIAL CARE SERVICES						
CCU	228		0	384,858.00		0.00
ICU	2,693		0	6,698,482.00		0.00
NICU	36		0	174,924.00		0.00
PED ICU	788		0	3,751,087.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	366		0	1,569,774.00		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	4,111		0	12,579,125.00		0.00
TOTAL ACCOMODATIONS	14,425		0	24,224,347.00		4.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	14,651,716.04	3,325.12	OTHER LAB	1,322,759.00	104.71
MED/SURG SUPPLY	6,609,823.72	425.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	21,849,726.08	222.00	EDUCATION & TRAINING	464.00	0.00
RADIOLOGY-DIAGNOSTIC	2,936,023.48	0.00	OTHER THERAPEUTIC SVC	0.00	320.00
CT SCAN	3,992,724.00	79,788.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	652,672.23	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	395,805.00	436.00	MRI SERVICES	1,184,451.00	0.00
IV THERAPY	912,693.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,867,672.00	5,364.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	508,757.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,100,819.40	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,128,160.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	509,105.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,969,682.00	6,127.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	693,411.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	984,665.99	0.00	INJECTABLE DRUGS	11,787,715.29	199,263.61
RADIOLOGY THERAPEUTIC	249,836.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	502,289.02	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	383,631.61	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	405,432.00	1,842.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	574.00	81,726.00	TRAUMA RESPONSE	0.00	687,444.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	8,008,552.05	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	592,438.00	22,386.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,379,415.00	149,954.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	150,647.00	0.00			
AUDIOLOGY	1,384.00	0.00			
CARDIOLOGY	3,885,605.56	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,615,342.00	0.00			
ORGAN ACQUISITION	161,465.00	0.00			
TREATMENT/OBSERV. RM	478,710.20	0.00			
			TOTAL ANCILLARY	115,874,166.67	1,238,727.44
			TOTAL ACCOMODATIONS	24,224,347.00	4.00
			TOTAL CHARGES	140,098,513.67	1,238,731.44

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:00:40
 Page: 3

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER 000000723A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,288,211.89	ADJUSTMENTS	0.00
COVERED CHARGES	1,287,654.89	CONTRACTUAL ALLOW	1,052,730.65
NON-COVERED CHARGES	557.00	TOTAL MEDICAID LIAB	234,924.24
		LESS: COB	234,886.74
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 20

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	53		0	54,702.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	53		0	54,702.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	19		0	47,479.00		0.00
NICU	0		0	0.00		0.00
PED ICU	16		0	77,744.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	18		0	77,202.00		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	53		0	202,425.00		0.00
TOTAL ACCOMODATIONS	106		0	257,127.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:00:40
 Page: 4

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	128,061.23	0.00	OTHER LAB	10,647.00	0.00
MED/SURG SUPPLY	41,618.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	138,957.17	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,263.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	34,233.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,738.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,270.00	0.00	MRI SERVICES	3,034.00	0.00
IV THERAPY	5,103.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	79,006.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,026.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	158,006.86	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	30,963.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,634.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,201.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	222,385.63	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,450.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,185.00	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	557.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,085.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,106.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,176.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	25,040.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	48,339.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,030,527.89	557.00
			TOTAL ACCOMODATIONS	257,127.00	0.00
			TOTAL CHARGES	1,287,654.89	557.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:00:47
Page: 5

AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER
000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 83,868,832.63
COVERED CHARGES 71,368,776.48
NON-COVERD CHARGES 12,500,056.15

-----PAYMENTS-----
ADJUSTMENTS 4,535,253.90
CONTRACTUAL ALLOW 57,089,152.29
TOTAL MEDICAID LIAB 14,279,624.19
LESS: COB 53,054.61
LESS: COPAYMENT 40,898.63
ADD: ADDON PYMT 0.00
REIMBURSEMENT 14,185,670.95
ALL OTHER 9,685,812.05
FEE SCHEDULE-LAB 888,805.27
INJECTABLE DRUGS 3,611,053.63

TOTAL NUMBER OF CLAIMS 29,100

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:00:47
 Page: 6

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,706,423.95	111,002.85	OTHER LAB	719,652.95	27,212.13
MED/SURG SUPPLY	1,347,423.00	25,055.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	32,381.00
RADIOLOGY-DIAGNOSTIC	1,709,528.00	153,470.00	OTHER THERAPEUTIC SVC	0.00	4,259.00
CT SCAN	3,279,982.00	580,756.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	107,105.00	31,675.00	FEE SCHEDULE LAB	9,880,576.12	358,325.97
EKG/ECG	362,780.00	2,174.00	MRI SERVICES	2,060,426.00	323,950.00
IV THERAPY	2,098,155.00	69,972.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,454,679.46	1,104,300.94	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,117.00	636.00	REHAB THERAPY	0.00	220.00
RESPIRATORY SERVICES	1,118,073.33	10,374.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,533,859.00	524.00	AMBULANCE	0.00	0.00
GI SERVICES	709,341.92	256,165.93	CAST ROOM	22,591.00	0.00
EMERGENCY ROOM	4,674,409.66	11,528.38	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,007,200.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,818,347.66	6,725,221.01
RADIOLOGY THERAPEUTIC	3,512,802.00	192,040.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	24,622.00	28,001.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	20,538.00	51,495.20	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	21,145.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,441,563.00	547,008.00	TRAUMA RESPONSE	0.00	420,342.00
PSYCHIATRIC SERVICES	22,080.00	22,105.00	IMPL DEV CHARGE PATIENTS	544,870.00	125,947.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,053,076.00	289,282.00	NO CC/INVALID REV CODE	0.00	2,458.50
BLOOD	0.00	37.00			
BLOOD STORAGE & PRO.	716,718.00	94,350.00			
ONCOLOGY	466.00	0.00			
NUCLEAR MEDICINE	416,090.00	121,779.00			
AUDIOLOGY	11,386.00	922.00			
CARDIOLOGY	1,047,558.39	620,721.61			
AMBULATORY SURGERY	12,620.00	3,187.00			
OSTEOPATHIC SERVICES	0.00	956.00			
E E G	844,795.00	48,396.00			
ORGAN ACQUISITION	0.00	6,246.00			
TREATMENT/OBSERV. RM	1,078,921.04	69,373.63			
			TOTAL ANCILLARY	71,368,776.48	12,494,995.15
			TOTAL ACCOMODATIONS	0.00	5,061.00
			TOTAL CHARGES	71,368,776.48	12,500,056.15

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER 000000723A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,705,020.95	ADJUSTMENTS	0.00
COVERED CHARGES	647,652.45	CONTRACTUAL ALLOW	523,157.28
NON-COVERD CHARGES	1,057,368.50	TOTAL MEDICAID LIAB	124,495.17
		LESS: COB	124,249.87
		LESS: COPAYMENT	245.30
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	283

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	34,766.59	1,023.36	OTHER LAB	18,479.00	408.00
MED/SURG SUPPLY	48,073.00	15,194.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	450.00
RADIOLOGY-DIAGNOSTIC	23,161.00	5,532.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,454.00	12,180.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	421.00	280.00	FEE SCHEDULE LAB	66,079.68	3,614.84
EKG/ECG	4,108.00	190.00	MRI SERVICES	4,610.00	62,265.00
IV THERAPY	14,315.00	2,103.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	105,310.00	95,391.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,203.00	145.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	47,515.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,664.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	40,300.00	471.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	22,619.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	119,408.15	429,529.74
RADIOLOGY THERAPEUTIC	10,610.00	3,328.00	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	11,444.00	4,882.00	TRAUMA RESPONSE	0.00	4,492.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,501.00	224,557.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,834.00	40,251.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,244.00	1,720.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	8,585.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	15,534.00	74,281.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,007.00	55,626.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,992.03	10,869.06			
			TOTAL ANCILLARY	647,652.45	1,057,368.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	647,652.45	1,057,368.50

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER
000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,977,725.16	ADJUSTMENTS	7,329.00
COVERED CHARGES	2,750,671.65	CONTRACTUAL ALLOW	2,666,971.65
NON-COVERD CHARGES	227,053.51	TOTAL MEDICAID LIAB	83,700.00
		LESS: COB	95.57
		LESS: COPAYMENT	2,565.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	81,039.43

TOTAL NUMBER OF CLAIMS 1,395

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	77,781.51	703.54	OTHER LAB	23,730.00	0.00
MED/SURG SUPPLY	10,359.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	165,641.00	16,635.00	OTHER THERAPEUTIC SVC	0.00	905.00
CT SCAN	323,458.00	81,491.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	361.00	0.00	FEE SCHEDULE LAB	431,027.12	12,083.15
EKG/ECG	32,818.00	0.00	MRI SERVICES	39,750.00	36,699.00
IV THERAPY	134,391.00	8,038.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,137.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,731.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,525.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,474.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,295,882.00	338.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,757.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	121,759.02	7,749.82
RADIOLOGY THERAPEUTIC	24,237.00	638.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	325.00	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	2,941.00	1,339.00	TRAUMA RESPONSE	0.00	32,916.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	163.00	448.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,020.00	18,280.00	NO CC/INVALID REV CODE	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	1,027.00	3,316.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,551.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,300.00	0.00			
			TOTAL ANCILLARY	2,750,671.65	227,053.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,750,671.65	227,053.51

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER 000000723A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,474.97	ADJUSTMENTS	0.00
COVERED CHARGES	42,300.85	CONTRACTUAL ALLOW	41,220.85
NON-COVERD CHARGES	3,174.12	TOTAL MEDICAID LIAB	1,080.00
		LESS: COB	1,050.00
		LESS: COPAYMENT	30.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 18

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	914.85	0.00	OTHER LAB	1,393.00	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	3,401.00	1,244.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,660.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,344.00	111.00
EKG/ECG	1,140.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,832.00	542.00	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	23,556.00	1,129.00	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	60.00	148.12
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	42,300.85	3,174.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	42,300.85	3,174.12

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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Page: 14

AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER 000000723A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,525,067.91	ADJUSTMENTS	885,202.74
COVERED CHARGES	21,770,527.53	CONTRACTUAL ALLOW	19,601,979.12
NON-COVERD CHARGES	1,754,540.38	TOTAL MEDICAID LIAB	2,168,548.41
		LESS: COB	831.65
		LESS: COPAYMENT	892.24
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,166,824.52

TOTAL NUMBER OF CLAIMS 329

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

AU MEDICAL CENTER, INC
 1120 15TH ST
 AUGUSTA,GA 30912-0004

PROVIDER NUMBER
 000000723A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	598,962.58	8,022.91	OTHER LAB	18,916.00	6,271.00
MED/SURG SUPPLY	816,356.04	47,184.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	84,239.00	33,836.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	51,626.00	5,200.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,883.00	FEE SCHEDULE LAB	318,338.34	1,676.00
EKG/ECG	3,314.00	0.00	MRI SERVICES	3,034.00	19,190.00
IV THERAPY	147,677.00	11,822.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,654,165.17	363,948.07	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	146,981.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	393,578.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	10,877.16	7,913.83	CAST ROOM	0.00	0.00
EMERGENCY ROOM	35,197.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	130,883.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,679,017.60	386,444.90
RADIOLOGY THERAPEUTIC	665,790.00	25,440.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	650.00	4,201.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,418.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	16,170.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	25,759.00	5,078.00	TRAUMA RESPONSE	0.00	34,000.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,306,513.00	50,431.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	14,938.00	5,298.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	14,873.00	6,048.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	580,064.64	680,114.52			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	6,246.00			
TREATMENT/OBSERV. RM	68,778.00	9,692.15			
			TOTAL ANCILLARY	21,770,527.53	1,742,528.38
			TOTAL ACCOMODATIONS	0.00	12,012.00
			TOTAL CHARGES	21,770,527.53	1,754,540.38

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:02:19
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

AU MEDICAL CENTER, INC
1120 15TH ST
AUGUSTA,GA 30912-0004

PROVIDER NUMBER
000000723A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:21
 Page: 1

EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER 000000734A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	800,869.00	ADJUSTMENTS	0.00
COVERED CHARGES	777,565.00	CONTRACTUAL ALLOW	506,373.76
NON-COVERED CHARGES	23,304.00	TOTAL MEDICAID LIAB	271,191.24
		LESS: COB	5,067.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	266,123.84

TOTAL NUMBER OF ADMISSIONS 35

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	156		0	177,229.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	156		0	177,229.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	17		0	26,775.00		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	17		0	26,775.00		0.00
TOTAL ACCOMODATIONS	173		0	204,004.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:21
 Page: 2

EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	104,361.00	0.00	OTHER LAB	850.00	0.00
MED/SURG SUPPLY	52,748.00	190.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	191,882.00	520.00	EDUCATION & TRAINING	735.00	0.00
RADIOLOGY-DIAGNOSTIC	11,317.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	84,858.00	6,674.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,110.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,869.00	0.00	MRI SERVICES	8,150.00	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	8,617.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,755.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	54,788.00	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	14,130.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,315.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,055.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,451.00	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	10,325.00	12,165.00			
			TOTAL ANCILLARY	573,561.00	23,304.00
			TOTAL ACCOMODATIONS	204,004.00	0.00
			TOTAL CHARGES	777,565.00	23,304.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:17:23
Page: 3

EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:17:23
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EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,432,182.31	ADJUSTMENTS	10,902.71
COVERED CHARGES	1,189,853.81	CONTRACTUAL ALLOW	986,222.10
NON-COVERD CHARGES	242,328.50	TOTAL MEDICAID LIAB	203,631.71
		LESS: COB	611.99
		LESS: COPAYMENT	600.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	202,419.72
		ALL OTHER	186,154.81
		FEE SCHEDULE-LAB	15,096.23
		INJECTABLE DRUGS	1,168.68
		TOTAL NUMBER OF CLAIMS	618

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:23
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EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	41,582.00	1,360.00	OTHER LAB	7,877.00	850.00
MED/SURG SUPPLY	60,667.31	466.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	630.00	EDUCATION & TRAINING	0.00	210.00
RADIOLOGY-DIAGNOSTIC	86,266.00	4,041.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	173,239.00	126,280.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	56,498.00	6,830.00	FEE SCHEDULE LAB	234,755.00	14,935.00
EKG/ECG	14,889.00	2,295.00	MRI SERVICES	41,445.00	4,075.00
IV THERAPY	0.00	325.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	45,308.50	8,792.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,306.00	2,743.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	61,080.00	36,510.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	259,267.00	13,794.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,730.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,575.00	6,226.00
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	IMPL DEV CHARGE PATIENTS	100.00	3,295.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	23,675.00	2,664.00	NO CC/INVALID REV CODE	0.00	80.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,432.00	782.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,780.00	2,260.00			
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	34,382.00	2,885.00			
			TOTAL ANCILLARY	1,189,853.81	242,328.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,189,853.81	242,328.50

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:17:24
Page: 7

EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON,GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	950.00	ADJUSTMENTS	0.00
COVERED CHARGES	950.00	CONTRACTUAL ALLOW	775.49
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	174.51
		LESS: COB	174.51
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	870.00	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	80.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	950.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	950.00	0.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	208,904.00	ADJUSTMENTS	0.00
COVERED CHARGES	149,362.00	CONTRACTUAL ALLOW	139,180.40
NON-COVERD CHARGES	59,542.00	TOTAL MEDICAID LIAB	10,181.60
		LESS: COB	0.00
		LESS: COPAYMENT	168.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,013.60

TOTAL NUMBER OF CLAIMS 130

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:24
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EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,366.00	137.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,340.00	135.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,797.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,570.00	51,207.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,255.00	3,569.00
EKG/ECG	1,737.00	510.00	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	400.00	80.00	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	97,103.00	2,820.00	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	3,214.00	294.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	790.00	NO CC/INVALID REV CODE	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	580.00	0.00			
			TOTAL ANCILLARY	149,362.00	59,542.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	149,362.00	59,542.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,605.00	ADJUSTMENTS	0.00
COVERED CHARGES	3,375.00	CONTRACTUAL ALLOW	3,296.68
NON-COVERD CHARGES	5,230.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:17:24
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EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	740.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	240.00	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	5,200.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,025.00	30.00
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	1,370.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,375.00	5,230.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,375.00	5,230.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:17:25
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EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER 000000734A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,576.78	ADJUSTMENTS	5,792.12
COVERED CHARGES	41,316.78	CONTRACTUAL ALLOW	35,515.66
NON-COVERD CHARGES	1,260.00	TOTAL MEDICAID LIAB	5,801.12
		LESS: COB	0.00
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,792.12

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:17:25
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EVANS MEMORIAL HOSPITAL
 200 N RIVER ST
 CLAXTON, GA 30417-1659

PROVIDER NUMBER
 000000734A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,425.00	1,125.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	6,274.78	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	580.00	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	1,600.00	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	18,895.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	65.00	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	630.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	770.00	135.00
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	IMPL DEV CHARGE PATIENTS	6,992.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,085.00	0.00			
			TOTAL ANCILLARY	41,316.78	1,260.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,316.78	1,260.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:17:25
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EVANS MEMORIAL HOSPITAL
200 N RIVER ST
CLAXTON, GA 30417-1659

PROVIDER NUMBER
000000734A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:18:27
 Page: 1

FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER 000000756A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,317,922.06	ADJUSTMENTS	1,492,277.90
COVERED CHARGES	66,322,735.31	CONTRACTUAL ALLOW	52,341,404.43
NON-COVERED CHARGES	995,186.75	TOTAL MEDICAID LIAB	13,981,330.88
		LESS: COB	112,289.27
		LESS: COPAYMENT	575.00
		ADD: ADDON PYMT	17,577.00
		REIMBURSEMENT	13,886,043.61

TOTAL NUMBER OF ADMISSIONS 1,754

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,744		0	3,967,920.00		0.00
ROUTINE NURSERY	801		0	669,098.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6,545		0	4,637,018.00		0.00
SPECIAL CARE SERVICES						
CCU	1,285		0	1,060,125.00		0.00
ICU	1,511		0	1,900,800.00		0.00
NICU	164		0	352,928.00		0.00
PED ICU	5		0	6,050.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	99		0	237,600.00		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	3,064		0	3,557,503.00		0.00
TOTAL ACCOMODATIONS	9,609		0	8,194,521.00		0.00

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: 09/20/2021
 Run Time: 21:18:27
 Page: 2

FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,801,889.25	0.00	OTHER LAB	464,678.00	0.00
MED/SURG SUPPLY	4,527,871.31	3,965.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,115,205.00	155.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	919,704.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,211,008.00	50,120.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	128,514.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,377,971.00	0.00	MRI SERVICES	720,940.00	0.00
IV THERAPY	480,433.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,516,157.00	4,535.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,028,928.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,355,937.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	987,311.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,483,109.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	760,826.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	98,899.00
LABORATORY PATHOLOGIC	263,316.00	0.00	INJECTABLE DRUGS	3,791,177.79	398,615.00
RADIOLOGY THERAPEUTIC	410.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	64,814.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	54,525.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	261,009.00	23,281.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,355.00	35,000.00	TRAUMA RESPONSE	0.00	148,800.00
PSYCHIATRIC SERVICES	0.00	21,360.00	IMPL DEV CHARGE PATIENTS	2,526,608.96	132.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	388,055.00	30,888.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	237,773.00	113,616.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	206,930.00	42,995.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,282,284.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	34,882.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	125,593.00	22,825.00			
			TOTAL ANCILLARY	58,128,214.31	995,186.75
			TOTAL ACCOMODATIONS	8,194,521.00	0.00
			TOTAL CHARGES	66,322,735.31	995,186.75

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:18:38
 Page: 3

FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER 000000756A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	307,718.03	ADJUSTMENTS	0.00
COVERED CHARGES	306,506.03	CONTRACTUAL ALLOW	202,484.46
NON-COVERED CHARGES	1,212.00	TOTAL MEDICAID LIAB	104,021.57
		LESS: COB	104,084.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 14

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	37		0	21,560.00		0.00
ROUTINE NURSERY	2		0	1,100.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	39		0	22,660.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	17		0	23,100.00		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	17		0	23,100.00		0.00
TOTAL ACCOMODATIONS	56		0	45,760.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:18:38
 Page: 4

FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	26,725.75	0.00	OTHER LAB	4,224.00	0.00
MED/SURG SUPPLY	25,622.53	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	31,106.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	720.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	320.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,518.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,243.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,465.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	41,272.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,324.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,683.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	18,260.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,600.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,779.00	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	456.00	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	90.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,726.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,356.00	1,212.00			
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	2,255.00	0.00			
			TOTAL ANCILLARY	260,746.03	1,212.00
			TOTAL ACCOMODATIONS	45,760.00	0.00
			TOTAL CHARGES	306,506.03	1,212.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:18:41
Page: 5

FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER
000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,528,806.67	ADJUSTMENTS	482,785.68
COVERED CHARGES	47,549,882.17	CONTRACTUAL ALLOW	41,044,732.53
NON-COVERD CHARGES	2,978,924.50	TOTAL MEDICAID LIAB	6,505,149.64
		LESS: COB	10,191.14
		LESS: COPAYMENT	13,208.29
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,481,750.21
		ALL OTHER	5,798,344.95
		FEE SCHEDULE-LAB	502,482.51
		INJECTABLE DRUGS	180,922.75
		TOTAL NUMBER OF CLAIMS	12,054

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:18:41
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FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,964,152.50	4,510.75	OTHER LAB	235,012.00	2,580.00
MED/SURG SUPPLY	1,964,515.42	12,788.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	910.00	EDUCATION & TRAINING	5,885.00	68,100.00
RADIOLOGY-DIAGNOSTIC	1,502,574.00	18,268.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,739,199.00	144,118.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	173,068.00	22,355.00	FEE SCHEDULE LAB	9,311,104.25	429,839.75
EKG/ECG	803,790.00	11,780.00	MRI SERVICES	547,347.00	81,976.00
IV THERAPY	3,010,809.00	296,870.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,977,266.00	907,331.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	86,834.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	555,398.00	34,837.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	593,491.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,214,512.00	122,159.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	610,983.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	34,695.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	660,428.75	168,782.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,279.00	3,184.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,641.00	1,828.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	91,048.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	584,459.00	24,936.00	TRAUMA RESPONSE	0.00	114,400.00
PSYCHIATRIC SERVICES	209,190.00	10,510.00	IMPL DEV CHARGE PATIENTS	246,485.25	0.00
LITHOTRIPSY	35,582.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	504,462.00	47,080.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	121,180.00	48,449.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	456,479.00	29,432.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	995,940.00	173,376.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	332,664.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,098,152.00	72,782.00			
			TOTAL ANCILLARY	47,549,882.17	2,978,924.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	47,549,882.17	2,978,924.50

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER
000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	699,614.00	ADJUSTMENTS	0.00
COVERED CHARGES	560,457.00	CONTRACTUAL ALLOW	493,225.06
NON-COVERD CHARGES	139,157.00	TOTAL MEDICAID LIAB	67,231.94
		LESS: COB	67,167.52
		LESS: COPAYMENT	64.42
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 95

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	86,695.25	0.00	OTHER LAB	1,584.00	0.00
MED/SURG SUPPLY	17,531.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,937.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,500.00	57,726.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	90,851.00	3,914.00
EKG/ECG	4,262.00	0.00	MRI SERVICES	0.00	4,845.00
IV THERAPY	42,705.00	2,485.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	51,179.00	56,760.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,609.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	745.00	310.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	22,451.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	138,583.00	335.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,386.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,400.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,651.00	816.00
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	365.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,000.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	833.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,582.00	0.00
LITHOTRIPSY	35,582.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,450.00	4,441.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,194.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,401.00	2,760.00			
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	6,745.00	1,000.00			
			TOTAL ANCILLARY	560,457.00	139,157.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	560,457.00	139,157.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER
000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	407,718.00	ADJUSTMENTS	195.39
COVERED CHARGES	402,932.00	CONTRACTUAL ALLOW	391,519.90
NON-COVERD CHARGES	4,786.00	TOTAL MEDICAID LIAB	11,412.10
		LESS: COB	0.00
		LESS: COPAYMENT	264.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,148.10

TOTAL NUMBER OF CLAIMS 170

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 09/20/2021
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FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	16,206.00	0.00	OTHER LAB	863.00	0.00
MED/SURG SUPPLY	9,294.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,096.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,000.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	63,255.00	4,346.00
EKG/ECG	1,125.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,280.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,757.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	235.00	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	280,205.00	440.00	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	2,146.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,470.00	0.00	NO CC/INVALID REV CODE	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	402,932.00	4,786.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	402,932.00	4,786.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER
000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,131.75	ADJUSTMENTS	0.00
COVERED CHARGES	26,521.75	CONTRACTUAL ALLOW	26,118.97
NON-COVERD CHARGES	2,610.00	TOTAL MEDICAID LIAB	402.78
		LESS: COB	396.78
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:19:15
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FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	109.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	904.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,745.00	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	7,531.00	318.00
EKG/ECG	375.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	640.00	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	12,860.00	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	96.00	408.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,056.00	1,884.00	NO CC/INVALID REV CODE	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	205.00	0.00			
			TOTAL ANCILLARY	26,521.75	2,610.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,521.75	2,610.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:19:18
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FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER 000000756A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,263,981.75	ADJUSTMENTS	67,433.60
COVERED CHARGES	10,726,589.75	CONTRACTUAL ALLOW	9,672,847.85
NON-COVERED CHARGES	537,392.00	TOTAL MEDICAID LIAB	1,053,741.90
		LESS: COB	8,650.49
		LESS: COPAYMENT	420.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,044,671.41

TOTAL NUMBER OF CLAIMS 188

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

FLOYD MEDICAL CENTER
 304 TURNER MCCALL BLVD SW
 ROME, GA 30165-5621

PROVIDER NUMBER
 000000756A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,632,384.00	0.00	OTHER LAB	39,790.00	1,620.00
MED/SURG SUPPLY	618,168.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	195.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	57,691.00	6,311.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	133,903.00	56,760.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	521,459.00	22,164.00
EKG/ECG	93,651.00	6,750.00	MRI SERVICES	13,185.00	13,304.00
IV THERAPY	855,091.00	61,030.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,367,725.00	159,627.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,420.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	154,345.00	2,635.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	309,105.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	226,885.00	1,696.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	257,822.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	700.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	631,436.75	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	4,000.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	720.00	467.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,870,597.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,517.00	5,010.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,600.00	3,030.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	42,266.00	29,583.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	631,601.00	148,550.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	887.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	238,340.00	13,960.00			
			TOTAL ANCILLARY	10,726,589.75	537,392.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,726,589.75	537,392.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

FLOYD MEDICAL CENTER
304 TURNER MCCALL BLVD SW
ROME, GA 30165-5621

PROVIDER NUMBER
000000756A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:02
 Page: 1

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER 000000767A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,203,440.04	ADJUSTMENTS	3,336,397.47
COVERED CHARGES	52,484,612.54	CONTRACTUAL ALLOW	43,770,537.48
NON-COVERED CHARGES	718,827.50	TOTAL MEDICAID LIAB	8,714,075.06
		LESS: COB	149,740.28
		LESS: COPAYMENT	325.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,564,009.78

TOTAL NUMBER OF ADMISSIONS 878

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,246		0	5,505,284.00		0.00
ROUTINE NURSERY	1,031		0	2,906,278.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,277		0	8,411,562.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	645		0	3,023,656.00		0.00
NICU	170		0	1,251,029.00		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	815		0	4,274,685.00		0.00
TOTAL ACCOMODATIONS	5,092		0	12,686,247.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:02
 Page: 2

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,409,763.33	0.00	OTHER LAB	120,464.00	0.00
MED/SURG SUPPLY	1,060,746.20	6,465.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,521,596.01	0.00	EDUCATION & TRAINING	1,916.00	0.00
RADIOLOGY-DIAGNOSTIC	692,598.00	0.00	OTHER THERAPEUTIC SVC	0.00	77,485.00
CT SCAN	1,705,491.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	444,606.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	194,095.00	0.00	MRI SERVICES	545,826.00	0.00
IV THERAPY	34,262.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,348,837.00	0.00	DURABLE MED. EQUIP.	0.00	904.00
LABOR/DELIVERY ROOM	930,653.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,267,010.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	577,117.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,679.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,403,177.00	0.00	SPECIAL SERVICES	0.00	72,536.00
RECOVERY ROOM	325,309.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	52,238.50
LABORATORY PATHOLOGIC	310,766.00	0.00	INJECTABLE DRUGS	6,782,643.00	310,377.00
RADIOLOGY THERAPEUTIC	617,391.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	494,246.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	165,642.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	238,308.00	16,742.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	138.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	485.00	0.00	IMPL DEV CHARGE PATIENTS	2,029,985.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	226,930.00	146,070.00	NO CC/INVALID REV CODE	0.00	223.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	682,962.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	135,372.00	35,787.00			
AUDIOLOGY	108,402.00	0.00			
CARDIOLOGY	1,353,876.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	22,020.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	37,054.00	0.00			
			TOTAL ANCILLARY	39,798,365.54	718,827.50
			TOTAL ACCOMODATIONS	12,686,247.00	0.00
			TOTAL CHARGES	52,484,612.54	718,827.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:06
 Page: 4

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER 000000767A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	930,686.50	ADJUSTMENTS	0.00
COVERED CHARGES	924,025.50	CONTRACTUAL ALLOW	800,259.88
NON-COVERED CHARGES	6,661.00	TOTAL MEDICAID LIAB	123,765.62
		LESS: COB	123,765.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	18		0	25,972.00		0.00
ROUTINE NURSERY	80		0	339,384.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	98		0	365,356.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	10		0	44,050.00		0.00
NICU	12		0	88,608.00		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	22		0	132,658.00		0.00
TOTAL ACCOMODATIONS	120		0	498,014.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:06
 Page: 5

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	35,415.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,307.00	264.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	75,033.00	0.00	EDUCATION & TRAINING	182.00	0.00
RADIOLOGY-DIAGNOSTIC	11,730.00	0.00	OTHER THERAPEUTIC SVC	0.00	390.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	990.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	405.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,365.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	68,283.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	34,019.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	16,219.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,057.00	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	6,007.00
RECOVERY ROOM	3,460.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,448.00	0.00	INJECTABLE DRUGS	39,255.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,510.00	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	86,523.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,326.00	0.00	NO CC/INVALID REV CODE	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	2,856.00	0.00			
CARDIOLOGY	6,628.00	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	426,011.50	6,661.00
			TOTAL ACCOMODATIONS	498,014.00	0.00
			TOTAL CHARGES	924,025.50	6,661.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:40:07
Page: 6

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING, GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,102,393.15
COVERED CHARGES 15,521,713.91
NON-COVERD CHARGES 1,580,679.24

-----PAYMENTS-----
ADJUSTMENTS 598,359.02
CONTRACTUAL ALLOW 13,486,120.96
TOTAL MEDICAID LIAB 2,035,592.95
LESS: COB 4,072.29
LESS: COPAYMENT 3,648.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,027,872.66
ALL OTHER 1,765,033.76
FEE SCHEDULE-LAB 120,689.38
INJECTABLE DRUGS 142,149.52

TOTAL NUMBER OF CLAIMS 3,109

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:07
 Page: 7

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	359,810.00	42.00	OTHER LAB	247,205.00	6,428.00
MED/SURG SUPPLY	206,359.91	9,022.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4,340.00	EDUCATION & TRAINING	261.00	0.00
RADIOLOGY-DIAGNOSTIC	433,210.00	7,392.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,656,800.00	204,748.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	283,896.00	62,237.00	FEE SCHEDULE LAB	1,858,963.29	80,993.24
EKG/ECG	112,539.00	1,215.00	MRI SERVICES	1,069,039.00	90,579.00
IV THERAPY	571,825.00	23,009.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,424,954.00	155,002.00	DURABLE MED. EQUIP.	0.00	4,661.00
LABOR/DELIVERY ROOM	11,536.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	49,178.00	2,626.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	337,002.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,288,345.00	22,861.00	SPECIAL SERVICES	0.00	285.00
RECOVERY ROOM	274,279.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	23,267.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,726,414.00	286,805.50
RADIOLOGY THERAPEUTIC	1,315,073.00	180,537.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	75,515.00	44,981.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	29,072.00	12,890.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	127,665.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	32,004.00	2,290.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	3,395.00	4,365.00	IMPL DEV CHARGE PATIENTS	121,121.00	3,071.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	636,739.00	82,282.00	NO CC/INVALID REV CODE	27,206.00	594.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	105,343.00	22,904.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	40,299.00	16,530.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	134,498.00	75,646.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,611.00	0.00			
ORGAN ACQUISITION	0.00	20,591.00			
TREATMENT/OBSERV. RM	85,221.71	820.00			
			TOTAL ANCILLARY	15,521,713.91	1,580,679.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,521,713.91	1,580,679.24

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:40:12
Page: 11

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER 000000767A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	481,101.10	ADJUSTMENTS	0.00
COVERED CHARGES	334,535.80	CONTRACTUAL ALLOW	293,729.53
NON-COVERD CHARGES	146,565.30	TOTAL MEDICAID LIAB	40,806.27
		LESS: COB	40,743.27
		LESS: COPAYMENT	63.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 78

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:12
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	9,367.00	0.00	OTHER LAB	7,068.00	0.00
MED/SURG SUPPLY	15,684.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	244.80	EDUCATION & TRAINING	342.00	0.00
RADIOLOGY-DIAGNOSTIC	13,502.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,269.00	26,837.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	561.00	9,459.00	FEE SCHEDULE LAB	54,127.30	6,087.00
EKG/ECG	2,430.00	0.00	MRI SERVICES	10,548.00	15,279.00
IV THERAPY	7,138.00	842.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	33,884.00	42,062.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,627.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	14,591.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	91,122.00	3,521.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,759.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,424.50	8,761.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	5,981.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,893.00	2,338.00	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	446.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	485.00	1,455.00	IMPL DEV CHARGE PATIENTS	0.00	15,022.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,971.00	8,676.00	NO CC/INVALID REV CODE	223.00	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	1,074.00	0.00			
			TOTAL ANCILLARY	334,535.80	146,565.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	334,535.80	146,565.30

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:40:13
Page: 14

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	434,913.00	ADJUSTMENTS	921.82
COVERED CHARGES	407,740.00	CONTRACTUAL ALLOW	399,415.88
NON-COVERD CHARGES	27,173.00	TOTAL MEDICAID LIAB	8,324.12
		LESS: COB	0.00
		LESS: COPAYMENT	102.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,222.12

TOTAL NUMBER OF CLAIMS 124

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:13
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NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,369.50	0.00	OTHER LAB	2,633.00	0.00
MED/SURG SUPPLY	622.00	380.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,388.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,189.00	13,859.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	480.00	1,041.00	FEE SCHEDULE LAB	80,237.00	598.00
EKG/ECG	2,835.00	0.00	MRI SERVICES	4,731.00	0.00
IV THERAPY	26,368.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,530.00	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	189.00	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	206,477.00	702.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	3,350.00	INJECTABLE DRUGS	15,799.50	3,015.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	561.00	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	248.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	970.00	485.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,863.00	2,993.00	NO CC/INVALID REV CODE	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	407,740.00	27,173.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	407,740.00	27,173.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:40:14
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NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING, GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 60,778.00
COVERED CHARGES 54,864.50
NON-COVERD CHARGES 5,913.50

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 54,126.07
TOTAL MEDICAID LIAB 738.43
LESS: COB 723.43
LESS: COPAYMENT 15.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:40:14
 Page: 17

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING, GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	60.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	48.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	913.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,412.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,320.00	1,784.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,139.00	851.00	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	22,105.00	635.00	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	2,449.50	524.50
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	485.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,024.00	1,634.00	NO CC/INVALID REV CODE	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	1,394.00	0.00			
			TOTAL ANCILLARY	54,864.50	5,913.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	54,864.50	5,913.50

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:40:14
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NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER 000000767A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,034,512.76	ADJUSTMENTS	110,570.39
COVERED CHARGES	4,648,971.26	CONTRACTUAL ALLOW	4,299,650.03
NON-COVERD CHARGES	385,541.50	TOTAL MEDICAID LIAB	349,321.23
		LESS: COB	0.00
		LESS: COPAYMENT	135.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	349,186.23

TOTAL NUMBER OF CLAIMS 60

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:40:14
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	78,773.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	163,911.00	10,785.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,693.00	475.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,412.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	12,351.00	FEE SCHEDULE LAB	50,532.00	693.00
EKG/ECG	7,695.00	1,215.00	MRI SERVICES	0.00	4,731.00
IV THERAPY	33,123.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	853,528.00	49,395.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,901.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	126,715.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,930.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	49,274.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,530,187.58	84,605.50
RADIOLOGY THERAPEUTIC	510,469.00	4,371.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,274.00	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	223.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,020,387.00	148,251.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,148.00	0.00	NO CC/INVALID REV CODE	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	191,034.00	66,395.00			
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	12,035.68	0.00			
			TOTAL ANCILLARY	4,648,971.26	385,541.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,648,971.26	385,541.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:41:22
 Page: 1

ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
 6135 ROOSEVELT HWY
 WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
 000000778A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,362,703.97	ADJUSTMENTS	118,500.00
COVERED CHARGES	7,337,616.14	CONTRACTUAL ALLOW	4,144,436.14
NON-COVERED CHARGES	25,087.83	TOTAL MEDICAID LIAB	3,193,180.00
		LESS: COB	28,579.01
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,164,588.49

TOTAL NUMBER OF ADMISSIONS 115

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,021		0	2,768,097.72		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,021		0	2,768,097.72		0.00
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	2,021		0	2,768,097.72		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:41:22
 Page: 2

ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
 6135 ROOSEVELT HWY
 WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
 000000778A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,033,016.37	23,485.19	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	43,913.62	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	566,671.37	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	53,153.60	353.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,698.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	975,147.27	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,313.40	158.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	633.54	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	204,427.10	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	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	723.51	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,252,122.90	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	359,933.70	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	50,003.58	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,394.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	458.10			
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	4,569,518.42	25,087.83
			TOTAL ACCOMODATIONS	2,768,097.72	0.00
			TOTAL CHARGES	7,337,616.14	25,087.83

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:41:23
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ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ROOSEVELT WARM SPRINGS REHABILITATION & SPECIALTY
6135 ROOSEVELT HWY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
000000778A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:54:13
 Page: 1

WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER 000000789A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	162,482,670.15	ADJUSTMENTS	2,075,653.63
COVERED CHARGES	161,305,081.88	CONTRACTUAL ALLOW	136,578,604.19
NON-COVERED CHARGES	1,177,588.27	TOTAL MEDICAID LIAB	24,726,477.69
		LESS: COB	274,705.21
		LESS: COPAYMENT	1,650.00
		ADD: ADDON PYMT	14,112.00
		REIMBURSEMENT	24,464,234.48

TOTAL NUMBER OF ADMISSIONS 2,371

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7,817		0	13,025,783.00		0.00
ROUTINE NURSERY	1,476		0	3,948,614.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	9,293		0	16,974,397.00		0.00
SPECIAL CARE SERVICES						
CCU	2,661		0	10,804,675.00		0.00
ICU	2,311		0	10,553,006.00		0.00
NICU	157		0	1,081,730.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	910		0	5,553,730.00		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	6,039		0	27,993,141.00		0.00
TOTAL ACCOMODATIONS	15,332		0	44,967,538.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:54:13
 Page: 2

WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	17,337,213.47	0.00	OTHER LAB	1,363,429.00	0.00
MED/SURG SUPPLY	5,134,635.72	12,358.27	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	16,257,231.00	0.00	EDUCATION & TRAINING	53,808.00	0.00
RADIOLOGY-DIAGNOSTIC	3,663,638.00	0.00	OTHER THERAPEUTIC SVC	0.00	768,312.00
CT SCAN	8,985,716.00	213,667.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,425,418.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	802,820.00	0.00	MRI SERVICES	1,583,146.00	0.00
IV THERAPY	898,362.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,981,516.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,993,744.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,412,801.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,840,744.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	387,008.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,918,096.70	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,809,163.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	8,179.00
LABORATORY PATHOLOGIC	493,179.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	1,040.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,233,144.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	592,104.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,160,134.00	83,281.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	66,316.00	34,819.00	TRAUMA RESPONSE	0.00	50,816.00
PSYCHIATRIC SERVICES	1,065,556.00	0.00	IMPL DEV CHARGE PATIENTS	5,426,128.19	0.00
LITHOTRIPSY	118,320.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	606,436.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,070,348.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	547,490.20	5,979.00			
AUDIOLOGY	444.00	177.00			
CARDIOLOGY	1,689,594.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	284,696.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,134,123.80	0.00			
			TOTAL ANCILLARY	116,337,543.88	1,177,588.27
			TOTAL ACCOMODATIONS	44,967,538.00	0.00
			TOTAL CHARGES	161,305,081.88	1,177,588.27

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:54:25
 Page: 3

WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER 000000789A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	401,628.01	ADJUSTMENTS	0.00
COVERED CHARGES	400,787.01	CONTRACTUAL ALLOW	313,318.69
NON-COVERED CHARGES	841.00	TOTAL MEDICAID LIAB	87,468.32
		LESS: COB	87,657.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 21

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	39		0	65,065.00		0.00
ROUTINE NURSERY	17		0	36,120.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	56		0	101,185.00		0.00
SPECIAL CARE SERVICES						
CCU	6		0	24,132.00		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	6		0	24,132.00		0.00
TOTAL ACCOMODATIONS	62		0	125,317.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	24,936.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	13,230.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	37,878.00	0.00	EDUCATION & TRAINING	1,571.00	0.00
RADIOLOGY-DIAGNOSTIC	1,308.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	797.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,758.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,500.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	47,198.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	85,289.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,859.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,332.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,481.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	18,857.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,566.00	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	834.00	841.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	2,492.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,794.00	0.00	NO CC/INVALID REV CODE	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	7,789.00	0.00			
			TOTAL ANCILLARY	275,470.01	841.00
			TOTAL ACCOMODATIONS	125,317.00	0.00
			TOTAL CHARGES	400,787.01	841.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:54:27
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WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER
000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,826,274.67	ADJUSTMENTS	180,375.28
COVERED CHARGES	29,252,611.25	CONTRACTUAL ALLOW	26,638,861.17
NON-COVERD CHARGES	3,573,663.42	TOTAL MEDICAID LIAB	2,613,750.08
		LESS: COB	1,014.43
		LESS: COPAYMENT	4,192.20
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,608,543.45
		ALL OTHER	2,404,185.39
		FEE SCHEDULE-LAB	180,913.53
		INJECTABLE DRUGS	23,444.53
		TOTAL NUMBER OF CLAIMS	6,373

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	343,081.00	394.30	OTHER LAB	273,455.00	12,837.00
MED/SURG SUPPLY	457,804.62	101.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,803,738.00	12,718.00	OTHER THERAPEUTIC SVC	0.00	73,775.00
CT SCAN	5,328,235.00	326,744.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	47,409.00	12,234.00	FEE SCHEDULE LAB	3,687,904.00	130,008.00
EKG/ECG	590,670.00	24,026.00	MRI SERVICES	575,147.00	95,182.00
IV THERAPY	1,178,580.00	118,563.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,444,560.83	323,826.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	11,937.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	295,900.00	69,895.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	633,614.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	32,561.66	4,246.34	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,960,602.00	51,190.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	371,392.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,758.60
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	214,605.43	295,155.01
RADIOLOGY THERAPEUTIC	8,131.00	1,040.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,469.00	5,812.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,612.00	1,548.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	193,905.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	110,625.00	33,731.00	TRAUMA RESPONSE	0.00	119,216.00
PSYCHIATRIC SERVICES	34,400.00	247,200.00	IMPL DEV CHARGE PATIENTS	354,735.89	0.00
LITHOTRIPSY	0.00	415,999.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	688,998.50	72,555.00	NO CC/INVALID REV CODE	200.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,900.00	3,418.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	275,896.10	10,363.70			
AUDIOLOGY	5,512.00	1,659.00			
CARDIOLOGY	333,066.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	326,450.00	1,652.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	792,419.22	912,911.30			
			TOTAL ANCILLARY	29,252,611.25	3,573,663.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,252,611.25	3,573,663.42

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER 000000789A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	144,526.81	ADJUSTMENTS	0.00
COVERED CHARGES	133,049.21	CONTRACTUAL ALLOW	122,269.71
NON-COVERED CHARGES	11,477.60	TOTAL MEDICAID LIAB	10,779.50
		LESS: COB	10,757.89
		LESS: COPAYMENT	21.61
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 28

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,868.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	687.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,197.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	31,479.00	7,996.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	353.00	0.00	FEE SCHEDULE LAB	16,795.00	349.00
EKG/ECG	1,758.00	0.00	MRI SERVICES	6,407.00	0.00
IV THERAPY	8,488.00	232.00	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	448.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,716.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,675.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,298.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	390.80	1,235.40
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	399.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	653.00	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	1,563.00	1,497.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,887.00	168.20			
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	7,822.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,164.81	0.00			
			TOTAL ANCILLARY	133,049.21	11,477.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	133,049.21	11,477.60

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER
000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	771,558.32	ADJUSTMENTS	335.65
COVERED CHARGES	723,810.72	CONTRACTUAL ALLOW	706,558.31
NON-COVERED CHARGES	47,747.60	TOTAL MEDICAID LIAB	17,252.41
		LESS: COB	0.00
		LESS: COPAYMENT	495.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,757.41

TOTAL NUMBER OF CLAIMS 257

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,951.50	0.00	OTHER LAB	7,012.00	0.00
MED/SURG SUPPLY	4,027.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	40,206.00	0.00	OTHER THERAPEUTIC SVC	0.00	4,000.00
CT SCAN	62,582.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	107,355.00	2,739.00
EKG/ECG	9,962.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,354.00	798.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	32,850.00	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	390,516.00	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	5,181.10	1,670.60
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	279.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	8,800.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,067.00	4,332.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,959.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,446.00	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	4,063.12	25,408.00			
			TOTAL ANCILLARY	723,810.72	47,747.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	723,810.72	47,747.60

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER
000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,881.10	ADJUSTMENTS	0.00
COVERED CHARGES	11,707.30	CONTRACTUAL ALLOW	11,438.78
NON-COVERD CHARGES	173.80	TOTAL MEDICAID LIAB	268.52
		LESS: COB	265.52
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:54:50
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WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	70.90	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	626.00	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	3,050.00	156.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,228.00	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	6,692.00	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	40.40	17.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,707.30	173.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,707.30	173.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER
000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,096,564.21	ADJUSTMENTS	6,432.12
COVERED CHARGES	972,596.86	CONTRACTUAL ALLOW	901,591.36
NON-COVERED CHARGES	123,967.35	TOTAL MEDICAID LIAB	71,005.50
		LESS: COB	0.00
		LESS: COPAYMENT	97.95
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	70,907.55

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 20:54:52
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WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	17,217.65	0.00	OTHER LAB	0.00	28,196.00
MED/SURG SUPPLY	52,212.89	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,244.00	2,975.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	365.00	1,724.00	FEE SCHEDULE LAB	6,455.00	0.00
EKG/ECG	586.00	2,344.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,205.00	3,214.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	258,889.50	68,390.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	71,808.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	101,355.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,481.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	98,032.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,515.95	10,075.85
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	399.00	1,197.00	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	313,064.86	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	23,652.00	5,851.00			
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	11,114.01	0.00			
			TOTAL ANCILLARY	972,596.86	123,967.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	972,596.86	123,967.35

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR ATLANTA MEDICAL CENTER, INC
303 PARKWAY DRIVE, NE
ATLANTA, GA 30312-1212

PROVIDER NUMBER
000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	137,243.23	ADJUSTMENTS	0.00
COVERED CHARGES	94,905.83	CONTRACTUAL ALLOW	88,449.09
NON-COVERD CHARGES	42,337.40	TOTAL MEDICAID LIAB	6,456.74
		LESS: COB	6,456.74
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR ATLANTA MEDICAL CENTER, INC
 303 PARKWAY DRIVE, NE
 ATLANTA, GA 30312-1212

PROVIDER NUMBER
 000000789A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	9,880.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	51,093.46	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	1,154.00	0.00
EKG/ECG	586.00	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	12,804.00	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	15,068.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	868.50	149.40
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	42,188.00			
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	3,451.27	0.00			
			TOTAL ANCILLARY	94,905.83	42,337.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	94,905.83	42,337.40

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:06
 Page: 1

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER 000000811A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,824,933.22	ADJUSTMENTS	70,762.14
COVERED CHARGES	1,768,180.67	CONTRACTUAL ALLOW	1,107,056.55
NON-COVERED CHARGES	56,752.55	TOTAL MEDICAID LIAB	661,124.12
		LESS: COB	4,454.40
		LESS: COPAYMENT	87.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	656,582.22

TOTAL NUMBER OF ADMISSIONS 114

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	254		0	304,710.00		0.00
ROUTINE NURSERY	76		0	79,572.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	330		0	384,282.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	44		0	102,212.00		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	44		0	102,212.00		0.00
TOTAL ACCOMODATIONS	374		0	486,494.00		0.00

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: 09/20/2021
 Run Time: 20:44:06
 Page: 2

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	243,724.75	0.00	OTHER LAB	4,803.00	0.00
MED/SURG SUPPLY	164,941.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	195,270.75	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,945.20	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	59,677.70	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,956.94	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,963.10	0.00	MRI SERVICES	15,114.00	0.00
IV THERAPY	1,275.68	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	150,919.52	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	44,683.86	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	101,004.67	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	42,005.26	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	77,668.23	0.00	SPECIAL SERVICES	0.00	44,188.56
RECOVERY ROOM	8,251.56	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	5,787.28	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,472.75	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	235.02	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	14,545.34	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,257.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,592.04	12,563.99			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,094.00	0.00			
AUDIOLOGY	4,169.43	0.00			
CARDIOLOGY	30,593.03	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	20,734.84	0.00			
			TOTAL ANCILLARY	1,281,686.67	56,752.55
			TOTAL ACCOMODATIONS	486,494.00	0.00
			TOTAL CHARGES	1,768,180.67	56,752.55

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:08
 Page: 3

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER 000000811A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	196,997.26	ADJUSTMENTS	0.00
COVERED CHARGES	173,474.38	CONTRACTUAL ALLOW	132,636.42
NON-COVERED CHARGES	23,522.88	TOTAL MEDICAID LIAB	40,837.96
		LESS: COB	40,837.96
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	40		0	48,890.00		0.00
ROUTINE NURSERY	2		0	2,094.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	42		0	50,984.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	9,292.00		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	4		0	9,292.00		0.00
TOTAL ACCOMODATIONS	46		0	60,276.00		0.00

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

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

Run Date: 09/20/2021
 Run Time: 20:44:08
 Page: 4

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	36,689.50	0.00	OTHER LAB	462.00	0.00
MED/SURG SUPPLY	11,653.89	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	23,661.56	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,617.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,568.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	640.40	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,599.77	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,974.97	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,079.67	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,722.69	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,563.31	0.00	SPECIAL SERVICES	0.00	13,596.48
RECOVERY ROOM	492.63	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	283.26	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,058.73	9,926.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	131.00	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	113,198.38	23,522.88
			TOTAL ACCOMODATIONS	60,276.00	0.00
			TOTAL CHARGES	173,474.38	23,522.88

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:09
Page: 5

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,133,991.88	ADJUSTMENTS	220,831.34
COVERED CHARGES	2,500,817.28	CONTRACTUAL ALLOW	1,880,388.05
NON-COVERD CHARGES	633,174.60	TOTAL MEDICAID LIAB	620,429.23
		LESS: COB	1,657.06
		LESS: COPAYMENT	1,803.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	616,969.17
		ALL OTHER	528,606.03
		FEE SCHEDULE-LAB	66,779.40
		INJECTABLE DRUGS	21,583.74
		TOTAL NUMBER OF CLAIMS	1,877

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:09
 Page: 6

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	90,593.97	217.20	OTHER LAB	62,561.14	9,756.00
MED/SURG SUPPLY	56,918.72	955.46	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	111,622.00	2,556.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	290,454.00	44,672.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,722.12	632.18	FEE SCHEDULE LAB	415,156.15	12,193.97
EKG/ECG	25,222.95	1,280.80	MRI SERVICES	83,686.00	6,808.00
IV THERAPY	42,134.56	2,858.93	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	136,254.39	6,055.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	12,292.96	4,612.34	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,373.66	3,483.25	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,809.63	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	625,553.19	14,684.24	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,782.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	157,786.31	410,480.65
RADIOLOGY THERAPEUTIC	101,012.42	85,027.11	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,808.98	1,432.70	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	586.02	470.04	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	4,846.09	81.08	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	133,218.22	15,728.54	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,916.99	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,582.00	5,907.86			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,520.35	1,767.29			
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	21,401.66	1,513.80			
			TOTAL ANCILLARY	2,500,817.28	633,174.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,500,817.28	633,174.60

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:16
Page: 7

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER 000000811A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	69,499.79	ADJUSTMENTS	0.00
COVERED CHARGES	53,046.65	CONTRACTUAL ALLOW	40,608.36
NON-COVERD CHARGES	16,453.14	TOTAL MEDICAID LIAB	12,438.29
		LESS: COB	12,381.29
		LESS: COPAYMENT	57.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 40

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	2,830.05	36.20	OTHER LAB	1,602.00	0.00
MED/SURG SUPPLY	741.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,525.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,755.00	4,036.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,570.19	1,402.87
EKG/ECG	320.20	0.00	MRI SERVICES	0.00	2,454.00
IV THERAPY	6,429.01	2,816.12	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	3,267.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	483.39	341.76	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	826.18	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,891.35	700.96	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	708.15	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,418.55	838.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	990.00	559.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,948.06	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	1,008.00	0.00			
			TOTAL ANCILLARY	53,046.65	16,453.14
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,046.65	16,453.14

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:44:17
Page: 9

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	148,192.94	ADJUSTMENTS	991.16
COVERED CHARGES	136,205.69	CONTRACTUAL ALLOW	124,770.97
NON-COVERD CHARGES	11,987.25	TOTAL MEDICAID LIAB	11,434.72
		LESS: COB	0.00
		LESS: COPAYMENT	243.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,191.72

TOTAL NUMBER OF CLAIMS 146

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:44:17
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SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	2,888.89	0.00	OTHER LAB	1,190.00	0.00
MED/SURG SUPPLY	1,232.24	11.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,721.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,453.00	4,130.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,463.81	396.13
EKG/ECG	960.60	0.00	MRI SERVICES	1,860.00	5,580.00
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	151.89	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	80,976.16	804.62	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	5,148.10	645.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,344.00	420.00	NO CC/INVALID REV CODE	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	816.00	0.00			
			TOTAL ANCILLARY	136,205.69	11,987.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	136,205.69	11,987.25

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:44:18
Page: 11

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER 000000811A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,318.84	ADJUSTMENTS	0.00
COVERED CHARGES	902.94	CONTRACTUAL ALLOW	899.94
NON-COVERD CHARGES	415.90	TOTAL MEDICAID LIAB	3.00
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:44:18
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SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	5.00	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	354.00	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	543.94	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	415.90
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	902.94	415.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	902.94	415.90

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:44:19
Page: 13

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER 000000811A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	213,469.68	ADJUSTMENTS	31,714.51
COVERED CHARGES	183,950.24	CONTRACTUAL ALLOW	135,654.09
NON-COVERD CHARGES	29,519.44	TOTAL MEDICAID LIAB	48,296.15
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	48,257.15

TOTAL NUMBER OF CLAIMS 9

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
 2000 DAN PROCTOR DR
 SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
 000000811A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	3,636.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	31,938.92	654.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,140.00	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	1,163.82	361.26
EKG/ECG	160.10	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,929.43	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	55,395.52	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	16,104.65	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	2,463.15	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	37,797.60	20,447.80
RADIOLOGY THERAPEUTIC	7,940.47	3,300.60	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	21,968.56	4,755.78
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,311.22	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	183,950.24	29,519.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	183,950.24	29,519.44

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SYSTEM, INC
2000 DAN PROCTOR DR
SAINT MARYS,GA 31558-3810

PROVIDER NUMBER
000000811A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

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: 09/20/2021
 Run Time: 20:43:07
 Page: 1

SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER 000000822A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,747,515.82	ADJUSTMENTS	1,560,607.36
COVERED CHARGES	35,653,474.29	CONTRACTUAL ALLOW	25,808,461.18
NON-COVERED CHARGES	2,094,041.53	TOTAL MEDICAID LIAB	9,845,013.11
		LESS: COB	58,141.05
		LESS: COPAYMENT	962.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,785,909.56

TOTAL NUMBER OF ADMISSIONS 970

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,922		0	6,997,172.22		0.00
ROUTINE NURSERY	182		0	197,338.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6,104		0	7,194,510.22		0.00
SPECIAL CARE SERVICES						
CCU	421		0	978,099.00		0.00
ICU	623		0	1,448,505.00		0.00
NICU	5		0	9,475.00		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	1,049		0	2,436,079.00		0.00
TOTAL ACCOMODATIONS	7,153		0	9,630,589.22		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:43:07
 Page: 2

SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	8,004,217.81	0.00	OTHER LAB	111,887.20	0.00
MED/SURG SUPPLY	2,289,281.88	1,039.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,248,533.05	0.00	EDUCATION & TRAINING	2,344.05	0.00
RADIOLOGY-DIAGNOSTIC	444,140.18	0.00	OTHER THERAPEUTIC SVC	0.00	258.00
CT SCAN	731,370.42	209,508.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	244,726.86	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	123,053.82	0.00	MRI SERVICES	277,081.00	0.00
IV THERAPY	4,275.56	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,767,787.42	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	142,253.91	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,029,073.59	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	507,194.16	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	807,857.32	0.00	SPECIAL SERVICES	0.00	1,751,765.07
RECOVERY ROOM	139,847.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,724.26	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	169,262.60	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	210,566.67	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	41,455.85	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	381,045.42	16,475.24	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	91,624.74	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	72,644.51	12,804.42	NO CC/INVALID REV CODE	0.00	5,154.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	548,183.25	90,578.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	71,627.53	6,458.90			
AUDIOLOGY	12,799.16	0.00			
CARDIOLOGY	1,281,960.39	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	41,560.64	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	219,504.32	0.00			
			TOTAL ANCILLARY	26,022,885.07	2,094,041.53
			TOTAL ACCOMODATIONS	9,630,589.22	0.00
			TOTAL CHARGES	35,653,474.29	2,094,041.53

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

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

Run Date: 09/20/2021
 Run Time: 20:43:19
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER 000000822A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	146,803.26	ADJUSTMENTS	0.00
COVERED CHARGES	140,005.02	CONTRACTUAL ALLOW	87,407.27
NON-COVERD CHARGES	6,798.24	TOTAL MEDICAID LIAB	52,597.75
		LESS: COB	52,585.25
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	31		0	37,961.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	31		0	37,961.00		0.00
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	31		0	37,961.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:43:19
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	28,717.15	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,294.68	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,669.02	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,046.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,079.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	330.47	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	320.20	0.00	MRI SERVICES	1,860.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,129.07	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,432.97	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,350.23	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,867.27	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,116.23	0.00	SPECIAL SERVICES	0.00	6,798.24
RECOVERY ROOM	1,477.89	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	IMPL DEV CHARGE PATIENTS	246.20	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,353.31	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	754.33	0.00			
			TOTAL ANCILLARY	102,044.02	6,798.24
			TOTAL ACCOMODATIONS	37,961.00	0.00
			TOTAL CHARGES	140,005.02	6,798.24

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
00000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,717,197.58	ADJUSTMENTS	1,103,735.09
COVERED CHARGES	10,070,106.90	CONTRACTUAL ALLOW	7,562,328.71
NON-COVERD CHARGES	1,647,090.68	TOTAL MEDICAID LIAB	2,507,778.19
		LESS: COB	4,975.42
		LESS: COPAYMENT	7,708.11
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,495,094.66
		ALL OTHER	2,146,574.75
		FEE SCHEDULE-LAB	206,987.29
		INJECTABLE DRUGS	141,532.62
		TOTAL NUMBER OF CLAIMS	5,861

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:43:21
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	308,050.78	3,793.91	OTHER LAB	171,698.17	13,827.04
MED/SURG SUPPLY	349,399.31	20,713.14	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	125.20	127.26
RADIOLOGY-DIAGNOSTIC	395,136.23	11,649.69	OTHER THERAPEUTIC SVC	0.00	394.11
CT SCAN	800,201.77	95,181.26	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	92,434.30	39,066.86	FEE SCHEDULE LAB	1,271,437.01	59,050.32
EKG/ECG	88,811.45	1,601.00	MRI SERVICES	312,743.88	16,883.00
IV THERAPY	185,017.39	827.63	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,098,039.17	182,262.02	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,259.79	8,031.39	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	89,923.88	5,083.27	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	296,926.86	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,429.15	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,530,176.55	47,761.85	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	122,335.61	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	909,837.11	626,163.35
RADIOLOGY THERAPEUTIC	924,350.35	351,661.71	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	11,203.22	5,210.61	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,444.48	4,006.65	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,481.60	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,710.80	1,399.12	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,094.02	6,312.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	382,771.57	25,327.08	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	62,119.75	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	66,866.70	18,538.83			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	243,901.19	92,204.86			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	30,542.70	1,230.53			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	281,118.51	6,300.39			
			TOTAL ANCILLARY	10,070,106.90	1,647,090.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,070,106.90	1,647,090.68

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
00000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	159,523.16	ADJUSTMENTS	0.00
COVERED CHARGES	110,870.37	CONTRACTUAL ALLOW	82,797.24
NON-COVERD CHARGES	48,652.79	TOTAL MEDICAID LIAB	28,073.13
		LESS: COB	27,944.13
		LESS: COPAYMENT	129.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	70

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	5,782.64	181.50	OTHER LAB	4,927.78	801.00
MED/SURG SUPPLY	6,825.57	1,589.02	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,282.86	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,090.00	1,459.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,867.90	548.11
EKG/ECG	480.30	160.10	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	100.58	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,269.66	37,966.89	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	483.39	451.57	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	148.81	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,122.14	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,023.22	926.74	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,955.77	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,692.20	678.50
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	2,261.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,377.93	755.00	NO CC/INVALID REV CODE	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	2,783.34			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,666.97	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	9,612.23	251.44			
			TOTAL ANCILLARY	110,870.37	48,652.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	110,870.37	48,652.79

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:43:51
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	492,021.56	ADJUSTMENTS	3,373.76
COVERED CHARGES	432,461.30	CONTRACTUAL ALLOW	407,556.07
NON-COVERD CHARGES	59,560.26	TOTAL MEDICAID LIAB	24,905.23
		LESS: COB	42.56
		LESS: COPAYMENT	717.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	24,145.67

TOTAL NUMBER OF CLAIMS 371

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:43:51
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	13,132.82	96.70	OTHER LAB	2,526.00	801.00
MED/SURG SUPPLY	3,243.30	52.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,581.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	50,037.00	9,822.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	64,357.91	2,782.29
EKG/ECG	4,803.00	0.00	MRI SERVICES	1,860.00	0.00
IV THERAPY	497.75	497.75	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,678.25	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,164.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	541.89	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	208,514.62	4,450.02	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	307.89	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	16,132.40	2,959.50
RADIOLOGY THERAPEUTIC	17,692.20	37,344.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,909.00	755.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,069.66	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	949.00	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	2,462.76	0.00			
			TOTAL ANCILLARY	432,461.30	59,560.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	432,461.30	59,560.26

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:43:54
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,202.98	ADJUSTMENTS	0.00
COVERED CHARGES	10,130.58	CONTRACTUAL ALLOW	9,859.06
NON-COVERD CHARGES	72.40	TOTAL MEDICAID LIAB	271.52
		LESS: COB	262.52
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:43:54
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	136.30	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	184.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,549.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,712.92	0.00
EKG/ECG	160.10	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	4,022.06	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	366.20	72.40
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,130.58	72.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,130.58	72.40

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:43:55
Page: 14

SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
00000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,543,582.66	ADJUSTMENTS	241,659.85
COVERED CHARGES	2,402,598.12	CONTRACTUAL ALLOW	1,938,499.89
NON-COVERD CHARGES	140,984.54	TOTAL MEDICAID LIAB	464,098.23
		LESS: COB	0.00
		LESS: COPAYMENT	430.88
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	463,667.35

TOTAL NUMBER OF CLAIMS 88

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 20:43:55
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SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	26,132.20	913.50	OTHER LAB	728.00	0.00
MED/SURG SUPPLY	562,393.49	5,285.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,390.96	17,038.11	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,701.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	330.47	218.60	FEE SCHEDULE LAB	11,215.46	274.02
EKG/ECG	2,241.40	480.30	MRI SERVICES	0.00	0.00
IV THERAPY	32,976.89	915.45	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	480,038.95	1,240.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,802.44	277.10	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	54,466.56	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,774.09	99.55	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,682.63	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	891,860.60	49,237.40
RADIOLOGY THERAPEUTIC	162,937.11	3,648.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	560.37	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	145.73	486.48	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	25,258.74	14,834.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	332.52	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	980.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	95,498.25	39,974.37			
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	11,710.63	5,500.99			
			TOTAL ANCILLARY	2,402,598.12	140,984.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,402,598.12	140,984.54

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:43:57
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
00000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,425.29	ADJUSTMENTS	0.00
COVERED CHARGES	38,775.43	CONTRACTUAL ALLOW	33,485.68
NON-COVERD CHARGES	2,649.86	TOTAL MEDICAID LIAB	5,289.75
		LESS: COB	5,280.75
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:43:57
 Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SYSTEM INC
 2415 PARKWOOD DRIVE
 BRUNSWICK, GA 31520-4722

PROVIDER NUMBER
 000000822A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	574.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	745.43	1,226.06	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	193.00	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	17,682.11	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	148.81	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,693.89	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	677.37	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	855.10	289.60
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	9,529.52	1,134.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	420.00	0.00	NO CC/INVALID REV CODE	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	2,256.00	0.00			
			TOTAL ANCILLARY	38,775.43	2,649.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,775.43	2,649.86

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:30
 Page: 1

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER 000000833A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,800,131.28	ADJUSTMENTS	64,213.52
COVERED CHARGES	17,393,773.13	CONTRACTUAL ALLOW	14,584,892.80
NON-COVERED CHARGES	406,358.15	TOTAL MEDICAID LIAB	2,808,880.33
		LESS: COB	45,106.01
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	2,772.00
		REIMBURSEMENT	2,766,471.32

TOTAL NUMBER OF ADMISSIONS 297

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	499		0	735,094.20		0.00
ROUTINE NURSERY	90		0	100,132.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	589		0	835,226.70		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	647		0	2,408,749.44		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	647		0	2,408,749.44		0.00
TOTAL ACCOMODATIONS	1,236		0	3,243,976.14		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:30
 Page: 2

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,423,718.99	0.00	OTHER LAB	58,886.64	0.00
MED/SURG SUPPLY	164,799.49	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,518,742.33	0.00	EDUCATION & TRAINING	288.55	0.00
RADIOLOGY-DIAGNOSTIC	263,485.93	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	221,106.31	336,943.66	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	127,543.87	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	316,146.11	0.00	MRI SERVICES	189,103.38	0.00
IV THERAPY	97,518.78	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,677,733.48	4,095.03	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	77,505.10	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,255,349.71	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	387,316.39	0.00	AMBULANCE	0.00	0.00
GI SERVICES	20,614.89	2,984.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	537,465.61	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	101,170.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	87,064.19	0.00	INJECTABLE DRUGS	3,307,405.61	30,895.24
RADIOLOGY THERAPEUTIC	62,637.92	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	705.98	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,142.91	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	23,857.47	3,670.38	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	100.62	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	347,270.06	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	39,524.11	0.00	NO CC/INVALID REV CODE	3,205.60	17,633.97
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	39,283.15	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	72,885.51	10,135.87			
AUDIOLOGY	11,321.10	0.00			
CARDIOLOGY	651,126.97	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	31,070.38	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	18,699.85	0.00			
			TOTAL ANCILLARY	14,149,796.99	406,358.15
			TOTAL ACCOMODATIONS	3,243,976.14	0.00
			TOTAL CHARGES	17,393,773.13	406,358.15

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:33
 Page: 4

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	54,263.50	ADJUSTMENTS	0.00
COVERED CHARGES	54,263.50	CONTRACTUAL ALLOW	50,227.45
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	4,036.05
		LESS: COB	4,036.05
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7		0	10,309.67		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7		0	10,309.67		0.00
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	7		0	10,309.67		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:33
 Page: 5

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,741.54	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,828.51	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	13,929.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	12,018.59	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,799.67	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	530.62	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,255.79	0.00	INJECTABLE DRUGS	4,850.11	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	43,953.83	0.00
			TOTAL ACCOMODATIONS	10,309.67	0.00
			TOTAL CHARGES	54,263.50	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:34
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER
000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,749,133.74	ADJUSTMENTS	192,077.74
COVERED CHARGES	11,868,805.97	CONTRACTUAL ALLOW	10,503,718.28
NON-COVERD CHARGES	2,880,327.77	TOTAL MEDICAID LIAB	1,365,087.69
		LESS: COB	1,010.02
		LESS: COPAYMENT	1,167.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,362,910.67
		ALL OTHER	1,202,137.90
		FEE SCHEDULE-LAB	119,256.46
		INJECTABLE DRUGS	41,516.31
		TOTAL NUMBER OF CLAIMS	3,114

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	70,093.20	89,732.60	OTHER LAB	292,716.38	1,609.27
MED/SURG SUPPLY	151,242.49	2,254.85	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,500.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	399,464.11	22,992.51	OTHER THERAPEUTIC SVC	0.00	547.01
CT SCAN	1,212,508.75	92,065.77	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	375,822.17	37,487.57	FEE SCHEDULE LAB	1,940,325.69	240,189.84
EKG/ECG	293,606.18	9,896.00	MRI SERVICES	365,294.47	33,133.54
IV THERAPY	634,833.41	31,758.86	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,143,224.14	916,322.97	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,757.70	470.53	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,371.04	2,463.90	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	519,289.21	0.00	AMBULANCE	0.00	0.00
GI SERVICES	88,389.34	27,264.66	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,326,970.86	10,315.62	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	173,757.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	648,944.75	708,009.67
RADIOLOGY THERAPEUTIC	277,934.07	102,708.93	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,457.42	4,578.95	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	2,716.96	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,631.50	239,734.19
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	200,956.85	41,405.09	NO CC/INVALID REV CODE	2,717.54	15,252.32
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,868.04	29,559.36			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	187,966.31	86,665.87			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	253,489.93	121,026.59			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,764.35	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	245,409.07	8,664.34			
			TOTAL ANCILLARY	11,868,805.97	2,880,327.77
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,868,805.97	2,880,327.77

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER 000000833A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,791.72	ADJUSTMENTS	0.00
COVERED CHARGES	63,005.64	CONTRACTUAL ALLOW	57,267.18
NON-COVERD CHARGES	7,786.08	TOTAL MEDICAID LIAB	5,738.46
		LESS: COB	5,738.46
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 16

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	325.70	669.21	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	2,246.86	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,019.80	5,344.42	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,849.11	532.25
EKG/ECG	1,237.00	0.00	MRI SERVICES	4,809.52	0.00
IV THERAPY	8,505.92	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	222.06	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	22,442.29	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	1,707.34	234.42
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,080.84	1,005.78	NO CC/INVALID REV CODE	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	2,559.20	0.00			
			TOTAL ANCILLARY	63,005.64	7,786.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	63,005.64	7,786.08

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER
000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	603,485.13	ADJUSTMENTS	329.65
COVERED CHARGES	583,213.03	CONTRACTUAL ALLOW	569,317.12
NON-COVERD CHARGES	20,272.10	TOTAL MEDICAID LIAB	13,895.91
		LESS: COB	0.00
		LESS: COPAYMENT	156.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,739.91

TOTAL NUMBER OF CLAIMS 207

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	954.22	760.00	OTHER LAB	3,218.54	0.00
MED/SURG SUPPLY	0.00	158.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,357.71	412.16	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	83,332.82	9,494.88	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	102,436.25	6,115.45
EKG/ECG	11,133.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	65,600.31	378.47	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	470.53	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	280,099.17	530.62	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	21,625.09	487.57
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,455.92	1,463.72	NO CC/INVALID REV CODE	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	583,213.03	20,272.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	583,213.03	20,272.10

Report : CLM-0810-0
Process : CLMJO800
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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ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER
000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,087.61	ADJUSTMENTS	0.00
COVERED CHARGES	1,087.61	CONTRACTUAL ALLOW	1,020.48
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,087.61	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,087.61	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,087.61	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER 000000833A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,439,843.94	ADJUSTMENTS	46,801.23
COVERED CHARGES	2,182,962.41	CONTRACTUAL ALLOW	1,947,450.73
NON-COVERD CHARGES	256,881.53	TOTAL MEDICAID LIAB	235,511.68
		LESS: COB	0.00
		LESS: COPAYMENT	93.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	235,418.68

TOTAL NUMBER OF CLAIMS 44

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:43
 Page: 16

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ADVENTIST HEALTH SYSTEM GEORGIA INC.
 1035 RED BUD RD NE
 CALHOUN, GA 30701-2082

PROVIDER NUMBER
 000000833A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	9,705.25	1,664.09	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	47,095.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,670.21	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,035.26	5,344.42	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,586.65	FEE SCHEDULE LAB	52,203.46	6,521.96
EKG/ECG	6,185.00	618.50	MRI SERVICES	0.00	0.00
IV THERAPY	17,085.53	1,892.35	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	538,549.00	22,961.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,007.45	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	114,856.86	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,788.35	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,340.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,019,047.07	92,096.70
RADIOLOGY THERAPEUTIC	202,811.15	2,754.99	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	88,063.67	118,527.45
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,884.65	913.42			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	25,572.72	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	8,061.48	0.00			
			TOTAL ANCILLARY	2,182,962.41	256,881.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,182,962.41	256,881.53

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:44
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN, GA 30701-2082

PROVIDER NUMBER
000000833A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:52
 Page: 1

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER 000000844A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,585,992.60	ADJUSTMENTS	6,016.52
COVERED CHARGES	1,585,478.60	CONTRACTUAL ALLOW	949,388.93
NON-COVERD CHARGES	514.00	TOTAL MEDICAID LIAB	636,089.67
		LESS: COB	7,676.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	49,276.00
		REIMBURSEMENT	677,688.86

TOTAL NUMBER OF ADMISSIONS 147

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	245		0	214,720.00		0.00
ROUTINE NURSERY	93		0	64,821.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	338		0	279,541.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	43		0	88,565.00		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	43		0	88,565.00		0.00
TOTAL ACCOMODATIONS	381		0	368,106.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:52
 Page: 2

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER
 000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	236,987.60	0.00	OTHER LAB	874.00	0.00
MED/SURG SUPPLY	85,941.00	514.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	304,799.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,650.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	62,134.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,872.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,180.00	0.00	MRI SERVICES	22,341.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	96,358.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	153,744.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	48,366.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,057.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,228.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	48,235.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,015.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	9,257.00	0.00	INJECTABLE DRUGS	7,479.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,806.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,246.00	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	56.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,538.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,922.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,256.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	30,420.00	0.00			
CARDIOLOGY	20,152.00	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	13,459.00	0.00			
			TOTAL ANCILLARY	1,217,372.60	514.00
			TOTAL ACCOMODATIONS	368,106.00	0.00
			TOTAL CHARGES	1,585,478.60	514.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:54
Page: 3

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:54
Page: 4

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,430,181.07	ADJUSTMENTS	88,648.52
COVERED CHARGES	2,270,334.83	CONTRACTUAL ALLOW	1,837,576.56
NON-COVERD CHARGES	159,846.24	TOTAL MEDICAID LIAB	432,758.27
		LESS: COB	455.93
		LESS: COPAYMENT	921.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	431,381.34
		ALL OTHER	365,813.77
		FEE SCHEDULE-LAB	62,337.03
		INJECTABLE DRUGS	3,230.54
		TOTAL NUMBER OF CLAIMS	1,577

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:54
 Page: 5

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER
 000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	87,776.00	125.00	OTHER LAB	10,716.00	754.00
MED/SURG SUPPLY	86,527.00	199.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	423.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	133,582.00	562.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	286,248.00	28,542.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	67,933.00	13,179.00	FEE SCHEDULE LAB	530,151.44	32,547.63
EKG/ECG	13,754.00	742.00	MRI SERVICES	49,341.00	7,005.00
IV THERAPY	123,603.00	11,136.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	203,412.56	28,927.44	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,355.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,779.00	4,023.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,501.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	26,640.83	5,093.17	CAST ROOM	0.00	0.00
EMERGENCY ROOM	374,663.00	1,065.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	47,937.00	3,559.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	46,101.00	10,708.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,843.00	4,209.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,748.00	1,155.00	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	770.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	35,368.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	32,755.00	1,733.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,024.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	585.00	0.00			
CARDIOLOGY	15,114.00	2,519.00			
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	41,877.00	870.00			
			TOTAL ANCILLARY	2,270,334.83	159,846.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,270,334.83	159,846.24

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:57
Page: 6

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
00000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,847.00	ADJUSTMENTS	0.00
COVERED CHARGES	9,949.00	CONTRACTUAL ALLOW	9,244.09
NON-COVERD CHARGES	4,898.00	TOTAL MEDICAID LIAB	704.91
		LESS: COB	704.91
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 5

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

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

Run Date: 09/20/2021
 Run Time: 21:19:57
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER
 000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	191.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	242.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	604.00	243.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,163.00	3,724.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,497.00	900.00
EKG/ECG	106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	443.00	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	2,808.00	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	68.00	31.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	827.00	0.00	NO CC/INVALID REV CODE	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	9,949.00	4,898.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,949.00	4,898.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:58
Page: 8

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,899.00	ADJUSTMENTS	78.32
COVERED CHARGES	52,889.00	CONTRACTUAL ALLOW	48,816.36
NON-COVERD CHARGES	1,010.00	TOTAL MEDICAID LIAB	4,072.64
		LESS: COB	0.00
		LESS: COPAYMENT	36.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,036.64

TOTAL NUMBER OF CLAIMS 52

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:58
 Page: 9

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER
 000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	230.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,556.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,703.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,326.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,049.00	821.00
EKG/ECG	318.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,087.00	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	202.00	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	22,932.00	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	3,230.00	189.00
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	256.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	52,889.00	1,010.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	52,889.00	1,010.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:19:58
Page: 10

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:19:58
Page: 11

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	101,713.00	ADJUSTMENTS	0.00
COVERED CHARGES	89,120.43	CONTRACTUAL ALLOW	73,367.88
NON-COVERD CHARGES	12,592.57	TOTAL MEDICAID LIAB	15,752.55
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,740.55

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:19:58
 Page: 12

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GRADY GENERAL HOSPITAL
 1155 5TH ST SE
 CAIRO,GA 39828-3142

PROVIDER NUMBER
 000000844A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,065.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	17,691.00	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	1,946.00	0.00
EKG/ECG	106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,139.00	660.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,135.43	7,653.57	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	313.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,949.00	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	4,230.00	1,511.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,676.00	2,768.00
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	IMPL DEV CHARGE PATIENTS	9,870.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	89,120.43	12,592.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	89,120.43	12,592.57

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:19:58
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GRADY GENERAL HOSPITAL
1155 5TH ST SE
CAIRO,GA 39828-3142

PROVIDER NUMBER
000000844A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:20:07
 Page: 1

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3031

PROVIDER NUMBER 000000855A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	581,856,425.39	ADJUSTMENTS	19,441,399.19
COVERED CHARGES	570,065,715.48	CONTRACTUAL ALLOW	476,339,803.63
NON-COVERED CHARGES	11,790,709.91	TOTAL MEDICAID LIAB	93,725,911.85
		LESS: COB	646,996.85
		LESS: COPAYMENT	1,050.00
		ADD: ADDON PYMT	46,089.39
		REIMBURSEMENT	93,123,954.39

TOTAL NUMBER OF ADMISSIONS 5,758

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	25,319		0	59,448,414.00		0.00
ROUTINE NURSERY	3,108		0	7,277,765.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		270,680.52
TOTAL ROUTINE	28,427		0	66,726,179.00		270,680.52
SPECIAL CARE SERVICES						
CCU	245		0	1,036,630.00		0.00
ICU	10,452		0	53,087,169.00		0.00
NICU	75		0	445,305.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	1,816		0	10,972,208.00		0.00
BURN UNIT	903		0	7,782,245.00		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	13,491		0	73,323,557.00		0.00
TOTAL ACCOMODATIONS	41,918		0	140,049,736.00		270,680.52

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:20:07
 Page: 2

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	19,713,267.69	0.00	OTHER LAB	2,783,102.00	0.00
MED/SURG SUPPLY	12,836,662.60	2,136.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	75,318,017.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,149,305.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,158,641.86	476,730.30	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,245,971.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,010,462.00	0.00	MRI SERVICES	6,091,765.04	0.00
IV THERAPY	5,408,431.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	104,293,367.00	10,246.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,665,331.00	4,261.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	43,536,246.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,813,478.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,117,353.00	0.00	CAST ROOM	9,324.00	0.00
EMERGENCY ROOM	16,195,673.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,511,488.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	172,072.65
LABORATORY PATHOLOGIC	1,569,851.00	8,784.00	INJECTABLE DRUGS	14,192,167.29	815,699.41
RADIOLOGY THERAPEUTIC	436,279.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,539,588.15	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,401,028.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,957,272.00	19,104.00	PATIENT CONVENIENCE	0.00	151.01
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,202.00	222,768.00	TRAUMA RESPONSE	0.00	5,593,929.00
PSYCHIATRIC SERVICES	135,098.00	0.00	IMPL DEV CHARGE PATIENTS	6,040,795.82	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,247,668.00	10,583.01	NO CC/INVALID REV CODE	0.00	2,405.01
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,961,169.00	4,115,508.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	565,026.03	65,652.00			
AUDIOLOGY	350,710.00	0.00			
CARDIOLOGY	8,600,172.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,588,421.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,564,647.00	0.00			
			TOTAL ANCILLARY	430,015,979.48	11,520,029.39
			TOTAL ACCOMODATIONS	140,049,736.00	270,680.52
			TOTAL CHARGES	570,065,715.48	11,790,709.91

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:20:50
 Page: 4

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER 000000855A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,004,515.67	ADJUSTMENTS	0.00
COVERED CHARGES	1,988,245.50	CONTRACTUAL ALLOW	1,771,780.43
NON-COVERED CHARGES	16,270.17	TOTAL MEDICAID LIAB	216,465.07
		LESS: COB	216,591.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 20

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	59		0	129,138.00		0.00
ROUTINE NURSERY	5		0	5,130.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	64		0	134,268.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	25		0	134,424.00		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	21		0	173,262.00		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	46		0	307,686.00		0.00
TOTAL ACCOMODATIONS	110		0	441,954.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:20:50
 Page: 5

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	43,467.43	0.00	OTHER LAB	2,387.00	0.00
MED/SURG SUPPLY	44,125.27	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	236,124.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,114.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	106,435.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	13,511.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,350.00	0.00	MRI SERVICES	19,020.00	0.00
IV THERAPY	20,362.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	392,999.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	18,099.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	95,629.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	77,814.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	35,559.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	64,038.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	250.17
LABORATORY PATHOLOGIC	1,744.00	0.00	INJECTABLE DRUGS	204,930.43	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	76,777.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,913.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	9,552.00	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	798.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	20,120.37	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,843.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,881.00	15,222.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	878.00	0.00			
CARDIOLOGY	7,910.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,709.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,546,291.50	16,270.17
			TOTAL ACCOMODATIONS	441,954.00	0.00
			TOTAL CHARGES	1,988,245.50	16,270.17

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:21:00
Page: 6

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER
000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 153,755,601.31
COVERED CHARGES 135,706,023.66
NON-COVERED CHARGES 18,049,577.65

-----PAYMENTS-----
ADJUSTMENTS 1,044,908.49
CONTRACTUAL ALLOW 116,275,877.54
TOTAL MEDICAID LIAB 19,430,146.12
LESS: COB 13,429.78
LESS: COPAYMENT 38,029.32
ADD: ADDON PYMT 0.00
REIMBURSEMENT 19,378,687.02
ALL OTHER 15,934,018.20
FEE SCHEDULE-LAB 1,577,541.53
INJECTABLE DRUGS 1,867,127.29

TOTAL NUMBER OF CLAIMS 58,300

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:21:00
 Page: 7

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	793,393.67	761.11	OTHER LAB	2,051,910.00	128,241.00
MED/SURG SUPPLY	730,788.31	78,511.84	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	18,285.00	EDUCATION & TRAINING	0.00	10,544.00
RADIOLOGY-DIAGNOSTIC	6,467,113.00	313,294.00	OTHER THERAPEUTIC SVC	0.00	254.00
CT SCAN	16,272,292.00	3,246,734.17	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	773,385.00	333,623.00	FEE SCHEDULE LAB	32,499,218.53	1,856,479.00
EKG/ECG	2,067,126.00	50,470.00	MRI SERVICES	3,504,882.00	516,749.22
IV THERAPY	4,670,377.00	494,798.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,461,326.70	2,417,568.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	400,960.00	44,884.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,706,989.00	11,125.00	AMBULANCE	0.00	0.00
GI SERVICES	1,037,407.70	323,349.30	CAST ROOM	13,965.00	1,776.00
EMERGENCY ROOM	21,856,330.00	205,451.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,312,395.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	50,034.70
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,432,844.44	5,261,786.29
RADIOLOGY THERAPEUTIC	2,405,076.00	471,024.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	247,487.00	123,321.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	58,114.00	21,331.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.05
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,030,407.00	301,834.00	TRAUMA RESPONSE	0.00	23,127.00
PSYCHIATRIC SERVICES	596,883.00	76,433.00	IMPL DEV CHARGE PATIENTS	354,102.31	49,789.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,589,825.00	353,597.11	NO CC/INVALID REV CODE	410,540.00	0.01
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,364,651.00	72,360.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,397,861.00	576,381.05			
AUDIOLOGY	5,361.00	960.00			
CARDIOLOGY	2,094,046.00	566,120.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	43,998.00	13,247.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,054,969.00	35,334.00			
			TOTAL ANCILLARY	135,706,023.66	18,049,577.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	135,706,023.66	18,049,577.65

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:21:00
Page: 145

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER
000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

TOTAL	410,540.00	0.01	0.00	0.00	129,193.92
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Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:22:41
Page: 146

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER
000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	511,987.15	ADJUSTMENTS	0.00
COVERED CHARGES	348,290.46	CONTRACTUAL ALLOW	302,574.12
NON-COVERED CHARGES	163,696.69	TOTAL MEDICAID LIAB	45,716.34
		LESS: COB	45,597.34
		LESS: COPAYMENT	119.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	164

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:22:41
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	629.74	0.00	OTHER LAB	839.00	0.00
MED/SURG SUPPLY	1,055.37	174.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	97.00
RADIOLOGY-DIAGNOSTIC	16,231.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	64,189.00	17,830.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	987.00	988.00	FEE SCHEDULE LAB	70,584.00	7,943.00
EKG/ECG	3,966.00	0.00	MRI SERVICES	6,206.00	7,615.01
IV THERAPY	21,557.00	3,748.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,051.00	51,176.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	414.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,999.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,522.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	49,349.00	729.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,657.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,605.35	30,834.63
RADIOLOGY THERAPEUTIC	1,626.00	13,924.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	674.00	2,292.00	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	32,838.00	983.00	TRAUMA RESPONSE	0.00	12,408.00
PSYCHIATRIC SERVICES	3,246.00	0.00	IMPL DEV CHARGE PATIENTS	4,375.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,695.00	1,260.00	NO CC/INVALID REV CODE	65.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	23,566.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	3,955.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	7,740.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,364.00	0.00			
			TOTAL ANCILLARY	348,290.46	163,696.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	348,290.46	163,696.69

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:22:50
Page: 149

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER
000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	717,116.18	ADJUSTMENTS	534.04
COVERED CHARGES	669,822.65	CONTRACTUAL ALLOW	655,322.57
NON-COVERD CHARGES	47,293.53	TOTAL MEDICAID LIAB	14,500.08
		LESS: COB	0.00
		LESS: COPAYMENT	216.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,284.08

TOTAL NUMBER OF CLAIMS 216

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:22:50
 Page: 150

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,031.13	0.00	OTHER LAB	2,667.00	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	24,469.00	1,440.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	42,737.00	30,030.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	118,880.00	8,748.00
EKG/ECG	9,800.00	490.00	MRI SERVICES	0.00	0.00
IV THERAPY	17,240.00	2,183.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,769.00	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	335,670.00	298.00	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	37,360.52	2,606.52
RADIOLOGY THERAPEUTIC	9,449.00	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	1,185.00	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	712.00	313.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	752.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,509.00	0.00	NO CC/INVALID REV CODE	65.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	31,058.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	11,270.00	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	14,384.00	0.00			
			TOTAL ANCILLARY	669,822.65	47,293.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	669,822.65	47,293.53

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:23:00
 Page: 152

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000000855A	SERVICE DATES	01/01/20	THROUGH	12/31/20
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	63,169.28	ADJUSTMENTS	0.00
COVERED CHARGES	60,794.28	CONTRACTUAL ALLOW	60,525.76
NON-COVERD CHARGES	2,375.00	TOTAL MEDICAID LIAB	268.52
		LESS: COB	268.52
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

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

Run Date: 09/20/2021
 Run Time: 21:23:00
 Page: 153

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA, GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	46.00	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	3,319.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,754.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,190.00	1,004.00
EKG/ECG	980.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,337.00	1,371.00	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	12,240.00	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	928.28	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	60,794.28	2,375.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	60,794.28	2,375.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:23:09
Page: 154

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER 000000855A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,164,925.30	ADJUSTMENTS	177,075.24
COVERED CHARGES	20,629,917.75	CONTRACTUAL ALLOW	17,263,309.28
NON-COVERD CHARGES	1,535,007.55	TOTAL MEDICAID LIAB	3,366,608.47
		LESS: COB	4,050.00
		LESS: COPAYMENT	465.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,362,093.47

TOTAL NUMBER OF CLAIMS 437

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:09
 Page: 155

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GRADY MEMORIAL HOSPITAL
 80 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3031

PROVIDER NUMBER
 000000855A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	95,341.16	0.00	OTHER LAB	2,813.00	0.00
MED/SURG SUPPLY	223,501.61	23,641.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	55,448.00	25,010.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	43,457.00	13,158.06	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	660.00	3,777.00	FEE SCHEDULE LAB	392,229.00	10,718.00
EKG/ECG	1,470.00	4,410.00	MRI SERVICES	0.00	0.00
IV THERAPY	103,082.00	12,141.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,033,974.06	787,786.94	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,936.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,266,454.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	39,780.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,168,730.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,484,777.93	532,808.63
RADIOLOGY THERAPEUTIC	446,420.00	1,812.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,208.00	9,356.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,185.00	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	2,056.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	537.00	0.00	IMPL DEV CHARGE PATIENTS	385,298.99	88,268.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,070.00	340.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,537.00	5,074.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,290.00	3,519.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	59,172.00	12,002.00			
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	792,675.00	0.00			
			TOTAL ANCILLARY	20,629,917.75	1,535,007.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,629,917.75	1,535,007.55

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 156

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA, GA 30303-3031

PROVIDER NUMBER
000000855A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:25
 Page: 1

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN, GA 30224-4213

PROVIDER NUMBER 000000866A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,013,519.78	ADJUSTMENTS	450,564.32
COVERED CHARGES	44,989,105.58	CONTRACTUAL ALLOW	38,529,928.88
NON-COVERED CHARGES	24,414.20	TOTAL MEDICAID LIAB	6,459,176.70
		LESS: COB	75,550.96
		LESS: COPAYMENT	87.50
		ADD: ADDON PYMT	3,150.00
		REIMBURSEMENT	6,386,688.24

TOTAL NUMBER OF ADMISSIONS 703

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,583		0	2,173,318.00		0.00
ROUTINE NURSERY	130		0	259,235.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,713		0	2,432,553.00		0.00
SPECIAL CARE SERVICES						
CCU	1,463		0	5,886,160.00		0.00
ICU	776		0	3,470,450.00		0.00
NICU	38		0	261,820.00		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	2,277		0	9,618,430.00		0.00
TOTAL ACCOMODATIONS	3,990		0	12,050,983.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:25
 Page: 2

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,266,981.80	0.00	OTHER LAB	199,739.00	0.00
MED/SURG SUPPLY	1,179,952.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,811,969.24	0.00	EDUCATION & TRAINING	4,800.00	0.00
RADIOLOGY-DIAGNOSTIC	969,253.00	0.00	OTHER THERAPEUTIC SVC	0.00	375.00
CT SCAN	2,726,069.00	10,265.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	284,795.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	311,166.00	0.00	MRI SERVICES	360,176.00	0.00
IV THERAPY	558,628.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,647,079.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	292,839.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,608,086.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	651,906.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	379,368.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,141,600.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	109,836.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,517.10
LABORATORY PATHOLOGIC	175,691.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	44,688.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	153,236.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	331,515.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	16,218.00	4,235.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	416,489.85	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	213,364.00	0.00	NO CC/INVALID REV CODE	0.00	281.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	606,249.03	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	342,890.40	5,741.10			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,397,382.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	60,671.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	675,484.61	0.00			
			TOTAL ANCILLARY	32,938,122.58	24,414.20
			TOTAL ACCOMODATIONS	12,050,983.00	0.00
			TOTAL CHARGES	44,989,105.58	24,414.20

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:28
 Page: 4

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN, GA 30224-4213

PROVIDER NUMBER 000000866A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,343,300.03	ADJUSTMENTS	0.00
COVERED CHARGES	2,343,131.83	CONTRACTUAL ALLOW	2,176,242.52
NON-COVERD CHARGES	168.20	TOTAL MEDICAID LIAB	166,889.31
		LESS: COB	167,078.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 9

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	11		0	15,070.00		0.00
ROUTINE NURSERY	5		0	3,855.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	16		0	18,925.00		0.00
SPECIAL CARE SERVICES						
CCU	31		0	124,682.00		0.00
ICU	93		0	422,059.00		0.00
NICU	2		0	13,780.00		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	126		0	560,521.00		0.00
TOTAL ACCOMODATIONS	142		0	579,446.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:28
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WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	355,398.30	0.00	OTHER LAB	10,281.00	0.00
MED/SURG SUPPLY	58,935.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	241,298.00	0.00	EDUCATION & TRAINING	384.00	0.00
RADIOLOGY-DIAGNOSTIC	47,701.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	65,566.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,007.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,758.00	0.00	MRI SERVICES	9,733.00	0.00
IV THERAPY	1,213.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	109,879.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	16,979.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	343,409.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	36,795.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,365.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,577.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,460.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,798.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,068.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,012.00	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	606.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,457.32	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,520.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	41,056.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,887.00	168.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,873.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,103.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	364,567.00	0.00			
			TOTAL ANCILLARY	1,763,685.83	168.20
			TOTAL ACCOMODATIONS	579,446.00	0.00
			TOTAL CHARGES	2,343,131.83	168.20

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:58:29
Page: 6

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN,GA 30224-4213

PROVIDER NUMBER
00000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 25,690,757.50
COVERED CHARGES 24,226,211.14
NON-COVERD CHARGES 1,464,546.36

-----PAYMENTS-----
ADJUSTMENTS 168,805.66
CONTRACTUAL ALLOW 21,849,777.61
TOTAL MEDICAID LIAB 2,376,433.53
LESS: COB 846.61
LESS: COPAYMENT 3,734.79
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,371,852.13
ALL OTHER 2,156,410.01
FEE SCHEDULE-LAB 181,662.69
INJECTABLE DRUGS 33,779.43

TOTAL NUMBER OF CLAIMS 4,967

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:29
 Page: 7

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	373,262.70	0.00	OTHER LAB	255,794.00	662.00
MED/SURG SUPPLY	357,566.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,236,296.00	8,567.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,046,861.00	143,457.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	113,521.00	42,011.00	FEE SCHEDULE LAB	3,565,223.36	149,390.00
EKG/ECG	488,592.00	9,376.00	MRI SERVICES	299,472.00	20,024.00
IV THERAPY	1,215,956.00	101,063.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,072,914.50	181,551.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	236,373.00	17,410.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	540,580.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	124,201.00	29,733.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,850,065.00	27,946.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	217,300.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	316,293.83	366,429.86
RADIOLOGY THERAPEUTIC	2,502.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	27,157.00	18,487.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	43,004.00	17,401.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	31,275.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	50,803.00	25,052.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	210,015.83	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	607,159.50	62,024.00	NO CC/INVALID REV CODE	460.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	130,632.00	2,062.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	253,197.60	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	390,509.00	73,472.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	546,529.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	653,970.12	137,153.00			
			TOTAL ANCILLARY	24,226,211.14	1,464,546.36
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,226,211.14	1,464,546.36

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:58:39
Page: 9

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN, GA 30224-4213

PROVIDER NUMBER
00000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	182,075.25	ADJUSTMENTS	0.00
COVERED CHARGES	153,227.25	CONTRACTUAL ALLOW	140,033.22
NON-COVERD CHARGES	28,848.00	TOTAL MEDICAID LIAB	13,194.03

LESS: COB	13,165.87
LESS: COPAYMENT	28.16
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 40

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,068.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,817.57	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,504.00	1,280.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,933.00	6,267.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,562.00	732.00
EKG/ECG	6,446.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,860.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	18,888.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	958.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,297.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	46,613.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,840.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,708.00	683.00
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	1,764.00	998.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,292.08	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,997.00	0.00	NO CC/INVALID REV CODE	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	10,567.00	0.00			
			TOTAL ANCILLARY	153,227.25	28,848.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	153,227.25	28,848.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:58:40
Page: 11

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN,GA 30224-4213

PROVIDER NUMBER
000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	667,963.50	ADJUSTMENTS	67.13
COVERED CHARGES	656,385.20	CONTRACTUAL ALLOW	638,327.23
NON-COVERD CHARGES	11,578.30	TOTAL MEDICAID LIAB	18,057.97
		LESS: COB	0.00
		LESS: COPAYMENT	381.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,676.97

TOTAL NUMBER OF CLAIMS 269

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:58:40
 Page: 12

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,390.70	0.00	OTHER LAB	3,775.00	0.00
MED/SURG SUPPLY	1,021.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,850.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	68,545.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	82,397.00	4,552.00
EKG/ECG	5,274.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,589.00	522.00	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	1,406.00	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	408,459.00	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	5,808.50	3,729.30
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	232.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,778.00	2,543.00	NO CC/INVALID REV CODE	92.00	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	656,385.20	11,578.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	656,385.20	11,578.30

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:58:41
Page: 14

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN, GA 30224-4213

PROVIDER NUMBER
000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,279.50	ADJUSTMENTS	0.00
COVERED CHARGES	3,261.70	CONTRACTUAL ALLOW	3,194.57
NON-COVERD CHARGES	17.80	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:58:41
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WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	48.70	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	1,265.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	662.00	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	1,286.00	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	0.00	17.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,261.70	17.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,261.70	17.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:58:42
Page: 16

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN, GA 30224-4213

PROVIDER NUMBER
00000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,461,992.02	ADJUSTMENTS	31,735.50
COVERED CHARGES	1,417,137.72	CONTRACTUAL ALLOW	1,295,473.47
NON-COVERD CHARGES	44,854.30	TOTAL MEDICAID LIAB	121,664.25
		LESS: COB	0.00
		LESS: COPAYMENT	57.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	121,607.25

TOTAL NUMBER OF CLAIMS 23

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
 601 S 8TH ST
 GRIFFIN,GA 30224-4213

PROVIDER NUMBER
 000000866A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,038.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,210.62	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,473.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,108.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,839.00	142.00
EKG/ECG	1,172.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	24,094.00	1,402.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	61,671.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	896.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,670.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,504.00	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	1,101,726.70	43,310.30
RADIOLOGY THERAPEUTIC	1,112.00	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	74,818.10	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,774.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	80,044.00	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	5,986.40	0.00			
			TOTAL ANCILLARY	1,417,137.72	44,854.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,417,137.72	44,854.30

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:58:43
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR SPALDING REGIONAL HOSPITAL, INC
601 S 8TH ST
GRIFFIN,GA 30224-4213

PROVIDER NUMBER
000000866A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:28
 Page: 1

HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER 000000877A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,168,529.43	ADJUSTMENTS	7,619.20
COVERED CHARGES	2,150,357.88	CONTRACTUAL ALLOW	1,295,627.44
NON-COVERED CHARGES	18,171.55	TOTAL MEDICAID LIAB	854,730.44
		LESS: COB	9,868.01
		LESS: COPAYMENT	62.50
		ADD: ADDON PYMT	3,591.00
		REIMBURSEMENT	848,390.93

TOTAL NUMBER OF ADMISSIONS 178

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	379		0	295,620.00		0.00
ROUTINE NURSERY	99		0	43,780.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	478		0	339,400.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	30		0	54,000.00		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	30		0	54,000.00		0.00
TOTAL ACCOMODATIONS	508		0	393,400.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:28
 Page: 2

HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER
 000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	145,788.52	0.00	OTHER LAB	10,049.55	0.00
MED/SURG SUPPLY	67,844.35	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	277,546.87	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,592.99	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	76,626.80	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,384.35	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	13,839.32	0.00	MRI SERVICES	5,343.38	0.00
IV THERAPY	36,457.73	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	85,501.08	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	269,667.96	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	165,298.09	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	41,178.28	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	112,888.38	0.00	SPECIAL SERVICES	0.00	8,361.75
RECOVERY ROOM	100,476.47	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,755.12	0.00	INJECTABLE DRUGS	56,382.13	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	2,857.64	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	11,277.30	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	157,326.37	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,726.24	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,954.70	9,203.60			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,837.90	606.20			
AUDIOLOGY	16,130.80	0.00			
CARDIOLOGY	13,052.20	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	27,173.36	0.00			
			TOTAL ANCILLARY	1,756,957.88	18,171.55
			TOTAL ACCOMODATIONS	393,400.00	0.00
			TOTAL CHARGES	2,150,357.88	18,171.55

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER
000000877A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:23:29
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,376,728.59	ADJUSTMENTS	133,930.13
COVERED CHARGES	3,279,387.52	CONTRACTUAL ALLOW	2,533,175.62
NON-COVERD CHARGES	97,341.07	TOTAL MEDICAID LIAB	746,211.90
		LESS: COB	1,130.88
		LESS: COPAYMENT	1,043.77
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	744,037.25
		ALL OTHER	649,300.51
		FEE SCHEDULE-LAB	78,035.79
		INJECTABLE DRUGS	16,700.95
		TOTAL NUMBER OF CLAIMS	1,695

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER
 000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	68,362.68	300.00	OTHER LAB	91,535.68	0.00
MED/SURG SUPPLY	13,350.83	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	177.03	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	114,668.13	2,017.30	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	491,508.45	18,321.58	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,349.23	3,885.61	FEE SCHEDULE LAB	658,701.86	11,836.11
EKG/ECG	64,992.80	866.36	MRI SERVICES	55,993.66	1,366.25
IV THERAPY	257,142.18	9,447.92	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	72,838.26	2,687.78	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,008.68	281.20	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	44,977.51	170.05	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	22,367.08	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	974,572.50	5,694.85	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,849.48	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	75,163.12	11,015.38
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,318.69	93.23	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	943.75	455.40	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	407.64	4,620.67	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,883.37	3,994.78
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	64,108.78	2,073.70	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,855.60	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,536.44	7,305.76			
AUDIOLOGY	1,728.30	0.00			
CARDIOLOGY	21,811.50	4,711.00			
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	87,411.32	6,019.11			
			TOTAL ANCILLARY	3,279,387.52	97,341.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,279,387.52	97,341.07

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER 000000877A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,067.04	ADJUSTMENTS	0.00
COVERED CHARGES	29,051.50	CONTRACTUAL ALLOW	23,310.64
NON-COVERD CHARGES	22,015.54	TOTAL MEDICAID LIAB	5,740.86
		LESS: COB	5,737.86
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER
 000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	393.17	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	664.02	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,137.95	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,974.94	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,934.18	49.99
EKG/ECG	783.52	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,692.69	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,579.78	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	1,766.26	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,146.82	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,140.72	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	435.65	81.00
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	IMPL DEV CHARGE PATIENTS	0.00	21,884.55
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	401.80	0.00	NO CC/INVALID REV CODE	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	29,051.50	22,015.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,051.50	22,015.54

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	105,639.31	ADJUSTMENTS	768.20
COVERED CHARGES	99,175.91	CONTRACTUAL ALLOW	89,480.85
NON-COVERD CHARGES	6,463.40	TOTAL MEDICAID LIAB	9,695.06
		LESS: COB	19.24
		LESS: COPAYMENT	162.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,513.82

TOTAL NUMBER OF CLAIMS 124

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

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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HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER
 000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,224.57	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	29.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,944.37	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,382.78	6,239.56	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,589.57	223.84
EKG/ECG	1,099.92	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,127.99	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	245.10	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	61,601.93	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	1,930.26	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	99,175.91	6,463.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	99,175.91	6,463.40

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER 000000877A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,997.46	ADJUSTMENTS	0.00
COVERED CHARGES	2,997.46	CONTRACTUAL ALLOW	2,684.18
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	313.28
		LESS: COB	304.28
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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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HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-0000

PROVIDER NUMBER
 000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	26.16	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	110.75	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	701.85	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	227.05	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	1,887.10	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	44.55	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,997.46	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,997.46	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER
000000877A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-0000

PROVIDER NUMBER
000000877A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:36:12
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER 000000888A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	182,447,465.15	ADJUSTMENTS	7,930,440.51
COVERED CHARGES	180,931,935.02	CONTRACTUAL ALLOW	149,327,460.56
NON-COVERED CHARGES	1,515,530.13	TOTAL MEDICAID LIAB	31,604,474.46
		LESS: COB	346,660.56
		LESS: COPAYMENT	787.50
		ADD: ADDON PYMT	32,256.00
		REIMBURSEMENT	31,289,282.40

TOTAL NUMBER OF ADMISSIONS 2,989

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	12,429		0	19,737,140.00		0.00
ROUTINE NURSERY	2,033		0	2,490,712.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	14,462		0	22,227,852.00		0.00
SPECIAL CARE SERVICES						
CCU	269		0	722,992.00		0.00
ICU	2,710		0	7,382,575.00		0.00
NICU	2		0	4,764.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	75		0	308,560.00		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	3,056		0	8,418,891.00		0.00
TOTAL ACCOMODATIONS	17,518		0	30,646,743.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:36:12
 Page: 2

NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	37,114,764.12	2,744.26	OTHER LAB	1,200,314.00	0.00
MED/SURG SUPPLY	15,500,407.86	599,526.87	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,810,657.20	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,585,245.00	0.00	OTHER THERAPEUTIC SVC	132,700.00	0.00
CT SCAN	8,331,924.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	755,538.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	964,045.00	0.00	MRI SERVICES	1,478,011.00	0.00
IV THERAPY	3,956,397.00	0.00	PROFESSIONAL FEES	0.00	250.00
OPERATING ROOM	12,785,931.00	756.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,520,365.00	6,681.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,877,859.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,541,267.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	207,749.00	8,049.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,749,785.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,225,691.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	787,366.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	224,455.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	400,322.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	353,791.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,004,592.00	462,486.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	85,652.00	61,879.00	TRAUMA RESPONSE	0.00	129,897.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,245,252.84	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	881,515.00	0.00	NO CC/INVALID REV CODE	0.00	2,146.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,184,881.00	125,587.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	520,457.00	115,528.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,131,584.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	270,944.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,455,730.00	0.00			
			TOTAL ANCILLARY	150,285,192.02	1,515,530.13
			TOTAL ACCOMODATIONS	30,646,743.00	0.00
			TOTAL CHARGES	180,931,935.02	1,515,530.13

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER 000000888A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,214,522.29	ADJUSTMENTS	0.00
COVERED CHARGES	2,206,440.29	CONTRACTUAL ALLOW	1,922,582.89
NON-COVERED CHARGES	8,082.00	TOTAL MEDICAID LIAB	283,857.40
		LESS: COB	284,222.90
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	378.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 54

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	153		0	255,292.00		0.00
ROUTINE NURSERY	27		0	35,376.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	180		0	290,668.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	18		0	46,818.00		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	18		0	46,818.00		0.00
TOTAL ACCOMODATIONS	198		0	337,486.00		0.00

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

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	468,981.00	0.00	OTHER LAB	8,220.00	0.00
MED/SURG SUPPLY	162,234.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	201,740.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,672.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	79,389.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,741.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,318.00	0.00	MRI SERVICES	3,018.00	0.00
IV THERAPY	13,433.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	224,896.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	227,099.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	76,943.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,646.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	35,477.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	70,033.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	14,538.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	709.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	33,084.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,064.00	8,082.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	51,094.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,865.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	44,273.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	50,655.00	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	8,831.00	0.00			
			TOTAL ANCILLARY	1,868,954.29	8,082.00
			TOTAL ACCOMODATIONS	337,486.00	0.00
			TOTAL CHARGES	2,206,440.29	8,082.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
000008888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	48,371,410.55	ADJUSTMENTS	606,849.41
COVERED CHARGES	41,981,025.35	CONTRACTUAL ALLOW	36,421,585.14
NON-COVERD CHARGES	6,390,385.20	TOTAL MEDICAID LIAB	5,559,440.21
		LESS: COB	1,321.52
		LESS: COPAYMENT	7,246.17
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,550,872.52
		ALL OTHER	4,661,063.81
		FEE SCHEDULE-LAB	522,268.42
		INJECTABLE DRUGS	367,540.29
		TOTAL NUMBER OF CLAIMS	11,235

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	225,689.00	239,852.00	OTHER LAB	395,585.00	2,400.00
MED/SURG SUPPLY	1,083,113.36	568,805.87	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4,235.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	851,491.00	24,582.00	OTHER THERAPEUTIC SVC	0.00	617.00
CT SCAN	5,431,124.00	271,145.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	451,882.00	37,358.00	FEE SCHEDULE LAB	6,166,052.31	749,664.00
EKG/ECG	567,690.00	4,563.00	MRI SERVICES	1,105,550.00	73,231.00
IV THERAPY	2,929,277.00	169,459.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,089,036.23	593,391.29	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	16,019.00	6,930.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	265,939.00	16,157.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,204,416.00	1,356.00	AMBULANCE	0.00	0.00
GI SERVICES	52,826.00	6,369.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,027,976.00	14,564.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,603,227.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	10,157.00
LABORATORY PATHOLOGIC	0.00	150.00	INJECTABLE DRUGS	2,909,474.93	1,496,421.00
RADIOLOGY THERAPEUTIC	2,843,551.00	74,057.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	104,358.00	46,560.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,360.00	22,059.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	172,646.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	23,361.00	9,100.00	TRAUMA RESPONSE	0.00	64,619.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	34,115.52	958,538.04
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,559,607.00	34,097.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	138,072.00	28,356.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	756,154.00	241,539.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,578,351.00	287,134.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	432,415.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,119,313.00	160,273.00			
			TOTAL ANCILLARY	41,981,025.35	6,390,385.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,981,025.35	6,390,385.20

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
000008888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,059,053.81	ADJUSTMENTS	0.00
COVERED CHARGES	771,497.46	CONTRACTUAL ALLOW	681,981.15
NON-COVERD CHARGES	287,556.35	TOTAL MEDICAID LIAB	89,516.31
		LESS: COB	89,420.63
		LESS: COPAYMENT	95.68
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	156

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	7,303.00	8,873.00	OTHER LAB	3,923.00	0.00
MED/SURG SUPPLY	35,121.21	6,760.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	847.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,097.00	5,761.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	92,985.00	19,366.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	829.00	977.00	FEE SCHEDULE LAB	105,167.50	20,435.00
EKG/ECG	10,530.00	702.00	MRI SERVICES	6,211.00	0.00
IV THERAPY	62,764.00	7,898.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,088.75	96,763.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,322.00	1,044.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,069.00	1,810.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	36,359.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,409.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	128,787.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,460.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	28,375.00	28,113.00
RADIOLOGY THERAPEUTIC	4,956.00	10,758.00	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	2,770.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	284.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	29,140.40
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,840.00	18,917.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,480.00	9,996.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	36,760.00	16,625.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	8,496.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,881.00	0.00			
			TOTAL ANCILLARY	771,497.46	287,556.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	771,497.46	287,556.35

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:36:58
Page: 10

NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
000008888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	337,745.00	ADJUSTMENTS	134.26
COVERED CHARGES	325,490.00	CONTRACTUAL ALLOW	310,587.14
NON-COVERD CHARGES	12,255.00	TOTAL MEDICAID LIAB	14,902.86
		LESS: COB	0.00
		LESS: COPAYMENT	162.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,740.86

TOTAL NUMBER OF CLAIMS 222

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	20.00	553.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	207.00	1,567.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,764.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,360.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	41,257.00	2,071.00
EKG/ECG	1,755.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,214.00	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	472.00	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	231,820.00	3,233.00	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	2,621.00	4,831.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	325,490.00	12,255.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	325,490.00	12,255.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
000008888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,986.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,655.00	CONTRACTUAL ALLOW	1,587.87
NON-COVERD CHARGES	331.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:37:00
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NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	331.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	558.00	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	1,097.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,655.00	331.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,655.00	331.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:37:03
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NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER 000008888A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,693,351.83	ADJUSTMENTS	174,645.23
COVERED CHARGES	9,171,318.17	CONTRACTUAL ALLOW	8,015,484.39
NON-COVERD CHARGES	2,522,033.66	TOTAL MEDICAID LIAB	1,155,833.78
		LESS: COB	0.00
		LESS: COPAYMENT	648.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,155,185.78

TOTAL NUMBER OF CLAIMS 211

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

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	85,112.00	138,677.00	OTHER LAB	3,957.00	0.00
MED/SURG SUPPLY	658,681.76	500,329.89	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	58,118.00	30,126.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	115,329.00	6,360.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,279.00	6,221.00	FEE SCHEDULE LAB	157,559.67	34,936.00
EKG/ECG	23,896.00	702.00	MRI SERVICES	6,333.00	0.00
IV THERAPY	276,361.00	12,101.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,765,038.59	198,047.41	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,086.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	703,600.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,819.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	30,421.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	775,799.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,058.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,773,996.40	586,279.00
RADIOLOGY THERAPEUTIC	222,677.00	333.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,089.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	367.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	77,560.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	133.00	TRAUMA RESPONSE	0.00	2,020.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	203,256.75	772,465.36
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,710.00	3,592.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,565.00	2,563.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,729.00	1,911.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	235,000.00	30,697.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,931.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	27,882.00	108,647.00			
			TOTAL ANCILLARY	9,171,318.17	2,522,033.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,171,318.17	2,522,033.66

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER IN
743 SPRING ST NE
GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
000008888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	114,442.00	ADJUSTMENTS	0.00
COVERED CHARGES	109,533.00	CONTRACTUAL ALLOW	98,667.90
NON-COVERD CHARGES	4,909.00	TOTAL MEDICAID LIAB	10,865.10
		LESS: COB	10,859.10
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER IN
 743 SPRING ST NE
 GAINESVILLE,GA 30501-3715

PROVIDER NUMBER
 000000888A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	850.00	2,666.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,617.00	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	2,139.00	186.00
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	64,131.00	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	13,184.00	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	16,662.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	950.00	2,057.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	109,533.00	4,909.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	109,533.00	4,909.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:16
 Page: 1

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER 000000888S
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,827,183.91	ADJUSTMENTS	1,417,019.69
COVERED CHARGES	37,710,606.91	CONTRACTUAL ALLOW	31,325,089.96
NON-COVERED CHARGES	116,577.00	TOTAL MEDICAID LIAB	6,385,516.95
		LESS: COB	70,621.72
		LESS: COPAYMENT	150.00
		ADD: ADDON PYMT	2,709.00
		REIMBURSEMENT	6,317,454.23

TOTAL NUMBER OF ADMISSIONS 501

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,929		0	2,712,528.00		0.00
ROUTINE NURSERY	310		0	516,298.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,239		0	3,228,826.00		0.00
SPECIAL CARE SERVICES						
CCU	69		0	165,485.00		0.00
ICU	563		0	1,545,853.00		0.00
NICU	8		0	19,056.00		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	640		0	1,730,394.00		0.00
TOTAL ACCOMODATIONS	2,879		0	4,959,220.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:16
 Page: 2

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	7,912,025.00	0.00	OTHER LAB	214,451.00	0.00
MED/SURG SUPPLY	3,249,929.93	918.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,245,646.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	427,193.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,724,164.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	173,089.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	196,554.00	0.00	MRI SERVICES	325,097.00	0.00
IV THERAPY	1,086,435.00	0.00	PROFESSIONAL FEES	0.00	50.00
OPERATING ROOM	2,835,247.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	138,589.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,608,729.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	897,087.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	49,845.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	747,379.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	536,523.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	148,171.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	101,071.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	81,362.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	94,039.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	412,446.00	70,146.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,581.00	1,857.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,505,420.98	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	182,406.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	656,270.00	25,630.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	91,848.00	17,976.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,507,269.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	48,971.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	546,549.00	0.00			
			TOTAL ANCILLARY	32,751,386.91	116,577.00
			TOTAL ACCOMODATIONS	4,959,220.00	0.00
			TOTAL CHARGES	37,710,606.91	116,577.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:19
 Page: 3

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER 000000888S
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	411,692.94	ADJUSTMENTS	0.00
COVERED CHARGES	411,071.94	CONTRACTUAL ALLOW	327,585.44
NON-COVERED CHARGES	621.00	TOTAL MEDICAID LIAB	83,486.50
		LESS: COB	83,612.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 21

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	44		0	80,283.00		0.00
ROUTINE NURSERY	2		0	1,376.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	46		0	81,659.00		0.00
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	46		0	81,659.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:19
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NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	52,244.00	0.00	OTHER LAB	1,600.00	0.00
MED/SURG SUPPLY	23,718.94	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	34,150.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	500.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,498.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	506.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	702.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,656.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	34,014.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	106,834.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,392.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,056.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,045.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	18,415.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	975.00	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	399.00	621.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,570.00	0.00	NO CC/INVALID REV CODE	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	4,117.00	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	8,021.00	0.00			
			TOTAL ANCILLARY	329,412.94	621.00
			TOTAL ACCOMODATIONS	81,659.00	0.00
			TOTAL CHARGES	411,071.94	621.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
00000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 13,588,643.24
COVERED CHARGES 11,864,200.08
NON-COVERD CHARGES 1,724,443.16

-----PAYMENTS-----
ADJUSTMENTS 137,357.66
CONTRACTUAL ALLOW 10,310,165.28
TOTAL MEDICAID LIAB 1,554,034.80
LESS: COB 1,944.62
LESS: COPAYMENT 1,404.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,550,686.18
ALL OTHER 1,412,648.34
FEE SCHEDULE-LAB 116,293.40
INJECTABLE DRUGS 21,744.44

TOTAL NUMBER OF CLAIMS 2,308

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:19
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NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	56,625.00	57,231.00	OTHER LAB	183,752.00	0.00
MED/SURG SUPPLY	366,714.53	141,629.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	356,310.00	8,225.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,889,896.00	112,705.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	68,561.00	5,998.00	FEE SCHEDULE LAB	1,547,391.19	222,165.00
EKG/ECG	221,001.00	2,457.00	MRI SERVICES	466,119.00	16,889.00
IV THERAPY	891,452.00	45,461.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	727,047.50	180,266.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,139.00	2,003.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	90,247.00	7,252.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	290,969.00	1,017.00	AMBULANCE	0.00	0.00
GI SERVICES	7,215.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,932,033.00	9,285.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	391,012.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	352,015.08	377,388.32
RADIOLOGY THERAPEUTIC	755,465.00	5,083.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,043.00	3,134.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,320.00	2,054.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	28,606.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,325.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	28,797.78	302,780.24
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	231,195.00	14,802.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,524.00	3,771.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	246,051.00	62,416.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	467,618.00	83,231.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	98,415.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	174,272.00	25,269.00			
			TOTAL ANCILLARY	11,864,200.08	1,724,443.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,864,200.08	1,724,443.16

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
00000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	332,549.94	ADJUSTMENTS	0.00
COVERED CHARGES	269,617.49	CONTRACTUAL ALLOW	238,902.30
NON-COVERD CHARGES	62,932.45	TOTAL MEDICAID LIAB	30,715.19

LESS: COB	30,700.19
LESS: COPAYMENT	15.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 61

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	354.00	2,623.00	OTHER LAB	4,028.00	0.00
MED/SURG SUPPLY	3,766.49	1,589.63	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,936.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	32,594.00	12,782.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	50,572.00	8,449.00
EKG/ECG	4,914.00	351.00	MRI SERVICES	3,920.00	0.00
IV THERAPY	33,295.00	2,513.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	15,725.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	800.00	361.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,971.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,408.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	73,337.00	258.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,126.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,808.00	12,020.00
RADIOLOGY THERAPEUTIC	5,131.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	389.00	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	133.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	6,127.82
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,761.00	0.00	NO CC/INVALID REV CODE	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	3,127.00	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	2,380.00	0.00			
			TOTAL ANCILLARY	269,617.49	62,932.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	269,617.49	62,932.45

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	153,211.00	ADJUSTMENTS	134.26
COVERED CHARGES	149,267.00	CONTRACTUAL ALLOW	143,158.17
NON-COVERD CHARGES	3,944.00	TOTAL MEDICAID LIAB	6,108.83
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,033.83

TOTAL NUMBER OF CLAIMS 91

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:37:26
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NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	188.00	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	10,844.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,606.00	2,493.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	19,999.00	696.00
EKG/ECG	1,053.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,161.00	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	97,224.00	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	2,034.00	567.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,346.00	0.00	NO CC/INVALID REV CODE	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	149,267.00	3,944.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	149,267.00	3,944.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,097.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,097.00	CONTRACTUAL ALLOW	1,029.87
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,097.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,097.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,097.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
00000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,267,255.72	ADJUSTMENTS	38,510.61
COVERED CHARGES	2,221,377.27	CONTRACTUAL ALLOW	1,969,202.17
NON-COVERD CHARGES	1,045,878.45	TOTAL MEDICAID LIAB	252,175.10
		LESS: COB	5,309.67
		LESS: COPAYMENT	129.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	246,736.43

TOTAL NUMBER OF CLAIMS 46

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

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	35,905.00	59,017.13	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	454,396.71	193,670.71	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,432.00	4,772.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,227.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,528.00	7,025.00	FEE SCHEDULE LAB	51,642.00	7,548.00
EKG/ECG	8,073.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	23,367.00	5,385.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	796,183.47	159,548.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,488.00	1,486.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	313,678.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,912.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	323,536.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	44,643.00	65,232.00
RADIOLOGY THERAPEUTIC	39,743.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,356.00	3,843.00	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	266.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	67,107.09	493,033.08
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,346.00	NO CC/INVALID REV CODE	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	8,160.00	43,706.00			
			TOTAL ANCILLARY	2,221,377.27	1,045,878.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,221,377.27	1,045,878.45

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER INC.
1400 RIVER PLACE
BRASELTON, GA 30517-5600

PROVIDER NUMBER
000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,703.93	ADJUSTMENTS	0.00
COVERED CHARGES	50,892.10	CONTRACTUAL ALLOW	45,290.63
NON-COVERD CHARGES	26,811.83	TOTAL MEDICAID LIAB	5,601.47
		LESS: COB	5,601.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHEAST GEORGIA MEDICAL CENTER INC.
 1400 RIVER PLACE
 BRASELTON, GA 30517-5600

PROVIDER NUMBER
 000000888S

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	927.00	693.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,909.22	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	150.00	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	18,837.00	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	7,567.00	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	8,805.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	698.00	602.00
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	IMPL DEV CHARGE PATIENTS	8,998.88	23,139.83
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,377.00			
			TOTAL ANCILLARY	50,892.10	26,811.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	50,892.10	26,811.83

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:43
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER 000000899A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,307,254.50	ADJUSTMENTS	734,115.36
COVERED CHARGES	31,247,924.50	CONTRACTUAL ALLOW	25,170,092.97
NON-COVERED CHARGES	59,330.00	TOTAL MEDICAID LIAB	6,077,831.53
		LESS: COB	93,040.29
		LESS: COPAYMENT	262.50
		ADD: ADDON PYMT	16,506.00
		REIMBURSEMENT	6,001,034.74

TOTAL NUMBER OF ADMISSIONS 929

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,179		0	3,319,622.00		0.00
ROUTINE NURSERY	776		0	1,922,099.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,955		0	5,241,721.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	452		0	1,667,808.00		0.00
NICU	3		0	20,925.00		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	455		0	1,688,733.00		0.00
TOTAL ACCOMODATIONS	3,410		0	6,930,454.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:43
 Page: 2

HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,930,559.96	0.00	OTHER LAB	113,275.00	0.00
MED/SURG SUPPLY	1,340,782.60	5,923.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,740,832.74	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	602,450.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,739,113.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	186,933.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	771,228.00	0.00	MRI SERVICES	272,938.00	0.00
IV THERAPY	467,383.00	0.00	PROFESSIONAL FEES	0.00	861.00
OPERATING ROOM	2,494,086.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,691,062.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,909,065.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	282,744.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,075,468.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	220,653.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	109,268.00	0.00	INJECTABLE DRUGS	451,020.20	0.00
RADIOLOGY THERAPEUTIC	3,186.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	74,127.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	93,093.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	111,046.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	49,324.00	1,353.00	TRAUMA RESPONSE	0.00	26,687.00
PSYCHIATRIC SERVICES	99,811.00	0.00	IMPL DEV CHARGE PATIENTS	626,017.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	102,055.00	5,462.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	74,206.00	0.00			
BLOOD STORAGE & PRO.	93,378.00	19,044.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	129,956.00	0.00			
AUDIOLOGY	173,422.00	0.00			
CARDIOLOGY	1,228,501.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,208.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	46,279.00	0.00			
			TOTAL ANCILLARY	24,317,470.50	59,330.00
			TOTAL ACCOMODATIONS	6,930,454.00	0.00
			TOTAL CHARGES	31,247,924.50	59,330.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:49
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER 000000899A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	542,308.74	ADJUSTMENTS	0.00
COVERED CHARGES	541,957.74	CONTRACTUAL ALLOW	429,367.64
NON-COVERED CHARGES	351.00	TOTAL MEDICAID LIAB	112,590.10
		LESS: COB	113,094.10
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	504.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 24

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	35		0	53,305.00		0.00
ROUTINE NURSERY	51		0	185,942.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	86		0	239,247.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	3,623.00		0.00
NICU	1		0	6,975.00		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	2		0	10,598.00		0.00
TOTAL ACCOMODATIONS	88		0	249,845.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	31,793.69	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,728.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	34,674.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,586.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,915.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,726.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,918.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	973.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,414.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	94,257.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	16,230.00	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	4,242.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,906.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,286.35	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	209.00	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	1,564.00	351.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	3,360.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	918.00	0.00	NO CC/INVALID REV CODE	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	6,412.00	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	292,112.74	351.00
			TOTAL ACCOMODATIONS	249,845.00	0.00
			TOTAL CHARGES	541,957.74	351.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:23:50
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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 27,842,240.81
COVERED CHARGES 26,468,572.79
NON-COVERD CHARGES 1,373,668.02

-----PAYMENTS-----
ADJUSTMENTS 586,899.93
CONTRACTUAL ALLOW 23,234,613.54
TOTAL MEDICAID LIAB 3,233,959.25
LESS: COB 2,655.14
LESS: COPAYMENT 4,512.02
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,226,792.09
ALL OTHER 2,514,349.66
FEE SCHEDULE-LAB 330,024.47
INJECTABLE DRUGS 382,417.96

TOTAL NUMBER OF CLAIMS 7,592

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:23:50
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	588,953.09	1,330.63	OTHER LAB	679,748.00	49,317.00
MED/SURG SUPPLY	385,493.35	11,365.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	89,545.00	EDUCATION & TRAINING	616.00	0.00
RADIOLOGY-DIAGNOSTIC	1,063,265.00	60,957.00	OTHER THERAPEUTIC SVC	980.00	495.00
CT SCAN	2,952,602.00	119,017.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	52,661.00	30,051.00	FEE SCHEDULE LAB	5,838,940.30	224,442.10
EKG/ECG	404,684.00	48,243.00	MRI SERVICES	945,908.00	33,006.00
IV THERAPY	1,555,120.00	63,086.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,651,795.05	126,155.95	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	182,827.00	23,586.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	305,519.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	13,006.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,619,404.25	3,131.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	134,335.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,141,609.75	188,684.59
RADIOLOGY THERAPEUTIC	1,018,788.00	6,237.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	33,554.00	8,815.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,622.00	3,714.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,240.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	21,624.00	402.00	TRAUMA RESPONSE	0.00	43,680.00
PSYCHIATRIC SERVICES	736.00	11,007.00	IMPL DEV CHARGE PATIENTS	73,765.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	770,319.00	56,893.00	NO CC/INVALID REV CODE	0.00	3,838.00
BLOOD	29,065.00	2,320.00			
BLOOD STORAGE & PRO.	21,814.00	718.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	536,897.00	22,685.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	866,674.00	105,585.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	86,948.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	486,300.00	31,121.00			
			TOTAL ANCILLARY	26,468,572.79	1,373,668.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,468,572.79	1,373,668.02

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:24:07
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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 482,665.25
COVERED CHARGES 430,368.05
NON-COVERED CHARGES 52,297.20

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 382,425.46
TOTAL MEDICAID LIAB 47,942.59
LESS: COB 47,890.23
LESS: COPAYMENT 52.36
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00
ALL OTHER 0.00
FEE SCHEDULE-LAB 0.00
INJECTABLE DRUGS 0.00

TOTAL NUMBER OF CLAIMS 118

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	6,463.65	0.00	OTHER LAB	8,566.00	0.00
MED/SURG SUPPLY	3,987.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,160.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,721.00	6,648.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	74,987.00	7,334.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	106,591.00	6,106.00
EKG/ECG	6,354.00	0.00	MRI SERVICES	23,735.00	4,095.00
IV THERAPY	22,214.00	346.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,875.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,936.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,580.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	75,138.00	1,229.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,789.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,914.00	4,732.20
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	1,053.00	685.00	TRAUMA RESPONSE	0.00	4,177.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	21,459.00	8,018.00	NO CC/INVALID REV CODE	0.00	7,767.00
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	4,710.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,295.00	0.00			
			TOTAL ANCILLARY	430,368.05	52,297.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	430,368.05	52,297.20

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	148,162.20	ADJUSTMENTS	195.39
COVERED CHARGES	143,249.20	CONTRACTUAL ALLOW	136,737.59
NON-COVERD CHARGES	4,913.00	TOTAL MEDICAID LIAB	6,511.61
		LESS: COB	0.00
		LESS: COPAYMENT	129.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,382.61

TOTAL NUMBER OF CLAIMS 97

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,283.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	912.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,101.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,376.00	3,936.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	25,795.00	977.00
EKG/ECG	418.00	0.00	MRI SERVICES	4,064.00	0.00
IV THERAPY	9,441.00	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	469.00	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	82,724.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,666.00	0.00	NO CC/INVALID REV CODE	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	143,249.20	4,913.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	143,249.20	4,913.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:24:10
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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,828.75	ADJUSTMENTS	0.00
COVERED CHARGES	10,749.75	CONTRACTUAL ALLOW	10,346.97
NON-COVERD CHARGES	79.00	TOTAL MEDICAID LIAB	402.78
		LESS: COB	396.78
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	29.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	37.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,706.00	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	3,523.00	79.00
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	469.00	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	4,985.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,749.75	79.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,749.75	79.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER 000000899A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,688,515.33	ADJUSTMENTS	415,051.72
COVERED CHARGES	6,407,686.13	CONTRACTUAL ALLOW	5,733,835.68
NON-COVERD CHARGES	280,829.20	TOTAL MEDICAID LIAB	673,850.45
		LESS: COB	0.00
		LESS: COPAYMENT	369.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	673,481.45

TOTAL NUMBER OF CLAIMS 123

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	91,262.93	810.00	OTHER LAB	6,650.00	0.00
MED/SURG SUPPLY	154,569.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4,185.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,060.00	101,076.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,817.00	7,262.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,152.00	FEE SCHEDULE LAB	139,487.00	5,479.00
EKG/ECG	12,584.00	11,378.00	MRI SERVICES	0.00	0.00
IV THERAPY	227,200.00	8,812.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,345,223.00	6,905.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	15,150.00	4,908.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	53,566.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,525.00	220.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,232.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,430,612.00	99,253.20
RADIOLOGY THERAPEUTIC	196,748.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	862.00	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	250.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	367,040.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,528.00	0.00	NO CC/INVALID REV CODE	0.00	3,371.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	10,977.00	11,483.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	239,096.00	3,892.00			
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	29,109.00	7,781.00			
			TOTAL ANCILLARY	6,407,686.13	280,829.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,407,686.13	280,829.20

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000000899A	SERVICE DATES	10/01/19	THROUGH	09/30/20
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	43,745.05	ADJUSTMENTS	0.00
COVERED CHARGES	43,544.65	CONTRACTUAL ALLOW	38,153.18
NON-COVERD CHARGES	200.40	TOTAL MEDICAID LIAB	5,391.47
		LESS: COB	5,388.47
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HAMILTON MEDICAL CENTER
 1200 MEMORIAL DR
 DALTON, GA 30720-2529

PROVIDER NUMBER
 000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,085.65	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,949.00	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	166.00	26.00
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	13,040.00	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	2,828.00	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	1,263.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	174.40
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	18,213.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	43,544.65	200.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	43,544.65	200.40

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:06:48
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CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER 000000943A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	265,956,169.95	ADJUSTMENTS	29,206,507.85
COVERED CHARGES	264,983,628.95	CONTRACTUAL ALLOW	188,636,374.80
NON-COVERED CHARGES	972,541.00	TOTAL MEDICAID LIAB	76,347,254.15
		LESS: COB	352,020.73
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	75,995,233.42

TOTAL NUMBER OF ADMISSIONS 2,128

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,969		0	28,674,392.00		0.00
ROUTINE NURSERY	1,316		0	8,160,300.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	12,285		0	36,834,692.00		0.00
SPECIAL CARE SERVICES						
CCU	1,443		0	15,536,059.50		0.00
ICU	0		0	0.00		0.00
NICU	623		0	6,199,784.50		0.00
PED ICU	2,718		0	18,572,761.00		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	4,784		0	40,308,605.00		0.00
TOTAL ACCOMODATIONS	17,069		0	77,143,297.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:06:48
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CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	49,368,473.13	0.00	OTHER LAB	927,212.50	0.00
MED/SURG SUPPLY	6,006,069.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,029,682.72	0.00	EDUCATION & TRAINING	81.00	0.00
RADIOLOGY-DIAGNOSTIC	4,031,292.00	0.00	OTHER THERAPEUTIC SVC	37,107.50	76,201.50
CT SCAN	1,754,477.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,033,321.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	406,152.00	0.00	MRI SERVICES	1,906,849.50	0.00
IV THERAPY	700,630.50	0.00	PROFESSIONAL FEES	0.00	834.50
OPERATING ROOM	43,851,672.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,382,109.73	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,115,594.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	17,186.50	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,818,454.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	867,582.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,358,508.50	0.00	INJECTABLE DRUGS	12,644.00	0.00
RADIOLOGY THERAPEUTIC	793,362.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	838,536.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	544,722.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	121,796.00	125,205.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,183.50	46,529.50	TRAUMA RESPONSE	0.00	70,412.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,415,766.08	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	672,364.50	87,615.00	NO CC/INVALID REV CODE	0.00	15,657.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,617,596.50	30,075.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	174,932.50	88,946.00			
AUDIOLOGY	29,508.50	0.00			
CARDIOLOGY	6,276,528.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,429,914.50	0.00			
ORGAN ACQUISITION	2,702,915.00	26,515.00			
TREATMENT/OBSERV. RM	1,596,105.50	404,550.00			
			TOTAL ANCILLARY	187,840,331.95	972,541.00
			TOTAL ACCOMODATIONS	77,143,297.00	0.00
			TOTAL CHARGES	264,983,628.95	972,541.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:06:57
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CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER 000000943A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,098,732.62	ADJUSTMENTS	0.00
COVERED CHARGES	10,093,911.12	CONTRACTUAL ALLOW	8,402,720.57
NON-COVERED CHARGES	4,821.50	TOTAL MEDICAID LIAB	1,691,190.55
		LESS: COB	1,691,178.05
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 48

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	163		0	419,961.00		0.00
ROUTINE NURSERY	388		0	2,905,556.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	551		0	3,325,517.50		0.00
SPECIAL CARE SERVICES						
CCU	66		0	710,589.00		0.00
ICU	0		0	0.00		0.00
NICU	16		0	159,224.00		0.00
PED ICU	17		0	119,467.50		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	99		0	989,280.50		0.00
TOTAL ACCOMODATIONS	650		0	4,314,798.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:06:57
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CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	975,568.00	0.00	OTHER LAB	17,577.50	0.00
MED/SURG SUPPLY	148,753.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	443,953.77	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	146,832.50	0.00	OTHER THERAPEUTIC SVC	1,846.00	865.50
CT SCAN	23,132.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	53,980.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,470.00	0.00	MRI SERVICES	22,793.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	834.50
OPERATING ROOM	1,416,314.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,052,062.31	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	357,943.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	16,862.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	25,835.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	42,830.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	34,514.50	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	61,360.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,898.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,924.00	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	331.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	648,487.44	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,812.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	68,880.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	459.00	0.00			
CARDIOLOGY	103,206.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	56,101.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	19,716.00	2,790.00			
			TOTAL ANCILLARY	5,779,113.12	4,821.50
			TOTAL ACCOMODATIONS	4,314,798.00	0.00
			TOTAL CHARGES	10,093,911.12	4,821.50

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:06:59
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CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,264,743.07	ADJUSTMENTS	1,198,471.58
COVERED CHARGES	68,924,733.42	CONTRACTUAL ALLOW	53,768,593.90
NON-COVERD CHARGES	9,340,009.65	TOTAL MEDICAID LIAB	15,156,139.52
		LESS: COB	90,955.15
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,065,145.37
		ALL OTHER	11,430,001.39
		FEE SCHEDULE-LAB	638,857.72
		INJECTABLE DRUGS	2,996,286.26
		TOTAL NUMBER OF CLAIMS	13,399

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:06:59
 Page: 7

CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,389,991.99	2,825.00	OTHER LAB	555,718.50	7,827.00
MED/SURG SUPPLY	1,738,443.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,173.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,198,151.00	104,736.01	OTHER THERAPEUTIC SVC	0.00	2,501.50
CT SCAN	1,637,300.50	42,813.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	14,547.00	14,943.50	FEE SCHEDULE LAB	12,750,141.58	2,947,935.32
EKG/ECG	173,153.50	25,396.00	MRI SERVICES	4,016,066.00	247,685.00
IV THERAPY	1,800,829.00	86,681.00	PROFESSIONAL FEES	0.00	2,533.03
OPERATING ROOM	12,201,222.27	751,796.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	762,873.40	61,255.16	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,002,006.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,960.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,470,831.50	14,636.29	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,610,663.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,528,154.12	2,890,231.62
RADIOLOGY THERAPEUTIC	324,108.50	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,952.00	994.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	344,664.50	20,793.50	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	14,620.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,385,575.00	83,904.00	TRAUMA RESPONSE	0.00	59,294.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	343,650.08	18,592.16
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	726,623.00	108,226.50	NO CC/INVALID REV CODE	0.00	73,569.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,826,784.52	8,389.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	196,768.00	297,343.50			
AUDIOLOGY	89,758.00	7,129.52			
CARDIOLOGY	1,772,526.00	342,327.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,008,854.00	101,012.51			
ORGAN ACQUISITION	0.00	45,552.00			
TREATMENT/OBSERV. RM	3,049,416.50	953,293.00			
			TOTAL ANCILLARY	68,924,733.42	9,340,009.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,924,733.42	9,340,009.65

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:07:26
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CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,336,835.34	ADJUSTMENTS	0.00
COVERED CHARGES	2,881,098.01	CONTRACTUAL ALLOW	2,266,696.49
NON-COVERD CHARGES	1,455,737.33	TOTAL MEDICAID LIAB	614,401.52
		LESS: COB	614,392.52
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	597

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA,GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	42,217.30	79.50	OTHER LAB	40,915.00	0.00
MED/SURG SUPPLY	88,299.98	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	57,436.49	1,769.01	OTHER THERAPEUTIC SVC	0.00	104.50
CT SCAN	65,060.00	16,234.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	405,320.94	67,742.51
EKG/ECG	3,850.00	1,540.00	MRI SERVICES	403,287.00	49,595.00
IV THERAPY	13,740.50	1,878.00	PROFESSIONAL FEES	0.00	559.00
OPERATING ROOM	539,912.51	87,096.31	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,085.00	233.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	345,517.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,557.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	110,343.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	221,680.75	1,094,707.50
RADIOLOGY THERAPEUTIC	145,115.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	12,310.00	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	49,933.00	5,019.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	17,393.04	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	26,487.00	8,071.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	44,650.00	13,482.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,076.50	19,349.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	73,023.50	78,098.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	43,225.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	80,661.50	10,179.00			
			TOTAL ANCILLARY	2,881,098.01	1,455,737.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,881,098.01	1,455,737.33

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	835,624.13	ADJUSTMENTS	67.13
COVERED CHARGES	752,166.37	CONTRACTUAL ALLOW	725,045.85
NON-COVERD CHARGES	83,457.76	TOTAL MEDICAID LIAB	27,120.52
		LESS: COB	1.00
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,113.52

TOTAL NUMBER OF CLAIMS 404

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:29
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CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA,GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	25,356.25	0.00	OTHER LAB	5,788.00	0.00
MED/SURG SUPPLY	50,947.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,707.00	25,915.50	OTHER THERAPEUTIC SVC	0.00	439.00
CT SCAN	8,402.00	18,701.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	104,361.57	8,636.01
EKG/ECG	1,540.00	0.00	MRI SERVICES	3,096.00	15,671.50
IV THERAPY	10,379.50	804.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,136.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	540.50	2,520.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	579.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	459,827.00	1,195.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	624.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	29,022.25	1,128.25
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	331.50	0.00	TRAUMA RESPONSE	0.00	1,414.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,880.50	4,697.50	NO CC/INVALID REV CODE	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	2,857.00	2,335.00			
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	2,790.00	0.00			
			TOTAL ANCILLARY	752,166.37	83,457.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	752,166.37	83,457.76

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 13

CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,141.75	ADJUSTMENTS	0.00
COVERED CHARGES	8,042.25	CONTRACTUAL ALLOW	7,840.86
NON-COVERD CHARGES	99.50	TOTAL MEDICAID LIAB	201.39
		LESS: COB	201.39
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:07:31
 Page: 14

CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA, GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,285.00	99.50
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	4,544.00	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	213.25	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	8,042.25	99.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,042.25	99.50

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:07:34
Page: 15

CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,079,022.82	ADJUSTMENTS	155,918.04
COVERED CHARGES	27,726,309.55	CONTRACTUAL ALLOW	23,349,995.95
NON-COVERD CHARGES	2,352,713.27	TOTAL MEDICAID LIAB	4,376,313.60
		LESS: COB	11,441.03
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,364,872.57

TOTAL NUMBER OF CLAIMS 421

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA,GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	119,012.50	0.00	OTHER LAB	9,646.50	1,555.50
MED/SURG SUPPLY	2,619,919.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	361,402.50	132,364.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,432.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,182.00	FEE SCHEDULE LAB	474,822.33	231,076.95
EKG/ECG	3,080.00	11,935.00	MRI SERVICES	47,817.00	20,735.50
IV THERAPY	415,125.00	1,986.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,281,034.30	280,284.02	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,448.53	7,441.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,255,921.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,036.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	243,938.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	11,905,448.25	112,130.50
RADIOLOGY THERAPEUTIC	11,297.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,193.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,581.50	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	16,478.00	3,726.50	TRAUMA RESPONSE	0.00	4,221.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,049,269.22	66,480.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,041.50	28,306.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	45,516.50	206.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,429,093.50	1,334,395.50			
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	381,529.50	106,911.50			
			TOTAL ANCILLARY	27,726,309.55	2,352,713.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	27,726,309.55	2,352,713.27

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PROVIDER NUMBER
000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,668,923.30	ADJUSTMENTS	0.00
COVERED CHARGES	1,519,006.26	CONTRACTUAL ALLOW	1,268,863.14
NON-COVERD CHARGES	149,917.04	TOTAL MEDICAID LIAB	250,143.12
		LESS: COB	250,143.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 24

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:07:37
 Page: 18

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA AT
 1405 CLIFTON RD NE
 ATLANTA,GA 30322-1062

PROVIDER NUMBER
 000000943A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,401.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	109,368.58	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	33,905.00	19,433.00	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	8,537.57	5,551.15
EKG/ECG	385.00	385.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	211,067.50	19,339.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	600.01	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	148,569.00	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	17,069.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	652,496.25	3,708.25
RADIOLOGY THERAPEUTIC	11,816.00	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	153,948.85	3,714.64
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,662.00	1,326.50	NO CC/INVALID REV CODE	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	155,392.00	96,459.50			
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	10,788.00	0.00			
			TOTAL ANCILLARY	1,519,006.26	149,917.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,519,006.26	149,917.04

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:24:23
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HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER 000000954A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	461,946.84	ADJUSTMENTS	0.00
COVERED CHARGES	458,411.83	CONTRACTUAL ALLOW	353,319.35
NON-COVERED CHARGES	3,535.01	TOTAL MEDICAID LIAB	105,092.48
		LESS: COB	1,777.33
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	103,315.15

TOTAL NUMBER OF ADMISSIONS 16

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	33		0	47,457.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	33		0	47,457.00		0.00
SPECIAL CARE SERVICES						
CCU	36		0	80,063.00		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	36		0	80,063.00		0.00
TOTAL ACCOMODATIONS	69		0	127,520.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:24:23
 Page: 2

HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER
 000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	35,948.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,766.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	67,152.00	0.00	EDUCATION & TRAINING	112.00	0.00
RADIOLOGY-DIAGNOSTIC	6,730.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,566.03	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,010.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,355.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	41,286.00	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	38,952.00	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	28,305.00	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	7,886.64	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	324.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	722.00	0.00	NO CC/INVALID REV CODE	0.00	3,535.01
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,915.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,272.00	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	47,589.00	0.00			
			TOTAL ANCILLARY	330,891.83	3,535.01
			TOTAL ACCOMODATIONS	127,520.00	0.00
			TOTAL CHARGES	458,411.83	3,535.01

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:24:24
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HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN,GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:24:24
Page: 5

HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN,GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,761,585.50	ADJUSTMENTS	46,895.32
COVERED CHARGES	3,468,993.78	CONTRACTUAL ALLOW	2,790,193.45
NON-COVERD CHARGES	292,591.72	TOTAL MEDICAID LIAB	678,800.33
		LESS: COB	380.11
		LESS: COPAYMENT	1,716.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	676,704.22
		ALL OTHER	610,066.11
		FEE SCHEDULE-LAB	37,327.98
		INJECTABLE DRUGS	29,310.13
		TOTAL NUMBER OF CLAIMS	1,383

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:24:24
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HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER
 000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	47,493.93	17,617.39	OTHER LAB	22,781.00	0.00
MED/SURG SUPPLY	13,749.03	4,115.07	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	168.00
RADIOLOGY-DIAGNOSTIC	198,299.00	6,677.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	637,199.00	93,424.72	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	88,118.00	3,290.00	FEE SCHEDULE LAB	407,786.00	24,682.00
EKG/ECG	40,870.00	3,660.00	MRI SERVICES	48,016.00	0.08
IV THERAPY	257,585.00	32,370.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	232,601.34	43,467.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	36,839.00	10,034.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	48,256.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	48,266.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	876,077.00	4,166.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,698.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	287,703.23	32,583.30
RADIOLOGY THERAPEUTIC	210.00	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	2,395.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,145.25	5,792.50
LITHOTRIPSY	92,304.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	38,577.00	5,890.00	NO CC/INVALID REV CODE	3,236.00	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	10,144.00	2,136.00			
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	16,040.00	123.00			
			TOTAL ANCILLARY	3,468,993.78	292,591.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,468,993.78	292,591.72

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:24:27
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HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN,GA 30110-2012

PROVIDER NUMBER 000000954A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,182.35	ADJUSTMENTS	0.00
COVERED CHARGES	25,984.38	CONTRACTUAL ALLOW	21,266.58
NON-COVERD CHARGES	11,197.97	TOTAL MEDICAID LIAB	4,717.80
		LESS: COB	4,708.80
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:24:27
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER
 000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	384.35	75.00	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	2,039.00	550.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	9,303.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,745.00	355.00
EKG/ECG	610.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,508.00	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	600.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	941.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,000.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,703.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	172.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	663.03	291.96
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	619.00	623.00	NO CC/INVALID REV CODE	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	25,984.38	11,197.97
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,984.38	11,197.97

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN,GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	363,270.05	ADJUSTMENTS	268.00
COVERED CHARGES	346,214.89	CONTRACTUAL ALLOW	332,284.89
NON-COVERD CHARGES	17,055.16	TOTAL MEDICAID LIAB	13,930.00
		LESS: COB	0.00
		LESS: COPAYMENT	342.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,588.00

TOTAL NUMBER OF CLAIMS 199

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER
 000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,086.97	750.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	230.04	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,222.00	502.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	57,876.00	5,005.04	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	42,468.00	4,091.00
EKG/ECG	3,050.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	33,001.00	1,409.00	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	3,762.00	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	167,069.00	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	7,889.88	4,569.12
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	560.00	729.00	NO CC/INVALID REV CODE	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	346,214.89	17,055.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	346,214.89	17,055.16

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN, GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,267.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,267.00	CONTRACTUAL ALLOW	1,127.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	140.00
		LESS: COB	140.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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HIGGINS GENERAL HOSPITAL
 200 ALLEN MEMORIAL DR
 BREMEN,GA 30110-2012

PROVIDER NUMBER
 000000954A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	231.00	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	1,036.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,267.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,267.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN, GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HIGGINS GENERAL HOSPITAL
200 ALLEN MEMORIAL DR
BREMEN,GA 30110-2012

PROVIDER NUMBER
000000954A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:17
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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER 000000976A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,223,740.45	ADJUSTMENTS	581,764.73
COVERED CHARGES	30,155,472.96	CONTRACTUAL ALLOW	21,271,704.51
NON-COVERED CHARGES	68,267.49	TOTAL MEDICAID LIAB	8,883,768.45
		LESS: COB	99,025.03
		LESS: COPAYMENT	125.00
		ADD: ADDON PYMT	9,828.00
		REIMBURSEMENT	8,794,446.42

TOTAL NUMBER OF ADMISSIONS 1,150

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,369		0	6,038,580.00		0.00
ROUTINE NURSERY	441		0	523,300.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,810		0	6,561,880.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	983		0	2,577,600.00		0.00
NICU	26		0	101,250.00		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	1,009		0	2,678,850.00		0.00
TOTAL ACCOMODATIONS	5,819		0	9,240,730.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:17
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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,393,041.71	0.00	OTHER LAB	86,711.00	0.00
MED/SURG SUPPLY	628,944.86	416.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,220,009.20	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	543,486.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	765,740.00	10,731.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	393,608.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	371,308.00	0.00	MRI SERVICES	117,020.00	0.00
IV THERAPY	28,999.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,611,334.00	6,312.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	925,707.00	5,960.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,106,956.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	302,400.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,373,650.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	155,646.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	75,653.41	0.00	INJECTABLE DRUGS	188.47	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,018.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	99,734.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	264,439.00	3,683.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,354.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	227,596.31	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	124,520.00	7,000.00	NO CC/INVALID REV CODE	0.00	18,000.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	273,417.00	16,164.99			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	87,944.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,100,179.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	82,893.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	543,246.00	0.00			
			TOTAL ANCILLARY	20,914,742.96	68,267.49
			TOTAL ACCOMODATIONS	9,240,730.00	0.00
			TOTAL CHARGES	30,155,472.96	68,267.49

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:23
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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER 000000976A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	221,928.76	ADJUSTMENTS	0.00
COVERED CHARGES	221,561.76	CONTRACTUAL ALLOW	147,801.51
NON-COVERED CHARGES	367.00	TOTAL MEDICAID LIAB	73,760.25
		LESS: COB	74,125.75
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	378.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 15

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	29		0	38,660.00		0.00
ROUTINE NURSERY	15		0	17,350.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	44		0	56,010.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	3,200.00		0.00
NICU	12		0	45,000.00		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	14		0	48,200.00		0.00
TOTAL ACCOMODATIONS	58		0	104,210.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:23
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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	10,427.83	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,324.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,274.36	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,376.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,260.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,490.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	244.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	29,800.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,950.00	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	13,428.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,022.00	0.00	INJECTABLE DRUGS	829.05	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	54.00	367.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	694.00	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	3,178.00	0.00			
			TOTAL ANCILLARY	117,351.76	367.00
			TOTAL ACCOMODATIONS	104,210.00	0.00
			TOTAL CHARGES	221,561.76	367.00

Report : CLM-0804-0
Process : CLMJO800
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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HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,039,082.66	ADJUSTMENTS	601,975.03
COVERED CHARGES	14,174,879.79	CONTRACTUAL ALLOW	11,295,747.93
NON-COVERED CHARGES	864,202.87	TOTAL MEDICAID LIAB	2,879,131.86
		LESS: COB	10,920.26
		LESS: COPAYMENT	2,842.30
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,865,369.30
		ALL OTHER	2,524,574.79
		FEE SCHEDULE-LAB	248,349.91
		INJECTABLE DRUGS	92,444.60
		TOTAL NUMBER OF CLAIMS	5,988

Report : CLM-0804-O
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	66,253.11	9,921.93	OTHER LAB	188,671.00	0.00
MED/SURG SUPPLY	103,377.51	6,440.58	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	1,520.00	0.00
RADIOLOGY-DIAGNOSTIC	598,900.00	12,293.00	OTHER THERAPEUTIC SVC	0.00	400.00
CT SCAN	776,100.00	46,050.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	182,904.00	27,368.00	FEE SCHEDULE LAB	1,250,855.96	109,239.08
EKG/ECG	354,051.00	298.00	MRI SERVICES	119,157.00	15,782.00
IV THERAPY	1,210,072.00	24,636.00	PROFESSIONAL FEES	0.00	506.00
OPERATING ROOM	1,581,211.84	199,373.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	26,259.00	3,591.00	REHAB THERAPY	0.00	217.00
RESPIRATORY SERVICES	155,968.00	46,845.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	165,150.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,190,726.00	10,230.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	267,810.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	214,176.65	111,583.62
RADIOLOGY THERAPEUTIC	24,091.00	397.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	55,065.00	13,664.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,043.00	9,223.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	69,571.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	297,206.00	38,397.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	53,542.72	3,037.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	284,117.00	24,700.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	36,149.00	9,850.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	64,025.00	4,154.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	423,911.00	65,105.00			
AMBULATORY SURGERY	3,800.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	20,961.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	453,806.00	1,330.00			
			TOTAL ANCILLARY	14,174,879.79	864,202.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,174,879.79	864,202.87

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER 000000976A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	267,564.49	ADJUSTMENTS	0.00
COVERED CHARGES	216,156.99	CONTRACTUAL ALLOW	174,625.05
NON-COVERED CHARGES	51,407.50	TOTAL MEDICAID LIAB	41,531.94

LESS: COB	41,501.94
LESS: COPAYMENT	30.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 104

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,426.94	4.20	OTHER LAB	2,249.00	0.00
MED/SURG SUPPLY	2,546.88	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,351.00	200.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,260.00	4,330.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	580.00	1,115.00	FEE SCHEDULE LAB	19,020.00	1,811.00
EKG/ECG	3,278.00	0.00	MRI SERVICES	1,415.00	2,830.00
IV THERAPY	6,534.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,325.00	27,350.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,005.00	729.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,276.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,450.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	80,586.00	300.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,818.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,123.67	287.30
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	4,429.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	138.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,947.00	10,695.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,462.00	1,631.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,165.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,233.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,538.00	125.00			
			TOTAL ANCILLARY	216,156.99	51,407.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	216,156.99	51,407.50

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	231,883.68	ADJUSTMENTS	268.52
COVERED CHARGES	227,869.65	CONTRACTUAL ALLOW	218,605.71
NON-COVERD CHARGES	4,014.03	TOTAL MEDICAID LIAB	9,263.94
		LESS: COB	0.00
		LESS: COPAYMENT	48.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,215.94

TOTAL NUMBER OF CLAIMS 138

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
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 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	534.46	78.47	OTHER LAB	404.00	0.00
MED/SURG SUPPLY	69.51	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,308.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,935.00	1,500.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,580.00	365.00
EKG/ECG	1,788.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,289.00	290.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	314.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	295.00	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	189,620.00	1,700.00	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	924.68	80.56
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	808.00	0.00	NO CC/INVALID REV CODE	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	227,869.65	4,014.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	227,869.65	4,014.03

Report : CLM-0810-0
Process : CLMJO800
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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HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,728.67	ADJUSTMENTS	0.00
COVERED CHARGES	15,842.58	CONTRACTUAL ALLOW	15,372.67
NON-COVERD CHARGES	2,886.09	TOTAL MEDICAID LIAB	469.91
		LESS: COB	469.91
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

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HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	74.96	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	200.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	750.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,659.00	133.00
EKG/ECG	298.00	0.00	MRI SERVICES	0.00	1,000.00
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	12,597.00	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	13.62	3.09
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	1,000.00
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	15,842.58	2,886.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,842.58	2,886.09

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:25:43
Page: 15

HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,676,349.79
COVERED CHARGES 1,337,876.85
NON-COVERD CHARGES 338,472.94

-----PAYMENTS-----
ADJUSTMENTS 31,317.94
CONTRACTUAL ALLOW 1,127,238.86
TOTAL MEDICAID LIAB 210,637.99
LESS: COB 4,635.97
LESS: COPAYMENT 165.22
ADD: ADDON PYMT 0.00
REIMBURSEMENT 205,836.80

TOTAL NUMBER OF CLAIMS 41

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOUSTON MEDICAL CENTER
 1601 WATSON BLVD
 WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
 000000976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	4,821.86	418.81	OTHER LAB	840.00	0.00
MED/SURG SUPPLY	112,046.68	57,030.68	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,340.00	24,634.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,000.00	6,410.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	482.00	646.00	FEE SCHEDULE LAB	26,955.87	2,517.00
EKG/ECG	10,728.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	50,934.00	290.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	489,764.01	124,197.99	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,026.00	8,493.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	81,450.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	31,060.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	63,072.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	49,137.54	19,768.96
RADIOLOGY THERAPEUTIC	397.00	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	9,730.00	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	73,638.89	3,037.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	404.00	17,043.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,434.00	1,462.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	238,125.00	62,794.00			
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	57,220.00	0.00			
			TOTAL ANCILLARY	1,337,876.85	338,472.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,337,876.85	338,472.94

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOUSTON MEDICAL CENTER
1601 WATSON BLVD
WARNER ROBINS, GA 31093-3431

PROVIDER NUMBER
000000976A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:52
 Page: 1

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER 000000987A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,086,182.07	ADJUSTMENTS	0.00
COVERED CHARGES	1,070,250.07	CONTRACTUAL ALLOW	687,633.52
NON-COVERED CHARGES	15,932.00	TOTAL MEDICAID LIAB	382,616.55
		LESS: COB	6,123.64
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	48,646.00
		REIMBURSEMENT	425,138.91

TOTAL NUMBER OF ADMISSIONS 114

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	182		0	114,865.00		0.00
ROUTINE NURSERY	92		0	66,240.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	274		0	181,105.00		0.00
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	274		0	181,105.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:52
 Page: 2

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	94,404.96	0.00	OTHER LAB	688.75	0.00
MED/SURG SUPPLY	101,263.85	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	100,329.49	0.00	EDUCATION & TRAINING	651.00	0.00
RADIOLOGY-DIAGNOSTIC	9,622.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,960.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,617.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,343.25	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	271,201.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	126,145.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	30,639.00	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	22,862.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,852.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	12,015.25	0.00	INJECTABLE DRUGS	39,260.02	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,177.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	8,595.00			
BLOOD STORAGE & PRO.	0.00	4,090.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	3,246.50			
CARDIOLOGY	11,239.00	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	7,872.00	0.00			
			TOTAL ANCILLARY	889,145.07	15,932.00
			TOTAL ACCOMODATIONS	181,105.00	0.00
			TOTAL CHARGES	1,070,250.07	15,932.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER
000000987A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	12/01/19	THROUGH	11/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:25:53
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IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER 000000987A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,667,315.93	ADJUSTMENTS	6,248.35
COVERED CHARGES	1,538,146.88	CONTRACTUAL ALLOW	1,270,017.75
NON-COVERD CHARGES	129,169.05	TOTAL MEDICAID LIAB	268,129.13
		LESS: COB	0.00
		LESS: COPAYMENT	114.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	268,015.13
		ALL OTHER	232,361.46
		FEE SCHEDULE-LAB	34,912.56
		INJECTABLE DRUGS	741.11
		TOTAL NUMBER OF CLAIMS	698

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:53
 Page: 5

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	66,012.35	0.00	OTHER LAB	2,066.25	0.00
MED/SURG SUPPLY	36,684.55	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	621.75	EDUCATION & TRAINING	0.00	651.00
RADIOLOGY-DIAGNOSTIC	61,744.75	8,228.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	158,373.25	12,092.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	276,854.23	19,733.80
EKG/ECG	16,288.00	1,272.50	MRI SERVICES	0.00	0.00
IV THERAPY	54,593.75	6,205.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	433,683.25	48,772.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,599.25	10,724.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	74,319.50	8,169.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	201,753.25	75.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,905.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,021.75	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	273.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	2,079.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,231.75	536.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	2,148.75			
BLOOD STORAGE & PRO.	0.00	950.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,619.50	5,619.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,609.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	52,787.25	1,016.50			
			TOTAL ANCILLARY	1,538,146.88	129,169.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,538,146.88	129,169.05

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:25:55
Page: 6

IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER 000000987A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,031.05	ADJUSTMENTS	0.00
COVERED CHARGES	41,048.70	CONTRACTUAL ALLOW	33,606.95
NON-COVERD CHARGES	19,982.35	TOTAL MEDICAID LIAB	7,441.75
		LESS: COB	7,441.75
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:55
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IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	1,929.40	715.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,130.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	93.00
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	1,235.00	42.75
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,408.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,384.00	18,817.00	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,127.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	222.50	207.10
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	530.75	0.00	NO CC/INVALID REV CODE	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	1,081.50	107.00			
			TOTAL ANCILLARY	41,048.70	19,982.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,048.70	19,982.35

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:25:55
Page: 8

IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER 000000987A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,164.95	ADJUSTMENTS	0.00
COVERED CHARGES	67,649.45	CONTRACTUAL ALLOW	63,341.85
NON-COVERD CHARGES	2,515.50	TOTAL MEDICAID LIAB	4,307.60
		LESS: COB	0.00
		LESS: COPAYMENT	66.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,241.60

TOTAL NUMBER OF CLAIMS 55

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:55
 Page: 9

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	1,233.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	428.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,132.00	641.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,958.25	1,263.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,301.75	327.00
EKG/ECG	254.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,271.00	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	3,712.50	284.00	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	32,342.75	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	235.70	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,778.50	0.00			
			TOTAL ANCILLARY	67,649.45	2,515.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	67,649.45	2,515.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:25:55
Page: 10

IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER
000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,573.90	ADJUSTMENTS	0.00
COVERED CHARGES	2,019.65	CONTRACTUAL ALLOW	1,941.33
NON-COVERD CHARGES	3,554.25	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:25:55
 Page: 11

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	36.90	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	3,540.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	649.75	13.75
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	86.50	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	68.75	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	1,117.75	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	60.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,019.65	3,554.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,019.65	3,554.25

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:25:56
Page: 12

IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER 000000987A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,140.65	ADJUSTMENTS	0.00
COVERED CHARGES	33,872.40	CONTRACTUAL ALLOW	28,818.95
NON-COVERD CHARGES	268.25	TOTAL MEDICAID LIAB	5,053.45
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,053.45

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:25:56
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

IRWIN COUNTY HOSPITAL
 710 N IRWIN AVE
 OCILLA, GA 31774-5011

PROVIDER NUMBER
 000000987A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	1,126.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	566.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	320.75	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	998.75	13.75
EKG/ECG	0.00	254.50	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,441.50	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,418.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	33,872.40	268.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	33,872.40	268.25

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:25:56
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

IRWIN COUNTY HOSPITAL
710 N IRWIN AVE
OCILLA, GA 31774-5011

PROVIDER NUMBER
000000987A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	12/01/19	THROUGH	11/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:30
Page: 1

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:30
Page: 2

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:30
Page: 3

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO, GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	234,268.67	ADJUSTMENTS	8,533.04
COVERED CHARGES	214,301.82	CONTRACTUAL ALLOW	105,801.06
NON-COVERD CHARGES	19,966.85	TOTAL MEDICAID LIAB	108,500.76
		LESS: COB	531.07
		LESS: COPAYMENT	201.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	107,768.69
		ALL OTHER	95,669.52
		FEE SCHEDULE-LAB	11,644.84
		INJECTABLE DRUGS	454.33
		TOTAL NUMBER OF CLAIMS	437

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:30
 Page: 4

JASPER MEMORIAL HOSP
 898 COLLEGE ST
 MONTICELLO, GA 31064-1258

PROVIDER NUMBER
 000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	837.60	2,670.80	OTHER LAB	1,488.90	0.00
MED/SURG SUPPLY	3,894.20	88.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	579.25	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,096.30	713.90	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,329.50	6,697.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	91,542.74	5,483.10
EKG/ECG	1,993.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	760.20	0.00	PROFESSIONAL FEES	0.00	312.00
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	400.80	0.00	FREE STANDING CLINIC	28.00	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	48,881.80	679.60	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	7,790.18	743.90
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	5,636.80	1,501.60	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,621.60	497.50	NO CC/INVALID REV CODE	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	214,301.82	19,966.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	214,301.82	19,966.85

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:31
Page: 5

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER 000000998A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,443.62	ADJUSTMENTS	0.00
COVERED CHARGES	1,924.58	CONTRACTUAL ALLOW	1,108.45
NON-COVERD CHARGES	1,519.04	TOTAL MEDICAID LIAB	816.13
		LESS: COB	816.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:31
 Page: 6

JASPER MEMORIAL HOSP
 898 COLLEGE ST
 MONTICELLO, GA 31064-1258

PROVIDER NUMBER
 000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	203.10	480.90	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	147.34	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	215.80	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	589.00	243.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	276.80	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	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	492.54	120.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	675.14			
			TOTAL ANCILLARY	1,924.58	1,519.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,924.58	1,519.04

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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Page: 7

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO, GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,635.44	ADJUSTMENTS	67.00
COVERED CHARGES	20,885.34	CONTRACTUAL ALLOW	18,785.34
NON-COVERD CHARGES	750.10	TOTAL MEDICAID LIAB	2,100.00
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,061.00

TOTAL NUMBER OF CLAIMS 30

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:31
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JASPER MEMORIAL HOSP
 898 COLLEGE ST
 MONTICELLO, GA 31064-1258

PROVIDER NUMBER
 000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	109.10	31.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	280.94	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,747.00	305.70	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,476.60	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,913.90	263.10
EKG/ECG	140.10	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	212.00	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	131.70	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	10,257.70	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	616.30	150.30
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	20,885.34	750.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,885.34	750.10

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:26:31
Page: 9

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:26:31
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JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:31
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:39
 Page: 1

JEFF DAVIS HOSPITAL
 163 S TALLAHASSEE ST
 HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
 000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,432,502.95	ADJUSTMENTS	0.00
COVERED CHARGES	1,430,186.95	CONTRACTUAL ALLOW	1,075,025.88
NON-COVERED CHARGES	2,316.00	TOTAL MEDICAID LIAB	355,161.07
		LESS: COB	9,072.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	346,088.84

TOTAL NUMBER OF ADMISSIONS 53

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	269		0	323,500.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	269		0	323,500.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	33		0	39,530.00		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	33		0	39,530.00		0.00
TOTAL ACCOMODATIONS	302		0	363,030.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:39
 Page: 2

JEFF DAVIS HOSPITAL
 163 S TALLAHASSEE ST
 HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
 000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	393,338.00	0.00	OTHER LAB	1,641.00	0.00
MED/SURG SUPPLY	132,341.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	287,139.66	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,028.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	60,752.90	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	159.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,608.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,549.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	98,746.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,500.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,456.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,429.80	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,080.00	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	181.00	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	590.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,456.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,900.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,673.59	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	2,178.00	1,726.00			
			TOTAL ANCILLARY	1,067,156.95	2,316.00
			TOTAL ACCOMODATIONS	363,030.00	0.00
			TOTAL CHARGES	1,430,186.95	2,316.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:40
Page: 3

JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:40
Page: 4

JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,296,358.23	ADJUSTMENTS	21,446.99
COVERED CHARGES	2,025,001.58	CONTRACTUAL ALLOW	1,637,809.44
NON-COVERD CHARGES	271,356.65	TOTAL MEDICAID LIAB	387,192.14
		LESS: COB	108.16
		LESS: COPAYMENT	908.93
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	386,175.05
		ALL OTHER	339,977.95
		FEE SCHEDULE-LAB	38,830.83
		INJECTABLE DRUGS	7,366.27
		TOTAL NUMBER OF CLAIMS	1,195

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:40
 Page: 5

JEFF DAVIS HOSPITAL
 163 S TALLAHASSEE ST
 HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
 000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	32,760.00	7,090.00	OTHER LAB	40,955.90	0.00
MED/SURG SUPPLY	136,300.56	2,515.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	112,441.00	10,901.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	433,740.00	75,043.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	415,808.70	12,989.25
EKG/ECG	22,408.00	0.00	MRI SERVICES	80,171.90	4,112.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,542.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	247,304.00	500.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,800.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	13,475.00	18,445.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	250,652.60	2,465.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,280.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	66,579.00	114,236.40
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	81,944.32	1,358.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	37,021.00	1,045.00	NO CC/INVALID REV CODE	0.00	5,910.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	700.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,614.00	2,807.00			
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	26,503.60	11,940.00			
			TOTAL ANCILLARY	2,025,001.58	271,356.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,025,001.58	271,356.65

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:43
Page: 7

JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,725.80	ADJUSTMENTS	0.00
COVERED CHARGES	19,021.80	CONTRACTUAL ALLOW	15,145.50
NON-COVERD CHARGES	7,704.00	TOTAL MEDICAID LIAB	3,876.30
		LESS: COB	3,864.30
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	25

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:43
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

JEFF DAVIS HOSPITAL
 163 S TALLAHASSEE ST
 HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
 000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	74.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,564.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,750.00	900.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,777.00	3,375.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,590.80	0.00
EKG/ECG	104.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,614.00	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	1,631.00	202.00	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	134.00	420.00
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	4,838.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,807.00			
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	945.00	0.00			
			TOTAL ANCILLARY	19,021.80	7,704.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,021.80	7,704.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	127,141.60	ADJUSTMENTS	0.00
COVERED CHARGES	124,647.60	CONTRACTUAL ALLOW	118,837.60
NON-COVERD CHARGES	2,494.00	TOTAL MEDICAID LIAB	5,810.00
		LESS: COB	0.00
		LESS: COPAYMENT	114.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,696.00

TOTAL NUMBER OF CLAIMS 83

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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JEFF DAVIS HOSPITAL
 163 S TALLAHASSEE ST
 HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
 000001009A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,799.00	309.00	OTHER LAB	603.00	0.00
MED/SURG SUPPLY	5,732.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,070.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	41,048.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	27,233.80	443.00
EKG/ECG	1,008.00	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	2,491.00	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	35,853.80	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	3,809.00	1,096.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	646.00	NO CC/INVALID REV CODE	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	124,647.60	2,494.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	124,647.60	2,494.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:26:44
Page: 11

JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:26:44
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JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST, GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

JEFF DAVIS HOSPITAL
163 S TALLAHASSEE ST
HAZLEHURST,GA 31539-6465

PROVIDER NUMBER
000001009A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:52
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JEFFERSON HOSPITAL
 1067 PEACHTREE ST
 LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
 000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	267,903.07	ADJUSTMENTS	0.00
COVERED CHARGES	266,768.07	CONTRACTUAL ALLOW	46,945.82
NON-COVERED CHARGES	1,135.00	TOTAL MEDICAID LIAB	219,822.25
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	219,822.25

TOTAL NUMBER OF ADMISSIONS 29

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	109		0	53,817.50		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	109		0	53,817.50		0.00
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	109		0	53,817.50		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:52
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JEFFERSON HOSPITAL
 1067 PEACHTREE ST
 LOUISVILLE, GA 30434-1558

PROVIDER NUMBER
 000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	97,096.81	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	36,802.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	196.00	0.00
RADIOLOGY-DIAGNOSTIC	6,008.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,647.50	1,135.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,510.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,650.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,780.50	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	2,374.50	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	43,100.00	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	216.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,849.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	90.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	314.50	0.00	NO CC/INVALID REV CODE	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	1,315.01	0.00			
			TOTAL ANCILLARY	212,950.57	1,135.00
			TOTAL ACCOMODATIONS	53,817.50	0.00
			TOTAL CHARGES	266,768.07	1,135.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:52
Page: 3

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:52
Page: 4

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	625,215.73	ADJUSTMENTS	4,712.29
COVERED CHARGES	569,269.71	CONTRACTUAL ALLOW	302,640.57
NON-COVERD CHARGES	55,946.02	TOTAL MEDICAID LIAB	266,629.14
		LESS: COB	336.40
		LESS: COPAYMENT	177.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	266,115.74
		ALL OTHER	243,053.34
		FEE SCHEDULE-LAB	22,600.55
		INJECTABLE DRUGS	461.85
		TOTAL NUMBER OF CLAIMS	795

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:52
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JEFFERSON HOSPITAL
 1067 PEACHTREE ST
 LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
 000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,968.00	4,454.00	OTHER LAB	31,667.00	0.00
MED/SURG SUPPLY	32,869.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	58,017.74	3,464.42	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,146.80	13,871.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	19,544.00	2,196.00	FEE SCHEDULE LAB	80,188.50	4,357.50
EKG/ECG	12,948.75	0.00	MRI SERVICES	3,970.00	0.00
IV THERAPY	629.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,265.50	5,106.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,099.00	1,859.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,995.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,100.50	3,950.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	236,836.50	5,542.00	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	4,509.00	2,681.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,318.00	994.00	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	631.00	847.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	35,607.00	4,908.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,036.00	1,714.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,922.00	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	569,269.71	55,946.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	569,269.71	55,946.02

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:54
Page: 6

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:54
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JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	57,847.18	ADJUSTMENTS	0.00
COVERED CHARGES	55,430.18	CONTRACTUAL ALLOW	49,947.78
NON-COVERD CHARGES	2,417.00	TOTAL MEDICAID LIAB	5,482.40
		LESS: COB	63.45
		LESS: COPAYMENT	45.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,373.95

TOTAL NUMBER OF CLAIMS 70

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:26:54
 Page: 8

JEFFERSON HOSPITAL
 1067 PEACHTREE ST
 LOUISVILLE, GA 30434-1558

PROVIDER NUMBER
 000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	81.00	310.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,850.12	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,952.46	182.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	576.50	135.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,588.60	729.50
EKG/ECG	922.50	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	186.50	11.50	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	40,744.50	370.50	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	528.00	678.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	55,430.18	2,417.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	55,430.18	2,417.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:26:54
Page: 9

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:26:54
Page: 10

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:26:54
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:02
 Page: 1

SEDZER HEALTH LLC
 931 EAST WINTHROPE AVE.
 MILLEN, GA 30442-1839

PROVIDER NUMBER
 000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	205,840.22	ADJUSTMENTS	0.00
COVERED CHARGES	205,840.22	CONTRACTUAL ALLOW	136,305.36
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	69,534.86
		LESS: COB	5,158.53
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	64,376.33

TOTAL NUMBER OF ADMISSIONS 9

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	42		0	123,000.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	42		0	123,000.00		0.00
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	42		0	123,000.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:02
 Page: 2

SEDZER HEALTH LLC
 931 EAST WINTHROPE AVE.
 MILLEN, GA 30442-1839

PROVIDER NUMBER
 000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	32,577.85	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,007.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,514.69	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,357.17	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,052.88	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,069.19	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	179.31	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	4,241.90	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	7,538.29	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	505.40	0.00	NO CC/INVALID REV CODE	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	2,795.84	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	82,840.22	0.00
			TOTAL ACCOMODATIONS	123,000.00	0.00
			TOTAL CHARGES	205,840.22	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:03
Page: 3

SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:03
Page: 4

SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	325,735.00	ADJUSTMENTS	22,524.75
COVERED CHARGES	287,081.91	CONTRACTUAL ALLOW	73,021.24
NON-COVERD CHARGES	38,653.09	TOTAL MEDICAID LIAB	214,060.67
		LESS: COB	184.00
		LESS: COPAYMENT	69.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	213,807.67
		ALL OTHER	203,186.00
		FEE SCHEDULE-LAB	10,621.67
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	349

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:03
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SEDZER HEALTH LLC
 931 EAST WINTHROPE AVE.
 MILLEN,GA 30442-1839

PROVIDER NUMBER
 000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	13,910.45	5,185.25	OTHER LAB	10,006.90	0.00
MED/SURG SUPPLY	2,586.22	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,918.72	468.10	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,312.15	18,581.43	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	248.85	0.00	FEE SCHEDULE LAB	44,895.72	3,837.68
EKG/ECG	7,242.90	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,779.78	1,199.44	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	6,336.90	905.38	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	104,726.84	3,487.44	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	52.77	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,984.10	1,617.28	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,184.00	3,156.20			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,621.10	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	12,327.28	162.12			
			TOTAL ANCILLARY	287,081.91	38,653.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	287,081.91	38,653.09

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:04
Page: 6

SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:04
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SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,531.53	ADJUSTMENTS	344.00
COVERED CHARGES	59,429.13	CONTRACTUAL ALLOW	52,639.13
NON-COVERD CHARGES	2,102.40	TOTAL MEDICAID LIAB	6,790.00
		LESS: COB	0.00
		LESS: COPAYMENT	72.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,718.00

TOTAL NUMBER OF CLAIMS 97

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:04
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SEDZER HEALTH LLC
 931 EAST WINTHROPE AVE.
 MILLEN, GA 30442-1839

PROVIDER NUMBER
 000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,672.70	631.60	OTHER LAB	287.77	0.00
MED/SURG SUPPLY	121.89	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,650.54	146.90	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,715.19	1,074.15	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,573.38	249.75
EKG/ECG	827.76	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,642.60	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	55.78	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	42,319.81	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	480.65	0.00	NO CC/INVALID REV CODE	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	81.06	0.00			
			TOTAL ANCILLARY	59,429.13	2,102.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,429.13	2,102.40

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:27:04
Page: 9

SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN, GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:27:04
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SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN, GA 30442-1839

PROVIDER NUMBER 000001042A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	75,748.62	ADJUSTMENTS	15,473.64
COVERED CHARGES	72,271.15	CONTRACTUAL ALLOW	25,850.23
NON-COVERD CHARGES	3,477.47	TOTAL MEDICAID LIAB	46,420.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	46,420.92

TOTAL NUMBER OF CLAIMS 9

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:27:04
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SEDZER HEALTH LLC
 931 EAST WINTHROPE AVE.
 MILLEN, GA 30442-1839

PROVIDER NUMBER
 000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	11,380.50	0.00	OTHER LAB	1,410.88	0.00
MED/SURG SUPPLY	3,039.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	715.73	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,185.60	1,718.64	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,468.83	623.97
EKG/ECG	1,448.58	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,169.38	1,134.86	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	2,363.13	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	10,156.54	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	12,932.52	0.00			
			TOTAL ANCILLARY	72,271.15	3,477.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	72,271.15	3,477.47

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

Run Date: 09/20/2021
Run Time: 21:27:04
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SEDZER HEALTH LLC
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:39
 Page: 1

NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,460,001.18	ADJUSTMENTS	874,866.07
COVERED CHARGES	24,225,461.24	CONTRACTUAL ALLOW	19,379,431.26
NON-COVERED CHARGES	234,539.94	TOTAL MEDICAID LIAB	4,846,029.98
		LESS: COB	59,659.90
		LESS: COPAYMENT	50.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,786,320.08

TOTAL NUMBER OF ADMISSIONS 391

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,488		0	2,905,538.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,488		0	2,905,538.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	938		0	3,777,086.00		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	938		0	3,777,086.00		0.00
TOTAL ACCOMODATIONS	2,426		0	6,682,624.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:39
 Page: 2

NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,662,688.11	0.00	OTHER LAB	156,795.00	0.00
MED/SURG SUPPLY	226,271.00	7,257.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,837,243.00	0.00	EDUCATION & TRAINING	3,102.50	0.00
RADIOLOGY-DIAGNOSTIC	542,837.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,451,293.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	101,855.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	203,239.00	0.00	MRI SERVICES	417,482.00	0.00
IV THERAPY	378,727.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,497,625.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	694,736.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	287,780.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	74,635.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,277,242.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	180,746.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	89,229.00	0.00	INJECTABLE DRUGS	2,912,978.63	174,986.94
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	44,140.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	35,193.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	313,346.00	49,518.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	520.00	907.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	109,671.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	127,461.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	229,563.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	183,560.00	1,871.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	462,212.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	23,321.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,346.00	0.00			
			TOTAL ANCILLARY	17,542,837.24	234,539.94
			TOTAL ACCOMODATIONS	6,682,624.00	0.00
			TOTAL CHARGES	24,225,461.24	234,539.94

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:41
 Page: 3

NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	98,082.50	ADJUSTMENTS	0.00
COVERED CHARGES	98,082.50	CONTRACTUAL ALLOW	76,003.82
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	22,078.68
		LESS: COB	22,066.18
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	3,720.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	3,720.00		0.00
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	2		0	3,720.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:41
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NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,407.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,470.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,626.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,367.00	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	405.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,097.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,070.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	785.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,373.00	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	6,786.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,466.00	0.00	INJECTABLE DRUGS	7,510.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	94,362.50	0.00
			TOTAL ACCOMODATIONS	3,720.00	0.00
			TOTAL CHARGES	98,082.50	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:38:42
Page: 5

NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,677,723.40	ADJUSTMENTS	381,508.78
COVERED CHARGES	8,680,724.30	CONTRACTUAL ALLOW	7,176,988.61
NON-COVERD CHARGES	996,999.10	TOTAL MEDICAID LIAB	1,503,735.69
		LESS: COB	621.58
		LESS: COPAYMENT	1,488.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,501,626.11
		ALL OTHER	1,361,409.87
		FEE SCHEDULE-LAB	82,522.70
		INJECTABLE DRUGS	57,693.54
		TOTAL NUMBER OF CLAIMS	1,953

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:42
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NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	149,175.08	493.00	OTHER LAB	139,215.00	0.00
MED/SURG SUPPLY	49,036.00	3,837.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	923.00	451.00
RADIOLOGY-DIAGNOSTIC	388,225.00	12,092.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,118,915.00	156,355.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	26,830.00	3,296.00	FEE SCHEDULE LAB	1,380,645.50	52,917.00
EKG/ECG	169,721.00	0.00	MRI SERVICES	288,712.00	36,455.00
IV THERAPY	546,321.00	33,732.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	633,465.00	37,849.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	37,502.00	2,915.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	175,275.00	1,800.00	AMBULANCE	0.00	0.00
GI SERVICES	84,210.00	5,411.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,055,616.00	6,304.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	121,378.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	324,257.16	182,856.10
RADIOLOGY THERAPEUTIC	7,854.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	17,764.00	1,045.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	110.00	3,497.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	398,070.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	49,607.00	2,961.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	15,318.00	390.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	233,574.00	29,645.00	NO CC/INVALID REV CODE	6,231.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	70,449.00	2,658.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	67,330.00	15,548.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	81,547.00	3,162.00			
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	441,518.56	3,260.00			
			TOTAL ANCILLARY	8,680,724.30	996,999.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,680,724.30	996,999.10

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	205,820.82	ADJUSTMENTS	0.00
COVERED CHARGES	112,195.82	CONTRACTUAL ALLOW	93,896.48
NON-COVERD CHARGES	93,625.00	TOTAL MEDICAID LIAB	18,299.34
		LESS: COB	18,290.34
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 29

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:38:46
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NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,989.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,040.00	408.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,590.00	1,591.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,444.00	27,494.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	19,485.00	74.00
EKG/ECG	1,215.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,195.00	165.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,880.00	46,327.00	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	11,527.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	475.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,113.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,967.00	755.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,186.82	1,296.00
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	IMPL DEV CHARGE PATIENTS	0.00	10,322.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,984.00	5,193.00	NO CC/INVALID REV CODE	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	105.00	0.00			
			TOTAL ANCILLARY	112,195.82	93,625.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	112,195.82	93,625.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	473,894.85	ADJUSTMENTS	1,065.08
COVERED CHARGES	411,517.35	CONTRACTUAL ALLOW	401,514.98
NON-COVERD CHARGES	62,377.50	TOTAL MEDICAID LIAB	10,002.37
		LESS: COB	0.00
		LESS: COPAYMENT	159.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,843.37

TOTAL NUMBER OF CLAIMS 149

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,834.07	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	20.00	34.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,955.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	59,237.00	3,035.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	93,039.00	2,373.00
EKG/ECG	8,563.00	0.00	MRI SERVICES	4,731.00	0.00
IV THERAPY	15,678.00	330.00	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	388.00	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	193,294.00	620.00	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	8,083.28	47,281.50
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	223.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,472.00	8,704.00	NO CC/INVALID REV CODE	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	411,517.35	62,377.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	411,517.35	62,377.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:38:47
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NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,202.00	ADJUSTMENTS	0.00
COVERED CHARGES	8,575.00	CONTRACTUAL ALLOW	8,373.61
NON-COVERD CHARGES	627.00	TOTAL MEDICAID LIAB	201.39
		LESS: COB	195.39
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	63.00	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	1,033.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,341.00	165.00	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	5,200.00	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	333.00	24.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	605.00	438.00	NO CC/INVALID REV CODE	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	8,575.00	627.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,575.00	627.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:38:48
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NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER 000001064A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,750,954.45	ADJUSTMENTS	65,197.84
COVERED CHARGES	1,634,683.18	CONTRACTUAL ALLOW	1,314,420.77
NON-COVERD CHARGES	116,271.27	TOTAL MEDICAID LIAB	320,262.41
		LESS: COB	0.00
		LESS: COPAYMENT	168.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	320,094.41

TOTAL NUMBER OF CLAIMS 54

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC
 3620 HOWELL FERRY RD
 DULUTH, GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	23,957.38	0.00	OTHER LAB	1,021.00	0.00
MED/SURG SUPPLY	30,804.00	12,331.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,189.00	10,754.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,236.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,402.00	FEE SCHEDULE LAB	54,680.00	1,851.00
EKG/ECG	2,835.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	109,472.00	3,270.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	406,978.00	8.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,625.00	333.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	76,491.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,684.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	57,814.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	601,584.80	43,169.27
RADIOLOGY THERAPEUTIC	11,981.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	292.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	5,502.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	921.00	223.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	184,082.00	24,751.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,546.00	734.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,408.00	1,329.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,265.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,250.00	3,162.00			
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	9,859.00	6,160.00			
			TOTAL ANCILLARY	1,634,683.18	116,271.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,634,683.18	116,271.27

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC
3620 HOWELL FERRY RD
DULUTH, GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:30
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER 000001086A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,617,870.40	ADJUSTMENTS	165,494.25
COVERED CHARGES	11,544,518.39	CONTRACTUAL ALLOW	8,401,980.80
NON-COVERED CHARGES	73,352.01	TOTAL MEDICAID LIAB	3,142,537.59
		LESS: COB	71,018.89
		LESS: COPAYMENT	375.00
		ADD: ADDON PYMT	117,825.12
		REIMBURSEMENT	3,188,968.82

TOTAL NUMBER OF ADMISSIONS 507

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,117		0	1,245,538.16		0.00
ROUTINE NURSERY	220		0	222,266.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,337		0	1,467,804.16		0.00
SPECIAL CARE SERVICES						
CCU	340		0	540,780.00		0.00
ICU	167		0	387,156.48		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	507		0	927,936.48		0.00
TOTAL ACCOMODATIONS	1,844		0	2,395,740.64		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	546,265.30	890.30	OTHER LAB	75,059.00	0.00
MED/SURG SUPPLY	502,287.59	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,294,048.75	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	175,769.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	608,034.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	66,150.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	121,486.75	0.00	MRI SERVICES	20,825.00	0.00
IV THERAPY	302,187.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,278,345.58	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	405,655.38	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	528,622.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	174,588.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	566,235.85	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	122,094.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,030,474.15	2,727.71
RADIOLOGY THERAPEUTIC	19,497.09	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,502.25	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,764.00	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	9,584.00	2,643.75	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	154,107.90	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	96,178.25	17,290.50	NO CC/INVALID REV CODE	0.00	5,923.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	121,448.00	31,040.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	57,333.50	12,836.75			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	815,060.20	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,170.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	37,002.86	0.00			
			TOTAL ANCILLARY	9,148,777.75	73,352.01
			TOTAL ACCOMODATIONS	2,395,740.64	0.00
			TOTAL CHARGES	11,544,518.39	73,352.01

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER 000001086A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	90,858.15	ADJUSTMENTS	0.00
COVERED CHARGES	89,793.65	CONTRACTUAL ALLOW	67,592.23
NON-COVERD CHARGES	1,064.50	TOTAL MEDICAID LIAB	22,201.42
		LESS: COB	22,201.42
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	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	6		0	6,042.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	6,042.00		0.00
SPECIAL CARE SERVICES						
CCU	7		0	11,130.00		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	7		0	11,130.00		0.00
TOTAL ACCOMODATIONS	13		0	17,172.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:36
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,510.26	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,166.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,603.25	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	990.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,356.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	481.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,576.25	0.00	MRI SERVICES	4,689.00	0.00
IV THERAPY	3,561.60	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	1,592.00	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	6,543.59	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	6,118.81	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	67.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	728.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,790.25	1,064.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	17,848.00	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	72,621.65	1,064.50
			TOTAL ACCOMODATIONS	17,172.00	0.00
			TOTAL CHARGES	89,793.65	1,064.50

Report : CLM-0804-0
Process : CLMJO800
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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MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,800,364.09	ADJUSTMENTS	424,467.70
COVERED CHARGES	12,115,673.34	CONTRACTUAL ALLOW	9,857,929.96
NON-COVERD CHARGES	684,690.75	TOTAL MEDICAID LIAB	2,257,743.38
		LESS: COB	2,399.65
		LESS: COPAYMENT	5,994.16
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,249,349.57
		ALL OTHER	1,845,515.99
		FEE SCHEDULE-LAB	157,399.79
		INJECTABLE DRUGS	246,433.79
		TOTAL NUMBER OF CLAIMS	4,191

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

Run Date: 09/20/2021
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	96,257.67	1,322.61	OTHER LAB	83,534.00	0.00
MED/SURG SUPPLY	241,989.38	10,307.44	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	485,911.50	12,328.25	OTHER THERAPEUTIC SVC	0.00	367.50
CT SCAN	1,746,324.75	101,449.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	77,265.25	10,640.00	FEE SCHEDULE LAB	1,643,692.75	76,187.50
EKG/ECG	206,151.75	630.50	MRI SERVICES	364,765.50	0.00
IV THERAPY	762,892.80	12,242.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,195,887.44	77,050.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	73.50	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	74,022.50	10,391.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	195,894.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,069,047.24	11,506.18	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	109,795.83	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	290,188.15	43,761.54
RADIOLOGY THERAPEUTIC	452,154.13	11,193.51	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	20,258.25	1,238.25	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,323.00	1,311.53	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	41,257.50	8,398.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	24,677.48	68,809.01
LITHOTRIPSY	116,272.75	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	456,173.00	22,447.50	NO CC/INVALID REV CODE	3,770.00	2,594.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	82,287.50	21,886.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	221,893.50	91,042.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	409,159.00	11,613.25			
AMBULATORY SURGERY	117,485.50	14,678.75			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	136,430.00	682.75			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	384,836.92	60,610.94			
			TOTAL ANCILLARY	12,115,673.34	684,690.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,115,673.34	684,690.75

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 40,795.78
COVERED CHARGES 15,261.28
NON-COVERD CHARGES 25,534.50

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 14,043.50
TOTAL MEDICAID LIAB 1,217.78
LESS: COB 1,214.78
LESS: COPAYMENT 3.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00
ALL OTHER 0.00
FEE SCHEDULE-LAB 0.00
INJECTABLE DRUGS 0.00

TOTAL NUMBER OF CLAIMS 6

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	86.52	0.00	OTHER LAB	965.25	0.00
MED/SURG SUPPLY	171.04	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	330.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,675.00	13,200.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,317.75	150.00
EKG/ECG	315.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,908.00	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	4,063.35	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	158.87	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,270.25	12,184.50			
			TOTAL ANCILLARY	15,261.28	25,534.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,261.28	25,534.50

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	886,167.09	ADJUSTMENTS	2,147.96
COVERED CHARGES	871,133.37	CONTRACTUAL ALLOW	837,612.41
NON-COVERD CHARGES	15,033.72	TOTAL MEDICAID LIAB	33,520.96
		LESS: COB	0.00
		LESS: COPAYMENT	654.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	32,866.96

TOTAL NUMBER OF CLAIMS 428

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:49
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MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,783.03	0.00	OTHER LAB	1,930.50	0.00
MED/SURG SUPPLY	5,885.76	26.72	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	47,463.25	340.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	172,159.75	5,267.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	165,148.25	3,949.00
EKG/ECG	16,708.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	68,937.50	531.75	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	282.00	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	359,486.26	620.65	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	5,026.81	84.93
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	23,056.00	2,954.50	NO CC/INVALID REV CODE	390.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,620.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,161.25			
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	1,256.01	97.42			
			TOTAL ANCILLARY	871,133.37	15,033.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	871,133.37	15,033.72

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:28:50
Page: 15

MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:28:50
Page: 16

MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER 000001086A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,330,456.40	ADJUSTMENTS	80,671.07
COVERED CHARGES	1,282,728.43	CONTRACTUAL ALLOW	953,848.63
NON-COVERD CHARGES	47,727.97	TOTAL MEDICAID LIAB	328,879.80
		LESS: COB	0.00
		LESS: COPAYMENT	438.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	328,441.80

TOTAL NUMBER OF CLAIMS 61

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:28:50
 Page: 17

MEADOWS REGIONAL MEDICAL CENTER
 1 MEADOWS PKWY
 VIDALIA, GA 30474-8759

PROVIDER NUMBER
 000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	13,369.59	124.08	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	64,487.72	1,455.84	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,691.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,491.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	905.50	FEE SCHEDULE LAB	52,569.00	1,121.25
EKG/ECG	3,152.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	30,934.50	177.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	252,914.01	8,306.69	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	74,225.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	47,186.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,395.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	18,792.03	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	369,705.46	1,448.36
RADIOLOGY THERAPEUTIC	162,047.42	6,300.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	351.50	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	735.00	1,157.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	22,472.60	20,149.00
LITHOTRIPSY	44,395.05	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,671.25	2,135.25	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,722.25	970.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	91,543.50	2,396.00			
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	9,226.35	730.25			
			TOTAL ANCILLARY	1,282,728.43	47,727.97
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,282,728.43	47,727.97

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:52
Page: 18

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MEADOWS REGIONAL MEDICAL CENTER
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:38
 Page: 1

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER 000001108A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,517,471.35	ADJUSTMENTS	2,248,243.38
COVERED CHARGES	45,150,492.35	CONTRACTUAL ALLOW	38,299,435.82
NON-COVERED CHARGES	366,979.00	TOTAL MEDICAID LIAB	6,851,056.53
		LESS: COB	55,439.73
		LESS: COPAYMENT	250.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,795,366.80

TOTAL NUMBER OF ADMISSIONS 923

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,851		0	4,733,912.00		0.00
ROUTINE NURSERY	868		0	1,844,263.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,719		0	6,578,175.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	536		0	2,526,078.00		0.00
NICU	12		0	88,023.00		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	548		0	2,614,101.00		0.00
TOTAL ACCOMODATIONS	4,267		0	9,192,276.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:38
 Page: 2

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,275,010.80	0.00	OTHER LAB	175,303.00	0.00
MED/SURG SUPPLY	784,355.00	664.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,900,482.55	0.00	EDUCATION & TRAINING	1,884.00	0.00
RADIOLOGY-DIAGNOSTIC	477,246.00	0.00	OTHER THERAPEUTIC SVC	0.00	27,360.00
CT SCAN	2,266,028.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	409,531.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	235,770.00	0.00	MRI SERVICES	668,786.00	0.00
IV THERAPY	49,399.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,958,173.00	0.00	DURABLE MED. EQUIP.	0.00	115.00
LABOR/DELIVERY ROOM	1,110,061.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,201,695.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	545,287.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,402,178.00	0.00	SPECIAL SERVICES	0.00	53,231.00
RECOVERY ROOM	325,694.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	19,855.00
LABORATORY PATHOLOGIC	378,214.00	0.00	INJECTABLE DRUGS	6,145,863.00	130,281.00
RADIOLOGY THERAPEUTIC	420,227.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	304,879.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	165,112.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	271,503.00	24,133.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	111.00	892.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,209,792.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	226,390.00	73,035.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	476,327.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	232,774.00	37,413.00			
AUDIOLOGY	110,332.00	0.00			
CARDIOLOGY	1,163,814.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	48,291.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,704.00	0.00			
			TOTAL ANCILLARY	35,958,216.35	366,979.00
			TOTAL ACCOMODATIONS	9,192,276.00	0.00
			TOTAL CHARGES	45,150,492.35	366,979.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:42
 Page: 3

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER 000001108A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	839,197.00	ADJUSTMENTS	0.00
COVERED CHARGES	830,556.00	CONTRACTUAL ALLOW	727,460.93
NON-COVERED CHARGES	8,641.00	TOTAL MEDICAID LIAB	103,095.07
		LESS: COB	103,095.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	38		0	56,211.00		0.00
ROUTINE NURSERY	13		0	21,419.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	51		0	77,630.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	22		0	107,188.00		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	22		0	107,188.00		0.00
TOTAL ACCOMODATIONS	73		0	184,818.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:42
 Page: 4

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	65,025.00	0.00	OTHER LAB	2,633.00	0.00
MED/SURG SUPPLY	7,421.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	138,829.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,668.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	37,615.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,197.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,430.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	390.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	39,502.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	55,083.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	108,522.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,606.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,912.00	0.00	SPECIAL SERVICES	0.00	3,673.00
RECOVERY ROOM	13,851.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,192.00	0.00	INJECTABLE DRUGS	124,411.00	4,968.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	486.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,193.00	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	7,958.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,484.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	993.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	1,426.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,911.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	645,738.00	8,641.00
			TOTAL ACCOMODATIONS	184,818.00	0.00
			TOTAL CHARGES	830,556.00	8,641.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:39:43
Page: 5

NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON, GA 30115-8015

PROVIDER NUMBER
000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,073,341.92	ADJUSTMENTS	772,284.62
COVERED CHARGES	17,243,129.49	CONTRACTUAL ALLOW	14,840,563.36
NON-COVERD CHARGES	1,830,212.43	TOTAL MEDICAID LIAB	2,402,566.13
		LESS: COB	2,033.07
		LESS: COPAYMENT	3,072.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,397,461.06
		ALL OTHER	2,121,327.23
		FEE SCHEDULE-LAB	134,853.51
		INJECTABLE DRUGS	141,280.32
		TOTAL NUMBER OF CLAIMS	3,029

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:43
 Page: 6

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	335,468.00	19,398.00	OTHER LAB	193,904.00	0.00
MED/SURG SUPPLY	191,886.00	15,012.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	990.00	EDUCATION & TRAINING	846.00	0.00
RADIOLOGY-DIAGNOSTIC	491,193.00	10,395.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,299,926.00	181,470.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	114,860.00	21,159.00	FEE SCHEDULE LAB	2,365,873.27	87,507.93
EKG/ECG	197,315.00	2,025.00	MRI SERVICES	1,022,228.00	66,824.00
IV THERAPY	834,655.00	39,437.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,307,180.00	174,285.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,048.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	35,691.00	3,059.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	296,050.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,731,077.00	10,820.00	SPECIAL SERVICES	0.00	285.00
RECOVERY ROOM	236,323.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,811.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,351,465.50	847,302.50
RADIOLOGY THERAPEUTIC	1,843,215.00	77,709.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	31,695.00	11,601.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,883.00	10,665.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	19,859.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	47,336.00	4,027.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	6,305.00	970.00	IMPL DEV CHARGE PATIENTS	80,352.00	16,520.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	623,600.00	143,512.00	NO CC/INVALID REV CODE	19,847.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	49,789.00	8,655.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	127,642.00	2,824.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	247,187.00	38,348.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,399.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	113,890.72	13,742.00			
			TOTAL ANCILLARY	17,243,129.49	1,830,212.43
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,243,129.49	1,830,212.43

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,451.00	0.00	OTHER LAB	1,612.00	0.00
MED/SURG SUPPLY	81.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,860.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,448.00	19,929.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	55,256.00	8,880.00
EKG/ECG	3,240.00	0.00	MRI SERVICES	0.00	4,731.00
IV THERAPY	11,360.00	2,793.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	772.00	6,854.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	7,878.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,843.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	73,542.00	421.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,401.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	905.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	47,838.00	125,642.50
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	2,837.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	669.00	490.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	485.00	970.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,111.00	5,112.00	NO CC/INVALID REV CODE	223.00	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	4,588.00	0.00			
			TOTAL ANCILLARY	265,658.00	179,565.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	265,658.00	179,565.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON, GA 30115-8015

PROVIDER NUMBER 000001108A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	857,640.00	ADJUSTMENTS	1,922.77
COVERED CHARGES	816,805.00	CONTRACTUAL ALLOW	802,036.40
NON-COVERD CHARGES	40,835.00	TOTAL MEDICAID LIAB	14,768.60
		LESS: COB	0.00
		LESS: COPAYMENT	219.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,549.60

TOTAL NUMBER OF CLAIMS 220

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:51
 Page: 13

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON,GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	7,561.50	0.00	OTHER LAB	4,675.00	0.00
MED/SURG SUPPLY	933.00	49.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	35,459.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	126,444.00	19,217.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	163,429.00	2,525.00
EKG/ECG	10,530.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	48,723.00	2,964.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,795.00	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	356,195.00	620.00	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	37,954.50	5,873.00
RADIOLOGY THERAPEUTIC	386.00	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	359.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,720.00	9,228.00	NO CC/INVALID REV CODE	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	816,805.00	40,835.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	816,805.00	40,835.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON,GA 30115-8015

PROVIDER NUMBER 000001108A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,403.50	ADJUSTMENTS	0.00
COVERED CHARGES	41,799.50	CONTRACTUAL ALLOW	40,926.81
NON-COVERD CHARGES	10,604.00	TOTAL MEDICAID LIAB	872.69
		LESS: COB	866.69
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 13

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:39:52
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NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	111.00	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	946.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,846.00	6,070.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,948.00	3,009.00
EKG/ECG	810.00	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	21,063.00	594.00	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	1,075.50	446.00
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	485.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	41,799.50	10,604.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,799.50	10,604.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:39:52
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NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON, GA 30115-8015

PROVIDER NUMBER 000001108A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,093,331.91	ADJUSTMENTS	96,194.79
COVERED CHARGES	3,766,478.41	CONTRACTUAL ALLOW	3,411,954.92
NON-COVERD CHARGES	326,853.50	TOTAL MEDICAID LIAB	354,523.49
		LESS: COB	0.00
		LESS: COPAYMENT	129.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	354,394.49

TOTAL NUMBER OF CLAIMS 70

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	143,377.00	0.00	OTHER LAB	6,287.00	0.00
MED/SURG SUPPLY	192,045.00	4,406.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,076.00	19,022.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	54,531.00	10,655.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,873.00	FEE SCHEDULE LAB	148,691.00	7,545.00
EKG/ECG	16,605.00	810.00	MRI SERVICES	4,731.00	0.00
IV THERAPY	48,938.00	21,505.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,008,052.00	32,692.00	DURABLE MED. EQUIP.	0.00	115.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,419.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	206,910.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	28,399.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	136,361.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	823,799.00	113,271.50
RADIOLOGY THERAPEUTIC	195,257.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,274.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	750.00	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	669.00	46.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	469,129.00	37,549.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,332.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,986.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,265.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	213,602.00	55,752.00			
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	30,017.41	13,588.00			
			TOTAL ANCILLARY	3,766,478.41	326,853.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,766,478.41	326,853.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:39:54
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON,GA 30115-8015

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000001108A	SERVICE DATES	10/01/19	THROUGH	09/30/20
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,576.50	ADJUSTMENTS	0.00
COVERED CHARGES	42,060.00	CONTRACTUAL ALLOW	36,995.37
NON-COVERD CHARGES	2,516.50	TOTAL MEDICAID LIAB	5,064.63
		LESS: COB	5,064.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:39:54
 Page: 19

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL, INC
 450 NORTHSIDE CHEROKEE BLVD
 CANTON, GA 30115-8015

PROVIDER NUMBER
 000001108A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,523.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	407.00	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	2,025.00	41.00
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	12,782.00	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	3,763.00	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	2,047.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,701.50	2,475.50
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	16,811.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	42,060.00	2,516.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	42,060.00	2,516.50

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:58
 Page: 1

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	218,820,391.36	ADJUSTMENTS	5,328,670.49
COVERED CHARGES	218,675,712.36	CONTRACTUAL ALLOW	189,491,334.84
NON-COVERED CHARGES	144,679.00	TOTAL MEDICAID LIAB	29,184,377.52
		LESS: COB	303,682.18
		LESS: COPAYMENT	975.00
		ADD: ADDON PYMT	34,335.00
		REIMBURSEMENT	28,914,055.34

TOTAL NUMBER OF ADMISSIONS 2,664

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8,170		0	11,383,441.00		0.00
ROUTINE NURSERY	1,765		0	4,769,127.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	9,935		0	16,152,568.00		0.00
SPECIAL CARE SERVICES						
CCU	4,218		0	17,125,589.00		0.00
ICU	2,783		0	12,520,775.00		0.00
NICU	532		0	3,665,480.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	249		0	1,541,851.00		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	7,782		0	34,853,695.00		0.00
TOTAL ACCOMODATIONS	17,717		0	51,006,263.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:56:58
 Page: 2

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	28,712,800.69	0.00	OTHER LAB	2,920,662.00	0.00
MED/SURG SUPPLY	9,239,745.33	31,600.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	24,134,230.80	0.00	EDUCATION & TRAINING	61,904.00	0.00
RADIOLOGY-DIAGNOSTIC	4,137,873.00	0.00	OTHER THERAPEUTIC SVC	0.00	8,404.00
CT SCAN	12,574,338.00	28,958.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,417,717.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,425,565.00	0.00	MRI SERVICES	2,512,341.00	0.00
IV THERAPY	1,732,841.55	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	23,115,996.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,596,982.00	0.00	REHAB THERAPY	564.00	0.00
RESPIRATORY SERVICES	12,311,964.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,819,315.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	952,342.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,765,131.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,206,758.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	9,937.60
LABORATORY PATHOLOGIC	998,933.00	0.00	INJECTABLE DRUGS	79,296.10	0.00
RADIOLOGY THERAPEUTIC	1,036,672.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	694,702.03	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	807,625.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,257,444.00	31,275.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	65,038.00	32,519.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	14,400.00	0.00	IMPL DEV CHARGE PATIENTS	8,051,607.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	695,444.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,728,054.02	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	442,277.60	1,985.40			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,019,050.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	982,553.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,157,283.24	0.00			
			TOTAL ANCILLARY	167,669,449.36	144,679.00
			TOTAL ACCOMODATIONS	51,006,263.00	0.00
			TOTAL CHARGES	218,675,712.36	144,679.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:10
 Page: 3

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,398,695.83	ADJUSTMENTS	0.00
COVERED CHARGES	3,397,773.83	CONTRACTUAL ALLOW	2,863,239.11
NON-COVERED CHARGES	922.00	TOTAL MEDICAID LIAB	534,534.72
		LESS: COB	535,668.72
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,134.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 57

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	77		0	105,490.00		0.00
ROUTINE NURSERY	101		0	363,139.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	178		0	468,629.00		0.00
SPECIAL CARE SERVICES						
CCU	31		0	127,197.00		0.00
ICU	28		0	117,817.00		0.00
NICU	86		0	592,540.00		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	145		0	837,554.00		0.00
TOTAL ACCOMODATIONS	323		0	1,306,183.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:10
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WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	384,288.30	0.00	OTHER LAB	22,675.00	0.00
MED/SURG SUPPLY	123,031.89	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	240,327.00	0.00	EDUCATION & TRAINING	2,658.00	0.00
RADIOLOGY-DIAGNOSTIC	25,776.00	0.00	OTHER THERAPEUTIC SVC	0.00	200.00
CT SCAN	97,494.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,618.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	11,720.00	0.00	MRI SERVICES	12,003.00	0.00
IV THERAPY	13,118.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	250,066.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	189,292.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	130,200.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	80,927.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	52,547.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	67,379.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,512.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,694.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,246.00	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	2,128.00	722.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	227,198.01	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	26,951.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,545.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	73,191.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,453.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	18,552.63	0.00			
			TOTAL ANCILLARY	2,091,590.83	922.00
			TOTAL ACCOMODATIONS	1,306,183.00	0.00
			TOTAL CHARGES	3,397,773.83	922.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:57:13
Page: 5

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 37,341,110.20
COVERED CHARGES 33,457,721.29
NON-COVERED CHARGES 3,883,388.91

-----PAYMENTS-----
ADJUSTMENTS 332,642.85
CONTRACTUAL ALLOW 29,706,560.33
TOTAL MEDICAID LIAB 3,751,160.96
LESS: COB 23,835.47
LESS: COPAYMENT 8,142.84
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,719,182.65
ALL OTHER 3,371,624.11
FEE SCHEDULE-LAB 314,879.85
INJECTABLE DRUGS 32,678.69

TOTAL NUMBER OF CLAIMS 8,904

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:13
 Page: 6

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	571,415.62	102.10	OTHER LAB	549,022.00	3,268.00
MED/SURG SUPPLY	583,565.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	2,450.11	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,296,821.00	6,592.00	OTHER THERAPEUTIC SVC	0.00	67,758.00
CT SCAN	6,083,885.00	451,127.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	176,966.00	44,641.02	FEE SCHEDULE LAB	4,656,727.40	354,515.95
EKG/ECG	571,962.00	35,746.00	MRI SERVICES	1,540,668.00	101,163.00
IV THERAPY	1,063,899.00	132,051.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,275,715.38	1,117,290.62	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	203,543.00	46,628.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,191,654.00	4,185.00	AMBULANCE	0.00	0.00
GI SERVICES	244,244.00	60,430.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,153,358.00	51,261.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	573,386.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,517.20
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	273,462.31	362,187.96
RADIOLOGY THERAPEUTIC	826,708.00	7,554.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	73,365.00	35,836.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	39,885.00	10,753.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	137,610.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	208,839.00	158,716.37	TRAUMA RESPONSE	0.00	29,329.00
PSYCHIATRIC SERVICES	75,357.00	120,330.00	IMPL DEV CHARGE PATIENTS	313,388.35	0.00
LITHOTRIPSY	0.00	37,562.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,243,429.00	115,558.50	NO CC/INVALID REV CODE	1,836.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,477.00	2,062.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	519,319.20	30,294.70			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	721,355.00	214,187.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	245,600.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,161,868.13	138,681.88			
			TOTAL ANCILLARY	33,457,721.29	3,883,388.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	33,457,721.29	3,883,388.91

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:57:32
Page: 8

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	778,758.60	ADJUSTMENTS	0.00
COVERED CHARGES	642,916.72	CONTRACTUAL ALLOW	573,971.93
NON-COVERD CHARGES	135,841.88	TOTAL MEDICAID LIAB	68,944.79
		LESS: COB	68,857.64
		LESS: COPAYMENT	87.15
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	132

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:32
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	16,096.73	0.00	OTHER LAB	16,513.00	1,634.00
MED/SURG SUPPLY	24,295.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,924.00	741.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,510.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,344.00	472.00	FEE SCHEDULE LAB	61,020.28	6,462.68
EKG/ECG	8,103.00	0.00	MRI SERVICES	16,007.00	25,432.00
IV THERAPY	11,483.00	1,596.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	149,598.00	73,497.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	500.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	93,082.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,458.00	1,729.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	79,473.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	50,473.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,162.15	9,954.20
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,807.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,778.00	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	1,961.00	499.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	2,400.00	IMPL DEV CHARGE PATIENTS	13,302.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,487.00	2,175.00	NO CC/INVALID REV CODE	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	1,958.00	5,252.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,577.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,004.18	0.00			
			TOTAL ANCILLARY	642,916.72	135,841.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	642,916.72	135,841.88

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:57:35
Page: 10

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	839,518.43	ADJUSTMENTS	131.26
COVERED CHARGES	780,279.43	CONTRACTUAL ALLOW	765,779.35
NON-COVERD CHARGES	59,239.00	TOTAL MEDICAID LIAB	14,500.08
		LESS: COB	40.19
		LESS: COPAYMENT	237.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,222.89

TOTAL NUMBER OF CLAIMS 216

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:35
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WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	22,416.99	0.00	OTHER LAB	8,316.00	0.00
MED/SURG SUPPLY	6,356.99	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,301.00	0.00	OTHER THERAPEUTIC SVC	0.00	3,200.00
CT SCAN	158,103.00	16,114.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	365.00	FEE SCHEDULE LAB	97,004.00	4,832.00
EKG/ECG	11,720.00	0.00	MRI SERVICES	14,224.00	0.00
IV THERAPY	23,773.00	1,590.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,154.00	6,296.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,611.00	1,100.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,694.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	338,011.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,053.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,876.70	3,306.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	623.00	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	4,800.00	8,800.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	14,971.00	3,619.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,712.00	2,062.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,769.00	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	8,412.84	7,332.00			
			TOTAL ANCILLARY	780,279.43	59,239.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	780,279.43	59,239.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:57:38
Page: 12

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,007.60	ADJUSTMENTS	0.00
COVERED CHARGES	15,311.80	CONTRACTUAL ALLOW	15,110.41
NON-COVERD CHARGES	1,695.80	TOTAL MEDICAID LIAB	201.39
		LESS: COB	195.39
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:57:38
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WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	526.00	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	819.00	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	2,936.00	878.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	580.00	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	6,764.00	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	486.80	17.80
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	800.00	800.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,400.00	0.00			
			TOTAL ANCILLARY	15,311.80	1,695.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,311.80	1,695.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:57:40
Page: 14

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,517,414.48	ADJUSTMENTS	22,260.52
COVERED CHARGES	4,081,452.48	CONTRACTUAL ALLOW	3,841,153.65
NON-COVERD CHARGES	435,962.00	TOTAL MEDICAID LIAB	240,298.83
		LESS: COB	0.00
		LESS: COPAYMENT	444.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	239,854.83

TOTAL NUMBER OF CLAIMS 43

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:57:40
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR KENNESTONE HOSPITAL
 677 CHURCH ST NE
 MARIETTA, GA 30060-1101

PROVIDER NUMBER
 000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	31,669.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	525,607.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,145.00	5,116.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,472.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	587.00	FEE SCHEDULE LAB	63,207.00	592.00
EKG/ECG	9,376.00	6,087.00	MRI SERVICES	5,596.00	0.00
IV THERAPY	6,076.00	328.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	370,601.00	182,248.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,669.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	212,282.00	1,215.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,790.00	1,730.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	82,618.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,082.10	18,587.30
RADIOLOGY THERAPEUTIC	1,243,946.00	1,040.00	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	6,255.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	279.00	888.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,159,333.86	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,794.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	146,388.00	250.70			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	116,290.00	211,038.00			
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	50,231.02	0.00			
			TOTAL ANCILLARY	4,081,452.48	435,962.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,081,452.48	435,962.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:57:42
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR KENNESTONE HOSPITAL
677 CHURCH ST NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:33
 Page: 1

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER 000001141A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	46,423,011.88	ADJUSTMENTS	715,263.91
COVERED CHARGES	45,663,219.39	CONTRACTUAL ALLOW	39,573,504.49
NON-COVERED CHARGES	759,792.49	TOTAL MEDICAID LIAB	6,089,714.90
		LESS: COB	84,617.10
		LESS: COPAYMENT	350.00
		ADD: ADDON PYMT	2,898.00
		REIMBURSEMENT	6,007,645.80

TOTAL NUMBER OF ADMISSIONS 675

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,400		0	2,916,735.00		0.00
ROUTINE NURSERY	93		0	73,052.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		62,072.94
TOTAL ROUTINE	2,493		0	2,989,787.00		62,072.94
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	550		0	1,649,058.00		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	550		0	1,649,058.00		0.00
TOTAL ACCOMODATIONS	3,043		0	4,638,845.00		62,072.94

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: 09/20/2021
 Run Time: 21:17:33
 Page: 2

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	2,745,642.70	0.00	OTHER LAB	246,389.00	0.00
MED/SURG SUPPLY	3,131,368.55	716.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,974,249.74	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	914,958.00	0.00	OTHER THERAPEUTIC SVC	0.00	8,500.00
CT SCAN	2,416,761.00	443,270.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	570,031.25	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	542,168.00	0.00	MRI SERVICES	534,716.00	0.00
IV THERAPY	17,495.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,767,454.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	276,045.00	5,287.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,633,679.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	385,133.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	80,422.00	4,231.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,504,350.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	291,442.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	12,287.50
LABORATORY PATHOLOGIC	57,668.25	0.00	INJECTABLE DRUGS	9,376,677.71	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	459,890.75	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	114,424.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	310,519.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,625.75	2,428.75	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	447,514.90	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	328,477.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	85,582.54	147,699.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	411,616.00	73,300.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,220,326.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	64,675.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	106,072.00	0.00			
			TOTAL ANCILLARY	41,024,374.39	697,719.55
			TOTAL ACCOMODATIONS	4,638,845.00	62,072.94
			TOTAL CHARGES	45,663,219.39	759,792.49

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:38
 Page: 4

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN,GA 31021-2981

PROVIDER NUMBER 000001141A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	156,533.65	ADJUSTMENTS	0.00
COVERED CHARGES	152,819.65	CONTRACTUAL ALLOW	126,449.36
NON-COVERED CHARGES	3,714.00	TOTAL MEDICAID LIAB	26,370.29
		LESS: COB	26,433.29
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10		0	14,230.00		0.00
ROUTINE NURSERY	3		0	3,888.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	13		0	18,118.00		0.00
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	13		0	18,118.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:38
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FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN,GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	11,896.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,486.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	22,241.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,689.75	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	754.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,458.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	19,633.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,840.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,569.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,533.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	13,699.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	23,120.75	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	205.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,576.50	3,714.00			
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	134,701.65	3,714.00
			TOTAL ACCOMODATIONS	18,118.00	0.00
			TOTAL CHARGES	152,819.65	3,714.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN,GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 28,700,633.08
COVERED CHARGES 25,632,019.13
NON-COVERD CHARGES 3,068,613.95

-----PAYMENTS-----
ADJUSTMENTS 79,896.03
CONTRACTUAL ALLOW 23,955,286.86
TOTAL MEDICAID LIAB 1,676,732.27
LESS: COB 1,567.93
LESS: COPAYMENT 4,523.26
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,670,641.08
ALL OTHER 1,500,184.52
FEE SCHEDULE-LAB 149,274.62
INJECTABLE DRUGS 21,181.94

TOTAL NUMBER OF CLAIMS 4,915

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	461,427.05	238,154.75	OTHER LAB	199,564.25	0.00
MED/SURG SUPPLY	1,508,410.60	97,159.80	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,546,393.50	40,396.50	OTHER THERAPEUTIC SVC	0.00	359.00
CT SCAN	4,334,306.00	324,466.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	211,509.25	16,331.25	FEE SCHEDULE LAB	5,299,220.75	596,944.56
EKG/ECG	664,626.00	32,422.00	MRI SERVICES	618,992.00	36,158.00
IV THERAPY	452,596.00	39,858.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,182,689.00	318,064.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,291.00	2,971.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	122,122.00	26,861.25	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	622,588.00	11,243.00	AMBULANCE	0.00	0.00
GI SERVICES	175,101.00	76,600.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,935,489.00	6,486.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	281,885.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	635,980.79	583,905.69
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	72,921.75	9,351.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	12,873.00	13,876.50	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	10,599.50	129,520.00	TRAUMA RESPONSE	0.00	73,384.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	50,158.50	28,362.40
LITHOTRIPSY	185,920.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	638,714.25	105,541.75	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,482.76	16,600.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	279,050.00	62,706.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	435,393.00	116,920.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	267,671.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	381,044.18	63,970.50			
			TOTAL ANCILLARY	25,632,019.13	3,068,613.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,632,019.13	3,068,613.95

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	456,760.85	ADJUSTMENTS	0.00
COVERED CHARGES	368,326.14	CONTRACTUAL ALLOW	346,064.24
NON-COVERD CHARGES	88,434.71	TOTAL MEDICAID LIAB	22,261.90
		LESS: COB	22,223.61
		LESS: COPAYMENT	38.29
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 67

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	6,898.00	10,652.75	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	18,160.90	4,048.95	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,603.99	2,731.51	OTHER THERAPEUTIC SVC	0.00	229.00
CT SCAN	41,219.00	31,322.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	83,069.25	3,769.25
EKG/ECG	11,728.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	983.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,143.25	12,312.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,083.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,016.50	631.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,239.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	64,426.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,842.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,592.25	10,963.00
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	11,309.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	14,321.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,324.00	227.00			
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	3,677.00	238.00			
			TOTAL ANCILLARY	368,326.14	88,434.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	368,326.14	88,434.71

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN, GA 31021-2981

PROVIDER NUMBER 000001141A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,434,767.04	ADJUSTMENTS	150.64
COVERED CHARGES	1,331,918.29	CONTRACTUAL ALLOW	1,295,499.49
NON-COVERD CHARGES	102,848.75	TOTAL MEDICAID LIAB	36,418.80
		LESS: COB	0.00
		LESS: COPAYMENT	651.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	35,767.80

TOTAL NUMBER OF CLAIMS 465

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	17,064.75	5,490.00	OTHER LAB	6,598.25	0.00
MED/SURG SUPPLY	15,223.15	342.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	108,233.75	1,760.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	193,955.00	47,443.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	365,450.75	19,327.75
EKG/ECG	28,984.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	31,604.00	2,142.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	275.25	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,598.25	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	501,194.00	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	30,020.39	21,877.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	24,190.75	4,465.50	NO CC/INVALID REV CODE	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	5,526.00	0.00			
			TOTAL ANCILLARY	1,331,918.29	102,848.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,331,918.29	102,848.75

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:17:53
Page: 12

FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN, GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,118.75	ADJUSTMENTS	0.00
COVERED CHARGES	11,827.25	CONTRACTUAL ALLOW	11,435.65
NON-COVERD CHARGES	291.50	TOTAL MEDICAID LIAB	391.60
		LESS: COB	388.60
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF CLAIMS	5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:17:53
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FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	149.75	0.00	OTHER LAB	1,752.25	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	3,474.25	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	698.00	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	492.00	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	5,261.00	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	0.00	291.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,827.25	291.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,827.25	291.50

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:17:55
Page: 14

FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN, GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,926,778.99	ADJUSTMENTS	21,547.88
COVERED CHARGES	1,596,188.80	CONTRACTUAL ALLOW	1,515,316.75
NON-COVERD CHARGES	330,590.19	TOTAL MEDICAID LIAB	80,872.05
		LESS: COB	0.00
		LESS: COPAYMENT	72.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	80,800.05
TOTAL NUMBER OF CLAIMS			15

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:17:55
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

FAIRVIEW PARK HOSPITAL
 200 INDUSTRIAL BLVD
 DUBLIN, GA 31021-2981

PROVIDER NUMBER
 000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	29,536.79	7,042.25	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	298,273.35	82,696.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,658.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,285.00	9,768.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	54,460.50	7,743.50
EKG/ECG	10,862.00	754.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,523.00	257.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	421,099.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	492.00	75.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,491.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,429.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,661.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	98,009.01	49,643.99
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	101,180.40	103,517.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	506,975.50	69,091.50			
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	10,253.00	0.00			
			TOTAL ANCILLARY	1,596,188.80	330,590.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,596,188.80	330,590.19

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:17:56
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN,GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:55
 Page: 1

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER 000001152A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,916,530.42	ADJUSTMENTS	46,579.26
COVERED CHARGES	1,914,410.72	CONTRACTUAL ALLOW	1,471,394.58
NON-COVERED CHARGES	2,119.70	TOTAL MEDICAID LIAB	443,016.14
		LESS: COB	10,902.95
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	2,000.00
		REIMBURSEMENT	434,075.69

TOTAL NUMBER OF ADMISSIONS 78

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	202		0	198,246.00		0.00
ROUTINE NURSERY	16		0	6,928.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	218		0	205,174.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	16		0	24,352.00		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	16		0	24,352.00		0.00
TOTAL ACCOMODATIONS	234		0	229,526.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:55
 Page: 2

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	449,037.00	0.00	OTHER LAB	2,297.86	0.00
MED/SURG SUPPLY	75,110.87	81.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	169,294.35	0.00	EDUCATION & TRAINING	1,468.25	0.00
RADIOLOGY-DIAGNOSTIC	18,891.88	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	131,095.93	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,276.21	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	12,243.60	0.00	MRI SERVICES	14,844.67	0.00
IV THERAPY	82,318.53	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	184,553.28	712.68	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	697.22	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	80,847.54	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	45,478.43	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,712.12	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	105,020.60	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,084.32	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	500.00	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	260.76	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,721.68	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,681.77	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	1,325.62			
CARDIOLOGY	8,106.97	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	258,340.88	0.00			
			TOTAL ANCILLARY	1,684,884.72	2,119.70
			TOTAL ACCOMODATIONS	229,526.00	0.00
			TOTAL CHARGES	1,914,410.72	2,119.70

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:57
 Page: 3

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE,GA 31313-4000

PROVIDER NUMBER 000001152A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,467.58	ADJUSTMENTS	0.00
COVERED CHARGES	51,361.84	CONTRACTUAL ALLOW	43,861.92
NON-COVERD CHARGES	105.74	TOTAL MEDICAID LIAB	7,499.92
		LESS: COB	7,499.92
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7		0	6,685.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7		0	6,685.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	3,044.00		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	2		0	3,044.00		0.00
TOTAL ACCOMODATIONS	9		0	9,729.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:27:57
 Page: 4

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	10,235.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,869.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,962.68	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	71.55	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	766.38	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,735.98	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	105.74	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,991.29	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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	41,632.84	105.74
			TOTAL ACCOMODATIONS	9,729.00	0.00
			TOTAL CHARGES	51,361.84	105.74

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:27:58
Page: 5

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,304,265.98	ADJUSTMENTS	252,486.95
COVERED CHARGES	4,022,013.96	CONTRACTUAL ALLOW	3,169,798.05
NON-COVERD CHARGES	282,252.02	TOTAL MEDICAID LIAB	852,215.91
		LESS: COB	1,610.40
		LESS: COPAYMENT	819.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	849,786.51
		ALL OTHER	772,091.76
		FEE SCHEDULE-LAB	72,747.55
		INJECTABLE DRUGS	4,947.20
		TOTAL NUMBER OF CLAIMS	1,798

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

Run Date: 09/20/2021
 Run Time: 21:27:58
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LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	214,032.96	1,150.00	OTHER LAB	39,178.78	230.56
MED/SURG SUPPLY	83,382.16	50.60	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	42.00	606.24
RADIOLOGY-DIAGNOSTIC	207,038.35	763.39	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	511,135.99	32,434.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	116,394.76	10,982.90	FEE SCHEDULE LAB	471,147.56	60,801.07
EKG/ECG	40,123.82	3,056.46	MRI SERVICES	100,796.66	4,242.93
IV THERAPY	228,509.26	72,775.43	PROFESSIONAL FEES	0.00	122.00
OPERATING ROOM	117,314.21	8,969.99	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,895.78	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	22,719.92	9,072.36	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	87,556.33	0.00	AMBULANCE	0.00	0.00
GI SERVICES	106,059.89	3,502.95	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,066,001.76	665.73	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,050.04	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	97,035.00	51,998.00
RADIOLOGY THERAPEUTIC	0.00	232.94	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	17,307.89	3,233.04	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	12,443.50	316.25	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	2,811.54	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,599.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	123,652.56	6,184.03	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,971.52	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	17,858.96	7,677.35			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	38,569.49	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	280,195.81	372.25			
			TOTAL ANCILLARY	4,022,013.96	282,252.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,022,013.96	282,252.02

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:02
Page: 7

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	108,450.77	ADJUSTMENTS	0.00
COVERED CHARGES	56,133.47	CONTRACTUAL ALLOW	45,172.49
NON-COVERD CHARGES	52,317.30	TOTAL MEDICAID LIAB	10,960.98

LESS: COB	10,957.55
LESS: COPAYMENT	3.43
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 26

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:02
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	1,943.00	3,000.00	OTHER LAB	224.84	0.00
MED/SURG SUPPLY	1,756.56	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	33.39	0.00
RADIOLOGY-DIAGNOSTIC	2,222.61	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,184.06	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,864.75	0.00	FEE SCHEDULE LAB	7,857.40	1,195.85
EKG/ECG	335.19	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,561.71	2,361.15	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	1,307.07	1,151.25	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,966.14	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	7,808.08	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,684.98	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	3,280.00	2,114.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	485.56	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	143.72	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	235.03	286.80	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	375.24	1,680.39			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,632.00			
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	29,760.00			
			TOTAL ANCILLARY	56,133.47	52,317.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	56,133.47	52,317.30

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:03
Page: 9

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	98,143.11	ADJUSTMENTS	140.00
COVERED CHARGES	92,169.48	CONTRACTUAL ALLOW	87,444.70
NON-COVERED CHARGES	5,973.63	TOTAL MEDICAID LIAB	4,724.78
		LESS: COB	0.00
		LESS: COPAYMENT	36.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,688.78

TOTAL NUMBER OF CLAIMS 68

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:03
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LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	5,220.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	510.01	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,496.84	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,421.48	3,513.11	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	888.00	0.00	FEE SCHEDULE LAB	10,620.70	1,153.33
EKG/ECG	564.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,929.13	1,072.16	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	50,620.12	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	4,899.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	235.03	NO CC/INVALID REV CODE	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	92,169.48	5,973.63
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	92,169.48	5,973.63

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:28:03
Page: 11

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	12/01/19	THROUGH	11/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:28:03
Page: 12

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 12/01/19 THROUGH 11/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	708,409.80	ADJUSTMENTS	36,606.44
COVERED CHARGES	659,596.77	CONTRACTUAL ALLOW	554,344.63
NON-COVERD CHARGES	48,813.03	TOTAL MEDICAID LIAB	105,252.14
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	105,249.14

TOTAL NUMBER OF CLAIMS 23

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:28:03
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

LIBERTY REGIONAL MEDICAL CENTER
 462 ELMA G MILES PKWY
 HINESVILLE, GA 31313-4000

PROVIDER NUMBER
 000001152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 12/01/19 THROUGH 11/30/20
 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	43,275.00	921.00	OTHER LAB	3,878.28	0.00
MED/SURG SUPPLY	31,996.67	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	166.87	435.70
RADIOLOGY-DIAGNOSTIC	2,089.47	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	61,879.29	10,357.96	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,543.68	FEE SCHEDULE LAB	29,947.08	6,351.87
EKG/ECG	4,231.06	716.58	MRI SERVICES	0.00	0.00
IV THERAPY	58,001.83	12,334.96	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	102,029.92	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,906.81	11,013.63	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,686.74	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,543.86	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,075.06	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	23,561.00	2,574.00
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	130.38	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,755.21	433.27	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,197.74	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,594.88	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	228,780.00	0.00			
			TOTAL ANCILLARY	659,596.77	48,813.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	659,596.77	48,813.03

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:28:04
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

LIBERTY REGIONAL MEDICAL CENTER
462 ELMA G MILES PKWY
HINESVILLE, GA 31313-4000

PROVIDER NUMBER
000001152A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	12/01/19	THROUGH	11/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:45:02
 Page: 1

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
 116 W THIGPEN AVENUE
 LAKELAND, GA 31635-1006

PROVIDER NUMBER
 000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	68,639.48	ADJUSTMENTS	0.00
COVERED CHARGES	68,639.48	CONTRACTUAL ALLOW	31,978.73
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	36,660.75
		LESS: COB	787.04
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	35,861.21

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	14		0	13,510.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	14		0	13,510.00		0.00
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	14		0	13,510.00		0.00

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: 09/20/2021
 Run Time: 20:45:02
 Page: 2

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
 116 W THIGPEN AVENUE
 LAKELAND, GA 31635-1006

PROVIDER NUMBER
 000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	20,088.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	301.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,284.00	0.00	EDUCATION & TRAINING	189.00	0.00
RADIOLOGY-DIAGNOSTIC	2,461.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,630.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	606.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,979.00	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	2,018.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,671.00	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	902.00	0.00			
			TOTAL ANCILLARY	55,129.48	0.00
			TOTAL ACCOMODATIONS	13,510.00	0.00
			TOTAL CHARGES	68,639.48	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:45:03
Page: 3

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:45:03
Page: 4

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	640,172.42	ADJUSTMENTS	55,984.78
COVERED CHARGES	580,402.04	CONTRACTUAL ALLOW	358,798.33
NON-COVERD CHARGES	59,770.38	TOTAL MEDICAID LIAB	221,603.71
		LESS: COB	56.97
		LESS: COPAYMENT	252.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	221,294.74
		ALL OTHER	197,659.74
		FEE SCHEDULE-LAB	22,894.12
		INJECTABLE DRUGS	740.88
		TOTAL NUMBER OF CLAIMS	629

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:45:03
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
 116 W THIGPEN AVENUE
 LAKELAND, GA 31635-1006

PROVIDER NUMBER
 000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	16,063.00	0.00	OTHER LAB	4,758.00	0.00
MED/SURG SUPPLY	2,400.29	192.13	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	43,179.00	3,497.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	159,596.00	27,543.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,301.00	616.00	FEE SCHEDULE LAB	155,048.00	9,086.00
EKG/ECG	8,270.00	202.00	MRI SERVICES	0.00	0.00
IV THERAPY	30,754.00	4,773.00	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	1,057.00	314.00	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	103,301.00	602.00	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	29,851.75	11,523.25
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,528.00	110.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	494.00	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	764.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,306.00	548.00	NO CC/INVALID REV CODE	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	1,512.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,167.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,816.00	0.00			
			TOTAL ANCILLARY	580,402.04	59,770.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	580,402.04	59,770.38

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:45:07
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:45:07
Page: 7

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	33,677.54	ADJUSTMENTS	0.00
COVERED CHARGES	30,952.29	CONTRACTUAL ALLOW	26,472.29
NON-COVERD CHARGES	2,725.25	TOTAL MEDICAID LIAB	4,480.00
		LESS: COB	0.00
		LESS: COPAYMENT	84.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,396.00

TOTAL NUMBER OF CLAIMS 64

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:45:07
 Page: 8

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
 116 W THIGPEN AVENUE
 LAKELAND, GA 31635-1006

PROVIDER NUMBER
 000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	551.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	178.04	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	983.00	407.00	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	7,656.00	774.00
EKG/ECG	606.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	985.00	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	18,960.00	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	1,033.25	1,544.25
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	30,952.29	2,725.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	30,952.29	2,725.25

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:45:07
Page: 9

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:45:07
Page: 10

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,847.75	ADJUSTMENTS	5,216.38
COVERED CHARGES	10,783.75	CONTRACTUAL ALLOW	5,567.37
NON-COVERD CHARGES	64.00	TOTAL MEDICAID LIAB	5,216.38
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,216.38

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:45:07
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
 116 W THIGPEN AVENUE
 LAKELAND, GA 31635-1006

PROVIDER NUMBER
 000001163A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	8,913.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	504.00	24.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	254.00	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	1,079.00	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	33.75	40.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,783.75	64.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,783.75	64.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:45:08
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY,
116 W THIGPEN AVENUE
LAKELAND, GA 31635-1006

PROVIDER NUMBER
000001163A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:33
 Page: 1

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINTGON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	973,735.11	ADJUSTMENTS	0.00
COVERED CHARGES	973,735.11	CONTRACTUAL ALLOW	623,022.36
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	350,712.75
		LESS: COB	5,346.93
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	345,340.82

TOTAL NUMBER OF ADMISSIONS 43

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	95		0	55,100.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	95		0	55,100.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	64		0	62,272.00		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	64		0	62,272.00		0.00
TOTAL ACCOMODATIONS	159		0	117,372.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:33
 Page: 2

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINTGON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	199,764.63	0.00	OTHER LAB	2,978.00	0.00
MED/SURG SUPPLY	228,285.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	65,185.46	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,532.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	52,581.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	21,264.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,908.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,020.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	69,430.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,621.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,898.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	49,013.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,255.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,071.88	0.00	INJECTABLE DRUGS	237.22	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	22,891.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	860.00	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	567.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	36,653.19	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,942.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,308.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,418.00	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	11,679.00	0.00			
			TOTAL ANCILLARY	856,363.11	0.00
			TOTAL ACCOMODATIONS	117,372.00	0.00
			TOTAL CHARGES	973,735.11	0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:34
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINTGON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,543.36	ADJUSTMENTS	0.00
COVERED CHARGES	20,543.36	CONTRACTUAL ALLOW	16,879.06
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	3,664.30
		LESS: COB	3,664.30
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	0		0	0.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	0		0	0.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	5,838.00		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	6		0	5,838.00		0.00
TOTAL ACCOMODATIONS	6		0	5,838.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:34
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINTGON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	7,151.84	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	384.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,243.52	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	241.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,157.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	262.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	140.00	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	1,669.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	457.00	0.00			
			TOTAL ANCILLARY	14,705.36	0.00
			TOTAL ACCOMODATIONS	5,838.00	0.00
			TOTAL CHARGES	20,543.36	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,386,341.06
COVERED CHARGES 3,237,311.81
NON-COVERD CHARGES 149,029.25

-----PAYMENTS-----
ADJUSTMENTS 154,465.52
CONTRACTUAL ALLOW 2,696,760.67
TOTAL MEDICAID LIAB 540,551.14
LESS: COB 0.00
LESS: COPAYMENT 351.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 540,200.14
ALL OTHER 479,537.08
FEE SCHEDULE-LAB 57,237.72
INJECTABLE DRUGS 3,425.34

TOTAL NUMBER OF CLAIMS 1,387

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:34
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINGTON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	123,041.88	133.10	OTHER LAB	61,390.00	0.00
MED/SURG SUPPLY	251,098.79	27.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	169,910.00	494.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	556,785.00	29,025.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	561.00	FEE SCHEDULE LAB	460,261.74	21,087.10
EKG/ECG	96,975.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	238,319.00	1,323.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	221,959.68	27,898.32	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	29,937.00	2,234.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	23,114.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,522.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	764,956.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	48,638.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	131,970.94	59,147.73
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	728.00	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	3,402.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,984.78	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	28,266.00	1,260.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,593.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,041.00	1,709.00			
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	5,548.00	0.00			
			TOTAL ANCILLARY	3,237,311.81	149,029.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,237,311.81	149,029.25

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:52:39
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	47,873.27	ADJUSTMENTS	0.00
COVERED CHARGES	42,673.13	CONTRACTUAL ALLOW	40,380.74
NON-COVERD CHARGES	5,200.14	TOTAL MEDICAID LIAB	2,292.39
		LESS: COB	2,292.39
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	18

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:39
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER PROVIDER NUMBER PAYMENT DATES 00/00/00 THROUGH 00/00/00
 2460 WASHINGTON ROAD N.E. 000001185A SERVICE DATES 01/01/20 THROUGH 12/31/20
 THOMSON, GA 30824-2199 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	2,313.29	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,600.58	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,302.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,552.00	3,736.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,770.56	75.34
EKG/ECG	1,310.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,995.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,774.00	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	151.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,835.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	266.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,604.70	1,388.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	747.00	0.00	NO CC/INVALID REV CODE	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	1,452.00	0.00			
			TOTAL ANCILLARY	42,673.13	5,200.14
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	42,673.13	5,200.14

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:52:39
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,125.40	ADJUSTMENTS	78.32
COVERED CHARGES	32,918.52	CONTRACTUAL ALLOW	30,412.28
NON-COVERD CHARGES	1,206.88	TOTAL MEDICAID LIAB	2,506.24
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,491.24

TOTAL NUMBER OF CLAIMS 32

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:52:39
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UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
 2460 WASHINGTON ROAD N.E.
 THOMSON, GA 30824-2199

PROVIDER NUMBER
 000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	674.82	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,364.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,322.00	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	5,351.17	245.72
EKG/ECG	786.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,608.00	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	17,792.00	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	714.53	961.16
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	IMPL DEV CHARGE PATIENTS	306.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	32,918.52	1,206.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	32,918.52	1,206.88

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:52:39
Page: 11

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:52:39
Page: 12

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNIVERSITY MCDUFFIE COUNTY REGIONAL MEDICAL CENTER
2460 WASHINTGON ROAD N.E.
THOMSON, GA 30824-2199

PROVIDER NUMBER
000001185A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:36
 Page: 1

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER 000001196A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,224,733.22	ADJUSTMENTS	890,378.99
COVERED CHARGES	50,859,427.21	CONTRACTUAL ALLOW	36,531,590.38
NON-COVERED CHARGES	365,306.01	TOTAL MEDICAID LIAB	14,327,836.83
		LESS: COB	165,153.82
		LESS: COPAYMENT	362.50
		ADD: ADDON PYMT	10,710.00
		REIMBURSEMENT	14,173,030.51

TOTAL NUMBER OF ADMISSIONS 1,253

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,972		0	4,640,967.00		0.00
ROUTINE NURSERY	1,270		0	1,124,679.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		833.00
TOTAL ROUTINE	7,242		0	5,765,646.00		833.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,171		0	2,848,388.00		0.00
NICU	32		0	84,000.00		0.00
PED ICU	58		0	100,862.00		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	1,261		0	3,033,250.00		0.00
TOTAL ACCOMODATIONS	8,503		0	8,798,896.00		833.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:36
 Page: 2

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	11,036,897.09	0.06	OTHER LAB	149,144.00	0.00
MED/SURG SUPPLY	1,821,147.13	569.95	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,875,664.74	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	838,337.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,252,998.01	41,071.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	316,537.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	180,638.44	0.00	MRI SERVICES	660,058.00	0.00
IV THERAPY	850,279.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,745,512.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	751,475.00	6,082.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,999,542.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	366,015.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	499,394.00	6,510.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,794,109.20	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	805,105.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	210,391.00	0.00	INJECTABLE DRUGS	32.95	0.00
RADIOLOGY THERAPEUTIC	35,523.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	422,685.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	152,760.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	843,590.00	13,092.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	55,747.00	0.00	TRAUMA RESPONSE	0.00	39,528.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,229,952.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	198,480.00	5,601.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	610,192.04	220,220.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	49,946.00	31,799.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,132,890.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	53,267.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	122,221.66	0.00			
			TOTAL ANCILLARY	42,060,531.21	364,473.01
			TOTAL ACCOMODATIONS	8,798,896.00	833.00
			TOTAL CHARGES	50,859,427.21	365,306.01

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:44
 Page: 3

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER 000001196A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	80,162.71	ADJUSTMENTS	0.00
COVERED CHARGES	80,162.71	CONTRACTUAL ALLOW	65,023.58
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	15,139.13
		LESS: COB	15,139.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	16		0	12,640.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	16		0	12,640.00		0.00
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	16		0	12,640.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:44
 Page: 4

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	16,325.03	0.00	OTHER LAB	1,432.00	0.00
MED/SURG SUPPLY	54.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,802.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	570.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	298.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	528.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	447.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	19,054.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	188.00	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	4,803.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,225.00	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	436.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,616.00	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	1,744.68	0.00			
			TOTAL ANCILLARY	67,522.71	0.00
			TOTAL ACCOMODATIONS	12,640.00	0.00
			TOTAL CHARGES	80,162.71	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:43:45
Page: 5

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 23,913,042.05
COVERED CHARGES 19,056,015.89
NON-COVERD CHARGES 4,857,026.16

-----PAYMENTS-----
ADJUSTMENTS 344,917.20
CONTRACTUAL ALLOW 14,705,895.48
TOTAL MEDICAID LIAB 4,350,120.41
LESS: COB 7,883.50
LESS: COPAYMENT 9,291.97
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,332,944.94
ALL OTHER 3,552,788.74
FEE SCHEDULE-LAB 184,985.13
INJECTABLE DRUGS 595,171.07

TOTAL NUMBER OF CLAIMS 8,970

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:43:45
 Page: 6

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	465,575.77	22,762.29	OTHER LAB	83,678.00	742.00
MED/SURG SUPPLY	597,912.82	52,640.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	553,124.00	15,954.00	OTHER THERAPEUTIC SVC	0.00	470.00
CT SCAN	1,619,139.00	184,558.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	24,103.00	15,035.00	FEE SCHEDULE LAB	2,174,091.00	158,108.00
EKG/ECG	140,539.00	4,400.00	MRI SERVICES	318,831.00	36,490.00
IV THERAPY	1,320,752.00	112,060.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	860,868.70	192,973.30	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	269,099.00	68,707.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	171,290.00	388.00	AMBULANCE	0.00	0.00
GI SERVICES	382,942.00	104,160.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,218,852.00	12,029.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	308,292.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,047,626.18	2,402,430.51
RADIOLOGY THERAPEUTIC	950,289.00	995,157.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,485.00	5,104.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,417.00	7,611.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	28,589.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,191.00	13,928.93	TRAUMA RESPONSE	0.00	65,880.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	65,151.56	75,665.73
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	386,581.00	36,543.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	175,195.00	136,296.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	33,568.00	40,784.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	77,929.00	40,237.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	71,247.00	4,902.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	731,246.86	22,421.00			
			TOTAL ANCILLARY	19,056,015.89	4,857,026.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,056,015.89	4,857,026.16

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:44:01
 Page: 8

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,604.87	166.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,025.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,646.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,110.00	4,309.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,670.00	1,308.00
EKG/ECG	880.00	0.00	MRI SERVICES	9,308.00	0.00
IV THERAPY	7,505.00	1,465.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,904.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,301.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,202.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	40,126.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,430.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,075.82	76,683.71
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	367.00	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	379.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	939.00	1,016.00	NO CC/INVALID REV CODE	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	1,615.00	0.00			
			TOTAL ANCILLARY	102,342.08	85,694.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	102,342.08	85,694.11

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:44:03
Page: 9

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	673,359.70	ADJUSTMENTS	329.65
COVERED CHARGES	636,897.50	CONTRACTUAL ALLOW	595,813.94
NON-COVERD CHARGES	36,462.20	TOTAL MEDICAID LIAB	41,083.56
		LESS: COB	17.00
		LESS: COPAYMENT	651.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	40,415.56

TOTAL NUMBER OF CLAIMS 612

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:44:03
 Page: 10

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,972.14	73.55	OTHER LAB	754.00	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	26,751.00	544.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,030.00	2,661.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	76,800.00	5,828.00
EKG/ECG	4,048.00	176.00	MRI SERVICES	0.00	0.00
IV THERAPY	24,125.00	2,994.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	402.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,920.00	188.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,264.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	409,026.00	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	30,523.36	16,690.65
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	139.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,412.00	1,448.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,870.00	5,720.00			
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	636,897.50	36,462.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	636,897.50	36,462.20

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:44:06
 Page: 11

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER 000001196A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,763.98	ADJUSTMENTS	0.00
COVERED CHARGES	13,789.13	CONTRACTUAL ALLOW	13,386.35
NON-COVERD CHARGES	4,974.85	TOTAL MEDICAID LIAB	402.78
		LESS: COB	396.78
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:44:06
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MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	211.58	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	1,024.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,309.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,883.00	48.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,045.00	103.00	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	7,383.00	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	242.55	44.85
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	470.00	NO CC/INVALID REV CODE	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	13,789.13	4,974.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,789.13	4,974.85

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:44:08
Page: 13

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER 000001196A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,982,336.11	ADJUSTMENTS	306,043.56
COVERED CHARGES	7,308,067.57	CONTRACTUAL ALLOW	6,301,560.39
NON-COVERD CHARGES	674,268.54	TOTAL MEDICAID LIAB	1,006,507.18
		LESS: COB	0.00
		LESS: COPAYMENT	1,062.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,005,445.18

TOTAL NUMBER OF CLAIMS 171

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MIDTOWN MEDICAL CENTER
 710 CENTER STREET
 COLUMBUS, GA 31902-1527

PROVIDER NUMBER
 000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	56,714.04	7,481.04	OTHER LAB	1,429.00	0.00
MED/SURG SUPPLY	202,261.36	43,766.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,087.00	254.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,108.00	2,235.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	439.00	FEE SCHEDULE LAB	46,443.00	5,449.00
EKG/ECG	1,056.00	352.00	MRI SERVICES	14,845.00	0.00
IV THERAPY	113,288.00	4,328.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	274,078.09	22,166.91	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,418.00	564.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	23,160.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	37,872.00	3,255.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,207.00	1,601.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	36,450.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,726,725.39	373,268.59
RADIOLOGY THERAPEUTIC	454,207.00	31,499.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	715.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	356.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,364.00	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	152,429.31	83,758.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,302.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,876.00	2,860.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	45,395.00	465.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	34,502.00	83,529.00			
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	30,214.38	1,562.00			
			TOTAL ANCILLARY	7,308,067.57	674,268.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,308,067.57	674,268.54

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:44:10
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS,GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:29:00
 Page: 1

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	162,026,826.64	ADJUSTMENTS	2,641,111.78
COVERED CHARGES	157,275,027.23	CONTRACTUAL ALLOW	122,215,737.02
NON-COVERED CHARGES	4,751,799.41	TOTAL MEDICAID LIAB	35,059,290.21
		LESS: COB	605,765.56
		LESS: COPAYMENT	612.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	34,452,912.15

TOTAL NUMBER OF ADMISSIONS 2,456

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	13,428	0	16,441,860.00	0.00
ROUTINE NURSERY	2,084	0	8,913,200.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	15,512	0	25,355,060.00	0.00
SPECIAL CARE SERVICES				
CCU	45	0	149,130.00	0.00
ICU	3,576	0	11,335,379.00	0.00
NICU	105	0	898,380.00	0.00
PED ICU	529	0	1,859,435.00	0.00
NEURO ICU	0	0	0.00	0.00
SHOCK TRAUMA	226	0	794,390.00	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	4,481	0	15,036,714.00	0.00
TOTAL ACCOMODATIONS	19,993	0	40,391,774.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:29:00
 Page: 2

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	22,918,808.95	0.00	OTHER LAB	966,368.05	0.00
MED/SURG SUPPLY	2,253,300.40	64,384.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,320,600.42	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,596,541.00	0.00	OTHER THERAPEUTIC SVC	0.00	618,107.00
CT SCAN	6,247,723.00	117,232.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	933,877.90	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	481,780.00	1,600.00	MRI SERVICES	1,931,781.00	44,301.00
IV THERAPY	676,809.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,257,311.12	63,462.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,183,719.00	27,712.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,145,096.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,468,106.30	0.00	AMBULANCE	0.00	0.00
GI SERVICES	12,564.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,282,069.60	800.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,038,918.30	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	190,442.00	0.00	INJECTABLE DRUGS	7,841,612.54	1,040,336.36
RADIOLOGY THERAPEUTIC	40,463.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	528,154.90	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	417,925.75	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,664,550.00	2,338,193.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	672.00	78,166.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	11,191.00	0.00	IMPL DEV CHARGE PATIENTS	5,607,226.35	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	405,165.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,765,102.40	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	456,073.00	17,261.00			
AUDIOLOGY	0.00	8,911.95			
CARDIOLOGY	3,789,117.80	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	206,026.45	12,535.95			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,244,157.00	318,796.75			
			TOTAL ANCILLARY	116,883,253.23	4,751,799.41
			TOTAL ACCOMODATIONS	40,391,774.00	0.00
			TOTAL CHARGES	157,275,027.23	4,751,799.41

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,072,332.55	ADJUSTMENTS	0.00
COVERED CHARGES	2,053,202.36	CONTRACTUAL ALLOW	1,631,222.81
NON-COVERED CHARGES	19,130.19	TOTAL MEDICAID LIAB	421,979.55
		LESS: COB	421,979.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 42

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	116		0	142,623.00		0.00
ROUTINE NURSERY	116		0	555,767.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	232		0	698,390.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	7,030.00		0.00
NICU	5		0	42,780.00		0.00
PED ICU	4		0	14,060.00		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	11		0	63,870.00		0.00
TOTAL ACCOMODATIONS	243		0	762,260.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	131,613.16	0.00	OTHER LAB	29,379.00	0.00
MED/SURG SUPPLY	14,036.55	460.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	133,852.15	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,448.00	0.00	OTHER THERAPEUTIC SVC	0.00	290.00
CT SCAN	17,557.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,661.10	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,200.00	0.00	MRI SERVICES	8,575.00	0.00
IV THERAPY	2,243.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	106,898.80	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	249,673.00	4,695.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	114,856.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	57,958.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	42,407.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,092.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,428.00	0.00	INJECTABLE DRUGS	147,199.70	5,609.94
RADIOLOGY THERAPEUTIC	2,720.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,244.95	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,668.90	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	2,215.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	151,036.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,994.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,198.75	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,918.20	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	10,084.10	5,860.05			
			TOTAL ANCILLARY	1,290,942.36	19,130.19
			TOTAL ACCOMODATIONS	762,260.00	0.00
			TOTAL CHARGES	2,053,202.36	19,130.19

Report : CLM-0804-0
Process : CLMJO800
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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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON,GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 50,412,095.16
COVERED CHARGES 46,630,303.49
NON-COVERD CHARGES 3,781,791.67

-----PAYMENTS-----
ADJUSTMENTS 2,597,198.82
CONTRACTUAL ALLOW 38,371,564.44
TOTAL MEDICAID LIAB 8,258,739.05
LESS: COB 29,927.61
LESS: COPAYMENT 6,024.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 8,222,787.44
ALL OTHER 6,873,874.65
FEE SCHEDULE-LAB 810,286.07
INJECTABLE DRUGS 538,626.72

TOTAL NUMBER OF CLAIMS 17,604

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,700,750.70	9,734.76	OTHER LAB	341,602.00	51,119.00
MED/SURG SUPPLY	545,897.00	42,283.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,584,063.00	117,302.00	OTHER THERAPEUTIC SVC	1,648.00	3,617.00
CT SCAN	3,406,015.00	261,606.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,425.00	17,217.00	FEE SCHEDULE LAB	8,663,526.15	245,902.22
EKG/ECG	288,200.00	3,800.00	MRI SERVICES	361,284.00	27,237.00
IV THERAPY	1,486,205.05	78,528.00	PROFESSIONAL FEES	0.00	0.01
OPERATING ROOM	3,936,689.61	598,113.39	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	215,389.00	14,415.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	217,899.00	45,099.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	896,758.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	99,247.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,621,326.00	196,091.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,074,851.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,475,750.74	1,072,758.21
RADIOLOGY THERAPEUTIC	253,895.00	3,108.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,747.00	9,584.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	25,516.00	11,619.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	82,169.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,917,850.00	173,666.88	TRAUMA RESPONSE	0.00	50,538.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	344,172.94	350,999.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	554,995.00	56,391.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	618,647.00	8,252.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	533,971.00	68,279.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	406,806.00	110,570.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	95,070.00	7,043.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,953,107.30	64,750.00			
			TOTAL ANCILLARY	46,630,303.49	3,781,791.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	46,630,303.49	3,781,791.67

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON, GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	668,552.15	ADJUSTMENTS	0.00
COVERED CHARGES	488,236.55	CONTRACTUAL ALLOW	411,711.10
NON-COVERD CHARGES	180,315.60	TOTAL MEDICAID LIAB	76,525.45
		LESS: COB	76,450.45
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	219

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	13,071.25	6,487.38	OTHER LAB	7,190.00	0.00
MED/SURG SUPPLY	7,874.00	396.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,021.00	648.00	OTHER THERAPEUTIC SVC	0.00	2,153.00
CT SCAN	20,092.00	6,322.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,505.00	FEE SCHEDULE LAB	77,212.00	6,161.00
EKG/ECG	1,000.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,847.00	290.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	70,143.47	25,230.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,805.00	2,805.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	934.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	25,563.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,133.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	41,813.00	151.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	35,591.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	48,877.83	21,461.69
RADIOLOGY THERAPEUTIC	22,288.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	585.00	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	34,490.00	926.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,792.00	100,107.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	654.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	39,174.00	948.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,136.00	3,068.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,667.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,522.00	417.00			
			TOTAL ANCILLARY	488,236.55	180,315.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	488,236.55	180,315.60

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON, GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	881,891.46	ADJUSTMENTS	262.52
COVERED CHARGES	857,332.01	CONTRACTUAL ALLOW	832,963.82
NON-COVERD CHARGES	24,559.45	TOTAL MEDICAID LIAB	24,368.19
		LESS: COB	0.00
		LESS: COPAYMENT	186.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	24,182.19

TOTAL NUMBER OF CLAIMS 363

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	15,342.91	5.15	OTHER LAB	1,023.00	0.00
MED/SURG SUPPLY	179.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	45,679.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,974.00	18,129.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	88,489.19	3,915.00
EKG/ECG	5,800.00	1,000.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,009.00	568.00	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	2,462.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,133.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	654,622.00	27.00	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	6,618.91	52.30
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	813.00	NO CC/INVALID REV CODE	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	50.00			
			TOTAL ANCILLARY	857,332.01	24,559.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	857,332.01	24,559.45

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:30:08
Page: 11

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON,GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,795.91	ADJUSTMENTS	0.00
COVERED CHARGES	32,958.91	CONTRACTUAL ALLOW	32,287.61
NON-COVERD CHARGES	2,837.00	TOTAL MEDICAID LIAB	671.30
		LESS: COB	668.30
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:30:08
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	681.27	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	1,742.00	290.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,221.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,868.00	42.00
EKG/ECG	200.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,705.00	284.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	623.00	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	2,266.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,748.00	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	53.64	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,072.00	0.00			
			TOTAL ANCILLARY	32,958.91	2,837.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	32,958.91	2,837.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:30:11
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON, GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,951,957.21	ADJUSTMENTS	394,274.60
COVERED CHARGES	9,445,659.61	CONTRACTUAL ALLOW	8,049,907.78
NON-COVERD CHARGES	1,506,297.60	TOTAL MEDICAID LIAB	1,395,751.83
		LESS: COB	0.00
		LESS: COPAYMENT	251.26
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,395,500.57

TOTAL NUMBER OF CLAIMS 219

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON, GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	384,917.16	4,595.65	OTHER LAB	41,550.00	31,072.00
MED/SURG SUPPLY	473,634.00	246,681.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	81,579.00	45,557.00	OTHER THERAPEUTIC SVC	0.00	2,258.00
CT SCAN	121,138.00	39,180.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,282.00	15,053.00	FEE SCHEDULE LAB	267,397.15	14,259.00
EKG/ECG	25,600.00	1,400.00	MRI SERVICES	19,963.00	0.00
IV THERAPY	157,016.30	8,261.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,052,548.45	140,568.55	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	51,380.00	19,436.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	128,287.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	179,906.00	3,579.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	94,162.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,217,837.10	51,626.40
RADIOLOGY THERAPEUTIC	34,634.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	935.00	7,499.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	464.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	9,695.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,477.00	1,289.00	TRAUMA RESPONSE	0.00	10,671.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,147,529.70	559,197.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,353.00	1,308.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	18,316.00	1,896.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	10,578.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	271,618.00	138,722.00			
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	1,662,599.75	141,452.00			
			TOTAL ANCILLARY	9,445,659.61	1,506,297.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,445,659.61	1,506,297.60

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
MACON,GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	71,507.96	ADJUSTMENTS	0.00
COVERED CHARGES	71,498.50	CONTRACTUAL ALLOW	58,749.42
NON-COVERD CHARGES	9.46	TOTAL MEDICAID LIAB	12,749.08
		LESS: COB	12,749.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:30:16
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
 777 HEMLOCK ST
 MACON,GA 31201-2102

PROVIDER NUMBER
 000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	100.50	9.46	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	1,416.00	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	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	69,156.00	0.00
RADIOLOGY THERAPEUTIC	826.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	71,498.50	9.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	71,498.50	9.46

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:53:33
 Page: 1

WASHINGTON COUNTY REGIONAL MEDICAL
 610 SPARTA ROAD
 SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
 000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	294,167.13	ADJUSTMENTS	5,230.16
COVERED CHARGES	286,849.13	CONTRACTUAL ALLOW	85,245.37
NON-COVERD CHARGES	7,318.00	TOTAL MEDICAID LIAB	201,603.76
		LESS: COB	0.00
		LESS: COPAYMENT	100.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	201,503.76

TOTAL NUMBER OF ADMISSIONS 27

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	101		0	32,000.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	101		0	32,000.00		0.00
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	101		0	32,000.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:53:33
 Page: 2

WASHINGTON COUNTY REGIONAL MEDICAL
 610 SPARTA ROAD
 SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
 000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	16,110.00	0.00	OTHER LAB	1,426.00	0.00
MED/SURG SUPPLY	13,263.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	53,517.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,532.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,888.00	7,318.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,490.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,850.00	0.00	MRI SERVICES	2,676.00	0.00
IV THERAPY	20,805.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,282.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	27,075.00	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	54,093.00	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	5,733.13	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	1,666.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,518.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,863.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,160.00	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	902.00	0.00			
			TOTAL ANCILLARY	254,849.13	7,318.00
			TOTAL ACCOMODATIONS	32,000.00	0.00
			TOTAL CHARGES	286,849.13	7,318.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:53:34
Page: 3

WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:53:34
Page: 4

WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,680,069.23
COVERED CHARGES 1,458,711.57
NON-COVERD CHARGES 221,357.66

-----PAYMENTS-----
ADJUSTMENTS 2,291.65
CONTRACTUAL ALLOW 996,156.47
TOTAL MEDICAID LIAB 462,555.10
LESS: COB 1,796.07
LESS: COPAYMENT 543.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 460,216.03
ALL OTHER 428,895.92
FEE SCHEDULE-LAB 29,197.78
INJECTABLE DRUGS 2,122.33

TOTAL NUMBER OF CLAIMS 1,066

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:53:34
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WASHINGTON COUNTY REGIONAL MEDICAL
 610 SPARTA ROAD
 SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
 000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	3,593.05	10,684.66	OTHER LAB	17,337.00	0.00
MED/SURG SUPPLY	5,346.00	14,850.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	103,595.00	6,092.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	138,888.00	69,929.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	25,161.00	33,104.00	FEE SCHEDULE LAB	249,808.00	16,990.00
EKG/ECG	25,658.00	175.00	MRI SERVICES	16,845.00	1,210.00
IV THERAPY	117,562.00	3,052.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	73,205.52	18,521.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,252.00	2,221.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,572.00	8,424.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	508,418.00	1,455.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,929.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,288.00	15,341.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	489.00	2,859.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	436.00	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	83.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,064.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,687.00	1,108.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,494.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	27,375.00	13,160.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	52,206.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,856.00	1,746.00			
			TOTAL ANCILLARY	1,458,711.57	221,357.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,458,711.57	221,357.66

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:53:37
Page: 6

WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,357.00	ADJUSTMENTS	0.00
COVERED CHARGES	4,159.00	CONTRACTUAL ALLOW	2,830.47
NON-COVERD CHARGES	198.00	TOTAL MEDICAID LIAB	1,328.53

LESS: COB	1,328.53
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 10

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 20:53:37
 Page: 7

WASHINGTON COUNTY REGIONAL MEDICAL
 610 SPARTA ROAD
 SANDERSVILLE, GA 31082-1860

PROVIDER NUMBER
 000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	11.00	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	767.00	198.00
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	895.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,486.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	4,159.00	198.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,159.00	198.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:53:38
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WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE, GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	284,224.00	ADJUSTMENTS	0.00
COVERED CHARGES	249,253.00	CONTRACTUAL ALLOW	234,086.24
NON-COVERD CHARGES	34,971.00	TOTAL MEDICAID LIAB	15,166.76
		LESS: COB	0.00
		LESS: COPAYMENT	288.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,878.76

TOTAL NUMBER OF CLAIMS 200

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
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WASHINGTON COUNTY REGIONAL MEDICAL
 610 SPARTA ROAD
 SANDERSVILLE, GA 31082-1860

PROVIDER NUMBER
 000001218A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	267.00	651.00	OTHER LAB	815.00	0.00
MED/SURG SUPPLY	844.00	210.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,860.00	696.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,440.00	31,269.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	32,642.00	1,497.00
EKG/ECG	2,975.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,462.00	395.00	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	1,165.00	248.00	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	156,770.00	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	2,756.00	5.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	257.00	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	249,253.00	34,971.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	249,253.00	34,971.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:53:38
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WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:53:38
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WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE, GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 20:53:38
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WASHINGTON COUNTY REGIONAL MEDICAL
610 SPARTA ROAD
SANDERSVILLE,GA 31082-1860

PROVIDER NUMBER
000001218A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:32:48
 Page: 1

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,345,569.07	ADJUSTMENTS	1,118,321.21
COVERED CHARGES	30,901,042.41	CONTRACTUAL ALLOW	25,146,083.62
NON-COVERED CHARGES	444,526.66	TOTAL MEDICAID LIAB	5,754,958.79
		LESS: COB	15,154.68
		LESS: COPAYMENT	300.00
		ADD: ADDON PYMT	1,890.00
		REIMBURSEMENT	5,741,394.11

TOTAL NUMBER OF ADMISSIONS 567

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,981		0	3,662,765.58		0.00
ROUTINE NURSERY	70		0	89,641.74		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,051		0	3,752,407.32		0.00
SPECIAL CARE SERVICES						
CCU	9		0	36,569.25		0.00
ICU	795		0	2,529,627.08		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	804		0	2,566,196.33		0.00
TOTAL ACCOMODATIONS	2,855		0	6,318,603.65		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:32:48
 Page: 2

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	627,331.17	0.00	OTHER LAB	110,630.88	0.00
MED/SURG SUPPLY	1,282,938.83	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,617,691.49	2,131.50	EDUCATION & TRAINING	16,193.10	0.00
RADIOLOGY-DIAGNOSTIC	535,906.22	947.00	OTHER THERAPEUTIC SVC	0.00	613.80
CT SCAN	1,352,065.95	52,859.85	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	322,877.11	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	290,701.40	0.00	MRI SERVICES	275,838.45	0.00
IV THERAPY	50,397.35	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,833,495.70	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	94,394.47	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,509,327.68	1,705.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	768,933.60	0.00	AMBULANCE	0.00	0.00
GI SERVICES	257,331.40	7,309.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,170,637.35	3,828.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	97,283.60	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	163,228.02	0.00	INJECTABLE DRUGS	2,973,605.77	156,531.04
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	152,728.11	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	44,195.76	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	234,410.88	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,271.99	8,723.07	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	605,333.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	305,166.35	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	187,322.95	173,862.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	175,885.00	36,015.40			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,347,928.82	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	36,197.55	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	131,188.81	0.00			
			TOTAL ANCILLARY	24,582,438.76	444,526.66
			TOTAL ACCOMODATIONS	6,318,603.65	0.00
			TOTAL CHARGES	30,901,042.41	444,526.66

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

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

Run Date: 09/20/2021
 Run Time: 21:32:57
 Page: 4

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,821.02	ADJUSTMENTS	0.00
COVERED CHARGES	56,821.02	CONTRACTUAL ALLOW	46,389.25
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	10,431.77
		LESS: COB	10,431.77
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	12,074.52		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	12,074.52		0.00
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	6		0	12,074.52		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:32:57
 Page: 5

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	493.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,976.65	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	223.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,177.90	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	742.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,714.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	875.60	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,114.75	0.00	INJECTABLE DRUGS	5,389.10	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,039.20	0.00			
			TOTAL ANCILLARY	44,746.50	0.00
			TOTAL ACCOMODATIONS	12,074.52	0.00
			TOTAL CHARGES	56,821.02	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
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SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 18,140,928.75
COVERED CHARGES 16,313,411.32
NON-COVERD CHARGES 1,827,517.43

-----PAYMENTS-----
ADJUSTMENTS 312,996.15
CONTRACTUAL ALLOW 14,721,535.07
TOTAL MEDICAID LIAB 1,591,876.25
LESS: COB 44.80
LESS: COPAYMENT 1,723.25
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,590,108.20
ALL OTHER 1,475,134.26
FEE SCHEDULE-LAB 114,963.92
INJECTABLE DRUGS 10.02

TOTAL NUMBER OF CLAIMS 4,391

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

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

Run Date: 09/20/2021
 Run Time: 21:32:57
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SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	213,378.58	48.40	OTHER LAB	193,634.54	0.00
MED/SURG SUPPLY	287,451.37	6,960.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	58.50	EDUCATION & TRAINING	0.00	1,699.95
RADIOLOGY-DIAGNOSTIC	877,067.23	64,526.27	OTHER THERAPEUTIC SVC	0.00	2,772.00
CT SCAN	1,740,885.45	468,992.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,865.95	3,218.97	FEE SCHEDULE LAB	1,575,001.43	156,294.49
EKG/ECG	235,365.40	5,381.60	MRI SERVICES	753,888.80	66,707.65
IV THERAPY	1,085,308.40	14,877.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,233,636.00	234,979.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	324,178.77	7,215.47	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,023,757.35	0.00	AMBULANCE	0.00	0.00
GI SERVICES	607,498.65	141,971.75	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,682,154.15	20,530.65	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	240,068.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	112.00	2,276.44
RADIOLOGY THERAPEUTIC	11,760.19	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,802.50	802.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,395.39	2,271.61	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	62,238.56	39,593.22	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	64,515.00	71,696.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	582,100.85	126,329.20	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	31,275.10	38,989.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	482,017.00	165,568.90			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	351,894.54	163,108.46			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	439,146.55	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	200,013.07	20,647.00			
			TOTAL ANCILLARY	16,313,411.32	1,827,517.43
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,313,411.32	1,827,517.43

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:33:09
Page: 8

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	238,232.57	ADJUSTMENTS	0.00
COVERED CHARGES	126,598.58	CONTRACTUAL ALLOW	117,006.03
NON-COVERED CHARGES	111,633.99	TOTAL MEDICAID LIAB	9,592.55
		LESS: COB	9,584.97
		LESS: COPAYMENT	7.58
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	35

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

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

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	732.38	2,405.70	OTHER LAB	3,702.24	0.00
MED/SURG SUPPLY	2,115.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,104.12	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,301.70	16,459.30	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,552.76	51.84
EKG/ECG	3,876.90	0.00	MRI SERVICES	5,575.90	14,507.90
IV THERAPY	4,780.60	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	17,732.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	618.46	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,290.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	34,009.55	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,253.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,119.95	1,856.30
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	1,447.20	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	16,724.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,870.25	32,555.60	NO CC/INVALID REV CODE	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	19,119.90			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,034.00	5,497.50			
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	2,937.00	0.00			
			TOTAL ANCILLARY	126,598.58	111,633.99
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	126,598.58	111,633.99

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 09/20/2021
Run Time: 21:33:10
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SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,371,630.05	ADJUSTMENTS	310.28
COVERED CHARGES	1,257,165.60	CONTRACTUAL ALLOW	1,221,295.04
NON-COVERD CHARGES	114,464.45	TOTAL MEDICAID LIAB	35,870.56
		LESS: COB	0.00
		LESS: COPAYMENT	264.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	35,606.56

TOTAL NUMBER OF CLAIMS 458

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:33:10
 Page: 11

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	6,138.84	0.00	OTHER LAB	3,702.24	0.00
MED/SURG SUPPLY	1,391.88	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	185.25
RADIOLOGY-DIAGNOSTIC	119,043.93	1,353.87	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	86,568.85	94,707.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	146,456.32	4,078.58
EKG/ECG	18,454.40	0.00	MRI SERVICES	0.00	4,050.20
IV THERAPY	95,102.70	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	3,175.70	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,493.34	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	754,229.40	596.20	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	253.95
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,231.70	6,063.20	NO CC/INVALID REV CODE	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	2,352.00	0.00			
			TOTAL ANCILLARY	1,257,165.60	114,464.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,257,165.60	114,464.45

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:33:12
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SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,081.94	ADJUSTMENTS	0.00
COVERED CHARGES	11,321.34	CONTRACTUAL ALLOW	10,929.74
NON-COVERD CHARGES	6,760.60	TOTAL MEDICAID LIAB	391.60
		LESS: COB	391.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:33:12
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SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	145.20	48.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	28.00	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	667.70
CT SCAN	0.00	5,779.40	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	851.04	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	9,241.10	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	1,056.00	265.10
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,321.34	6,760.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,321.34	6,760.60

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:33:12
Page: 14

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	605,224.99	ADJUSTMENTS	16,284.93
COVERED CHARGES	559,272.37	CONTRACTUAL ALLOW	515,829.89
NON-COVERD CHARGES	45,952.62	TOTAL MEDICAID LIAB	43,442.48
		LESS: COB	0.00
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	43,436.48

TOTAL NUMBER OF CLAIMS 8

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:33:12
 Page: 15

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
 1900 TEBEAU ST
 WAYCROSS, GA 31501-6357

PROVIDER NUMBER
 000001229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	4,760.87	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	38,212.22	7,837.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,631.26	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,457.20	2,048.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,756.52	0.00
EKG/ECG	2,978.10	512.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,614.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	109,776.63	20,748.87	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,463.48	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	98,188.60	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,480.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,599.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	21.00
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	IMPL DEV CHARGE PATIENTS	90,699.00	9,245.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	162,506.83	5,540.55			
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	12,147.36	0.00			
			TOTAL ANCILLARY	559,272.37	45,952.62
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	559,272.37	45,952.62

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:33:13
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEAST GEORGIA HEALTH SERVICES, LLC
1900 TEBEAU ST
WAYCROSS, GA 31501-6357

PROVIDER NUMBER
000001229A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:36
 Page: 1

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
 260 MJ TAYLOR ROAD
 ADEL, GA 31620-3485

PROVIDER NUMBER 000001251A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	523,792.54	ADJUSTMENTS	9,419.98
COVERED CHARGES	522,128.54	CONTRACTUAL ALLOW	366,979.39
NON-COVERED CHARGES	1,664.00	TOTAL MEDICAID LIAB	155,149.15
		LESS: COB	294.51
		LESS: COPAYMENT	87.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	154,767.14

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	115		0	148,030.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	115		0	148,030.00		0.00
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	115		0	148,030.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:36
 Page: 2

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
 260 MJ TAYLOR ROAD
 ADEL, GA 31620-3485

PROVIDER NUMBER
 000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	91,905.14	0.00	OTHER LAB	6,934.38	0.00
MED/SURG SUPPLY	15,177.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	59,249.51	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,797.92	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,024.17	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,610.03	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	498.18	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	981.61	0.00	PROFESSIONAL FEES	0.00	1,664.00
OPERATING ROOM	26,509.24	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,912.54	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,418.10	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,418.48	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,225.52	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,259.90	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,431.22	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	549.24	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	94,707.69	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	869.74	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,452.53	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	5,490.90	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,675.12	0.00			
			TOTAL ANCILLARY	374,098.54	1,664.00
			TOTAL ACCOMODATIONS	148,030.00	0.00
			TOTAL CHARGES	522,128.54	1,664.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:09:37
Page: 3

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:09:37
Page: 4

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 884,312.57
COVERED CHARGES 771,824.70
NON-COVERD CHARGES 112,487.87

-----PAYMENTS-----
ADJUSTMENTS 4,257.13
CONTRACTUAL ALLOW 646,458.84
TOTAL MEDICAID LIAB 125,365.86
LESS: COB 94.37
LESS: COPAYMENT 651.54
ADD: ADDON PYMT 0.00
REIMBURSEMENT 124,619.95
ALL OTHER 98,514.67
FEE SCHEDULE-LAB 24,663.69
INJECTABLE DRUGS 1,441.59

TOTAL NUMBER OF CLAIMS 652

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:09:37
 Page: 5

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
 260 MJ TAYLOR ROAD
 ADEL, GA 31620-3485

PROVIDER NUMBER
 000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	30,688.61	1,448.85	OTHER LAB	63,326.40	0.00
MED/SURG SUPPLY	13,873.42	153.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	220.62	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,353.67	487.80	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	111,272.51	3,683.06	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	556.02	1,029.53	FEE SCHEDULE LAB	209,211.20	11,956.70
EKG/ECG	3,582.99	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,995.78	909.95	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	35,672.11	19,237.52	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,563.01	630.48	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	30,617.71	0.00	AMBULANCE	0.00	0.00
GI SERVICES	75,733.32	24,466.68	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,987.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	21,425.22	11,636.53
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	336.72	995.77	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	183.64	67.11	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	20,271.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	69,628.63	3,681.65	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,281.62	3,835.45			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	30,197.29	5,450.54			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	886.50	826.20			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,450.53	1,498.43			
			TOTAL ANCILLARY	771,824.70	112,487.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	771,824.70	112,487.87

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:09:38
Page: 6

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,737.52
COVERED CHARGES 1,299.65
NON-COVERD CHARGES 2,437.87

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 1,078.14
TOTAL MEDICAID LIAB 221.51
LESS: COB 221.51
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00
ALL OTHER 0.00
FEE SCHEDULE-LAB 0.00
INJECTABLE DRUGS 0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:09:38
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
 260 MJ TAYLOR ROAD
 ADEL, GA 31620-3485

PROVIDER NUMBER
 000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	135.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	59.30	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	466.99	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	2,400.00	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	266.55	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	279.31	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	92.50	37.87
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,299.65	2,437.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,299.65	2,437.87

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:09:38
Page: 8

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:09:38
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A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:09:38
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A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PROVIDER NUMBER
000001251A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:32:29
 Page: 1

MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER 000001262A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,694,359.12	ADJUSTMENTS	150,415.50
COVERED CHARGES	2,664,564.39	CONTRACTUAL ALLOW	1,873,399.22
NON-COVERED CHARGES	29,794.73	TOTAL MEDICAID LIAB	791,165.17
		LESS: COB	10,940.25
		LESS: COPAYMENT	175.00
		ADD: ADDON PYMT	15,441.00
		REIMBURSEMENT	795,490.92

TOTAL NUMBER OF ADMISSIONS 138

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	420		0	454,730.00		0.00
ROUTINE NURSERY	46		0	25,760.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	466		0	480,490.00		0.00
SPECIAL CARE SERVICES						
CCU	10		0	43,260.00		0.00
ICU	85		0	111,350.00		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	95		0	154,610.00		0.00
TOTAL ACCOMODATIONS	561		0	635,100.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:32:29
 Page: 2

MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
 000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	258,726.28	0.00	OTHER LAB	9,968.50	0.00
MED/SURG SUPPLY	188,625.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	497,457.39	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	35,310.40	0.00	OTHER THERAPEUTIC SVC	219.00	3,375.00
CT SCAN	193,640.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,113.13	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	33,095.00	0.00	MRI SERVICES	10,944.00	0.00
IV THERAPY	51,379.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	142,419.42	8,540.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	124,047.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	77,625.01	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,797.45	0.00	AMBULANCE	0.00	0.00
GI SERVICES	24,692.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	175,944.00	0.00	SPECIAL SERVICES	0.00	924.00
RECOVERY ROOM	15,483.82	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	7,710.00	0.00	INJECTABLE DRUGS	1,131.05	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,859.48	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	13,592.00	0.00	PATIENT CONVENIENCE	0.00	14.17
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	666.60	1,514.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	41,493.63	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,837.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,618.00	14,540.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,985.27	887.56			
AUDIOLOGY	7,722.00	0.00			
CARDIOLOGY	27,274.00	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	35,088.00	0.00			
			TOTAL ANCILLARY	2,029,464.39	29,794.73
			TOTAL ACCOMODATIONS	635,100.00	0.00
			TOTAL CHARGES	2,664,564.39	29,794.73

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:32:31
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MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:32:31
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MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,867,644.74	ADJUSTMENTS	186,742.34
COVERED CHARGES	4,617,969.47	CONTRACTUAL ALLOW	3,793,409.99
NON-COVERD CHARGES	249,675.27	TOTAL MEDICAID LIAB	824,559.48
		LESS: COB	1,791.48
		LESS: COPAYMENT	2,245.78
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	820,522.22
		ALL OTHER	706,209.68
		FEE SCHEDULE-LAB	107,685.46
		INJECTABLE DRUGS	6,627.08
		TOTAL NUMBER OF CLAIMS	2,713

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
 000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	122,140.27	1,181.97	OTHER LAB	15,828.00	0.00
MED/SURG SUPPLY	129,147.80	426.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	200,454.00	1,397.00	OTHER THERAPEUTIC SVC	0.00	73.00
CT SCAN	723,646.00	56,160.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	49,764.00	2,635.00	FEE SCHEDULE LAB	1,094,310.00	46,985.00
EKG/ECG	95,554.00	14,419.00	MRI SERVICES	70,711.00	8,773.00
IV THERAPY	255,862.00	45,599.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	205,476.50	9,190.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	18,416.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	46,218.00	10,267.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,309.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	64,949.00	3,356.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,092,277.00	7,123.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	54,064.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	41,131.15	3,966.80
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	751.00	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	21,589.00	5,050.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	250.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	61,471.00	2,076.00	NO CC/INVALID REV CODE	0.00	1,624.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,836.00	14,480.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,712.00	324.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,478.00	3,232.00			
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	215,625.00	10,336.00			
			TOTAL ANCILLARY	4,617,969.47	249,675.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,617,969.47	249,675.27

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:32:38
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MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,901.75	ADJUSTMENTS	0.00
COVERED CHARGES	50,285.75	CONTRACTUAL ALLOW	43,518.16
NON-COVERD CHARGES	10,616.00	TOTAL MEDICAID LIAB	6,767.59
		LESS: COB	6,644.59
		LESS: COPAYMENT	123.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 46

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
 000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	2,122.45	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	645.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	918.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,190.00	8,283.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,278.00	1,828.00
EKG/ECG	917.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	17,125.00	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	1,250.00	505.00	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	7,310.00	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	99.30	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	519.00	0.00	NO CC/INVALID REV CODE	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	3,912.00	0.00			
			TOTAL ANCILLARY	50,285.75	10,616.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	50,285.75	10,616.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:32:39
Page: 9

MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE,GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	317,312.82	ADJUSTMENTS	2,069.64
COVERED CHARGES	313,666.72	CONTRACTUAL ALLOW	295,574.80
NON-COVERD CHARGES	3,646.10	TOTAL MEDICAID LIAB	18,091.92
		LESS: COB	0.00
		LESS: COPAYMENT	354.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,737.92

TOTAL NUMBER OF CLAIMS 231

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:32:39
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MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
 000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	5,236.50	55.00	OTHER LAB	1,558.00	0.00
MED/SURG SUPPLY	6,025.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,200.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,493.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	57,888.00	1,084.00
EKG/ECG	4,719.00	438.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,752.00	1,592.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,502.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,143.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	89.30	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	159,530.00	171.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,459.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,995.92	118.10
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	188.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,076.00	0.00	NO CC/INVALID REV CODE	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	313,666.72	3,646.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	313,666.72	3,646.10

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:32:40
Page: 11

MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,338.01	ADJUSTMENTS	0.00
COVERED CHARGES	14,012.11	CONTRACTUAL ALLOW	13,695.83
NON-COVERD CHARGES	325.90	TOTAL MEDICAID LIAB	316.28
		LESS: COB	310.28
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:32:40
 Page: 12

MEMORIAL HOSPITAL AND MANOR
 1500 E SHOTWELL ST
 BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
 000001262A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	661.11	24.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	605.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	205.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,179.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,782.00	80.00
EKG/ECG	327.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,884.00	211.00	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	4,357.00	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	12.00	10.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	14,012.11	325.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,012.11	325.90

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:32:40
Page: 13

MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE, GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:32:40
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MEMORIAL HOSPITAL AND MANOR
1500 E SHOTWELL ST
BAINBRIDGE,GA 39819-4256

PROVIDER NUMBER
000001262A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:40
 Page: 1

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER 000001273A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	179,773,984.19	ADJUSTMENTS	5,672,470.49
COVERED CHARGES	176,896,647.33	CONTRACTUAL ALLOW	139,611,899.93
NON-COVERED CHARGES	2,877,336.86	TOTAL MEDICAID LIAB	37,284,747.40
		LESS: COB	227,794.71
		LESS: COPAYMENT	662.50
		ADD: ADDON PYMT	17,388.00
		REIMBURSEMENT	37,073,678.19

TOTAL NUMBER OF ADMISSIONS 2,681

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	11,961		0	20,930,296.00		0.00
ROUTINE NURSERY	2,515		0	8,602,936.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	14,476		0	29,533,232.00		0.00
SPECIAL CARE SERVICES						
CCU	385		0	2,030,680.00		0.00
ICU	3,458		0	13,060,466.00		0.00
NICU	163		0	977,069.00		0.00
PED ICU	315		0	2,125,357.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	878		0	5,783,118.00		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	5,199		0	23,976,690.00		0.00
TOTAL ACCOMODATIONS	19,675		0	53,509,922.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:40
 Page: 2

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	7,347,368.51	0.00	OTHER LAB	582,464.67	0.00
MED/SURG SUPPLY	11,921,854.07	3,819.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,879,972.76	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,412,122.65	0.00	OTHER THERAPEUTIC SVC	0.00	233.05
CT SCAN	3,661,191.90	817,693.37	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,635,362.17	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	547,384.00	0.00	MRI SERVICES	1,420,101.03	0.00
IV THERAPY	840,730.63	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,960,704.80	448,387.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	681,073.63	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,323,417.65	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,688,068.35	0.00	AMBULANCE	0.00	0.00
GI SERVICES	466,096.26	4,392.96	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,152,868.54	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,776,423.53	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	305,624.01	0.00	INJECTABLE DRUGS	16,242,574.57	403,026.55
RADIOLOGY THERAPEUTIC	858,537.15	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,125,367.27	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	614,814.30	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	600,139.52	83,173.45	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,488.41	1,729.63	TRAUMA RESPONSE	0.00	1,025,000.00
PSYCHIATRIC SERVICES	10,610.08	0.00	IMPL DEV CHARGE PATIENTS	8,437,155.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	756,463.43	25,372.40	NO CC/INVALID REV CODE	0.00	8,555.68
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,431,919.46	55,952.42			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	499,511.65	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,554,646.20	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	260,963.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	379,705.63	0.00			
			TOTAL ANCILLARY	123,386,725.33	2,877,336.86
			TOTAL ACCOMODATIONS	53,509,922.00	0.00
			TOTAL CHARGES	176,896,647.33	2,877,336.86

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:52
 Page: 4

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER 000001273A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	787,176.72	ADJUSTMENTS	0.00
COVERED CHARGES	774,033.10	CONTRACTUAL ALLOW	601,646.23
NON-COVERED CHARGES	13,143.62	TOTAL MEDICAID LIAB	172,386.87
		LESS: COB	172,613.87
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 21

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	24		0	46,011.00		0.00
ROUTINE NURSERY	73		0	211,467.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	97		0	257,478.00		0.00
SPECIAL CARE SERVICES						
CCU	1		0	5,062.00		0.00
ICU	2		0	6,286.00		0.00
NICU	1		0	5,503.00		0.00
PED ICU	2		0	13,763.00		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	6		0	30,614.00		0.00
TOTAL ACCOMODATIONS	103		0	288,092.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:52
 Page: 5

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	24,465.11	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	43,606.97	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	36,339.39	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,060.74	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,202.21	3,749.11	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,649.41	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,234.77	0.00	MRI SERVICES	7,970.92	0.00
IV THERAPY	1,428.37	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	169,365.19	2,920.26	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	7,363.82	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	37,073.37	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	39,357.48	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,428.58	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,000.63	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	734.32	0.00	INJECTABLE DRUGS	12,971.04	6,474.25
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,664.05	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	36,157.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,825.38	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	833.38	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,548.40	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	7,660.57	0.00			
			TOTAL ANCILLARY	485,941.10	13,143.62
			TOTAL ACCOMODATIONS	288,092.00	0.00
			TOTAL CHARGES	774,033.10	13,143.62

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:31:54
Page: 6

SAVANNAH HEALTH SERVICES, LLC
4700 WATERS AVENUE
SAVANNAH, GA 31404-6220

PROVIDER NUMBER
000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 39,715,171.61
COVERED CHARGES 32,812,728.82
NON-COVERD CHARGES 6,902,442.79

-----PAYMENTS-----
ADJUSTMENTS 514,957.49
CONTRACTUAL ALLOW 29,184,857.37
TOTAL MEDICAID LIAB 3,627,871.45
LESS: COB 7,884.00
LESS: COPAYMENT 2,451.08
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,617,536.37
ALL OTHER 3,259,852.93
FEE SCHEDULE-LAB 249,704.19
INJECTABLE DRUGS 107,979.25

TOTAL NUMBER OF CLAIMS 7,797

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:31:54
 Page: 7

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	416,421.69	105,257.47	OTHER LAB	647,014.40	978.47
MED/SURG SUPPLY	1,198,268.11	217,029.26	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	284.00	EDUCATION & TRAINING	0.00	184.42
RADIOLOGY-DIAGNOSTIC	1,577,037.30	45,282.50	OTHER THERAPEUTIC SVC	0.00	485.05
CT SCAN	2,152,297.33	703,396.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	129,824.08	77,782.46	FEE SCHEDULE LAB	2,815,962.69	232,252.72
EKG/ECG	340,163.75	1,839.95	MRI SERVICES	874,682.45	118,517.21
IV THERAPY	1,113,230.52	50,539.38	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,532,391.57	1,128,467.76	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	53,104.69	0.00	REHAB THERAPY	0.00	2,012.05
RESPIRATORY SERVICES	192,368.48	102.53	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,891,730.98	0.00	AMBULANCE	0.00	0.00
GI SERVICES	135,519.54	87,209.18	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,951,425.17	10,533.59	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	933,449.45	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	912,964.73	2,213,268.30
RADIOLOGY THERAPEUTIC	1,523,737.69	56,079.90	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	25,415.62	58,374.24	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,649.25	24,778.30	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	234,025.94	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	72,010.10	5,035.45	TRAUMA RESPONSE	0.00	370,000.00
PSYCHIATRIC SERVICES	330.00	13,860.00	IMPL DEV CHARGE PATIENTS	389,758.00	378,614.50
LITHOTRIPSY	51,206.98	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	923,639.12	98,843.12	NO CC/INVALID REV CODE	4,764.68	12,833.52
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	60,858.67	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	211,398.05	290,786.85			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	278,099.10	354,843.54			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,612.79	2,218.44			
ORGAN ACQUISITION	0.00	3,250.00			
TREATMENT/OBSERV. RM	378,391.84	3,475.77			
			TOTAL ANCILLARY	32,812,728.82	6,902,442.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	32,812,728.82	6,902,442.79

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:32:11
 Page: 10

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	246,351.58	19,140.79	OTHER LAB	1,504.54	0.00
MED/SURG SUPPLY	23,358.38	4,113.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,845.10	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,659.69	25,318.36	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,489.84	2,610.84	FEE SCHEDULE LAB	81,074.92	7,970.61
EKG/ECG	3,099.13	0.00	MRI SERVICES	4,764.68	30,810.56
IV THERAPY	24,546.65	1,984.88	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	97,465.97	46,750.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,183.07	843.04	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	74,474.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,691.11	2,558.65	CAST ROOM	0.00	0.00
EMERGENCY ROOM	151,442.37	97.53	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	42,016.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	116.00	856.00
RADIOLOGY THERAPEUTIC	42,117.84	479.54	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,006.22	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	387.31	176.00	TRAUMA RESPONSE	0.00	15,000.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	185.50	803.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,029.73	15,139.47	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	14,287.04	15,323.76			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,349.81	1,548.40			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	981.77	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,940.28	0.00			
			TOTAL ANCILLARY	864,362.31	194,531.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	864,362.31	194,531.05

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:32:13
Page: 11

SAVANNAH HEALTH SERVICES, LLC
4700 WATERS AVENUE
SAVANNAH, GA 31404-6220

PROVIDER NUMBER
000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	473,141.27	ADJUSTMENTS	131.26
COVERED CHARGES	462,542.21	CONTRACTUAL ALLOW	447,505.09
NON-COVERD CHARGES	10,599.06	TOTAL MEDICAID LIAB	15,037.12
		LESS: COB	42.91
		LESS: COPAYMENT	162.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,832.21

TOTAL NUMBER OF CLAIMS 224

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:32:13
 Page: 12

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	995.78	105.95	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	63.32	90.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,869.27	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,068.64	2,417.23	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	30,782.04	135.00
EKG/ECG	932.18	0.00	MRI SERVICES	0.00	2,824.92
IV THERAPY	7,554.72	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,156.24	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	191.27	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	391,836.76	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	219.15	827.52
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	1,911.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,637.29	2,287.19	NO CC/INVALID REV CODE	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	1,235.55	0.00			
			TOTAL ANCILLARY	462,542.21	10,599.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	462,542.21	10,599.06

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

Run Date: 09/20/2021
 Run Time: 21:32:15
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SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	370.37	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	467.04	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,636.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,094.45	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	818.00	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	8,050.82	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,800.68	3,636.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,800.68	3,636.92

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:32:17
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	40,104.00	6,972.66	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	698,015.42	264,276.64	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,384.06	43,025.27	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,730.26	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,760.57	FEE SCHEDULE LAB	48,220.98	9,582.35
EKG/ECG	3,147.95	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,837.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,163,021.92	393,877.91	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,520.78	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	279,678.63	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,196.72	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	127,608.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,232,586.25	549,425.98
RADIOLOGY THERAPEUTIC	1,533,829.16	26,635.39	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,669.84	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	5,448.48	214.62	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,413,324.00	590,923.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,503.83	14,016.28	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,601.49	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	259,292.89	354,351.25			
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	23,030.03	0.00			
			TOTAL ANCILLARY	10,879,082.15	2,262,732.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,879,082.15	2,262,732.01

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 21:32:19
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SAVANNAH HEALTH SERVICES, LLC
 4700 WATERS AVENUE
 SAVANNAH, GA 31404-6220

PROVIDER NUMBER
 000001273A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	569,937.52	189.66	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	900.75	13.66	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	1,460.80	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	351.80	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	13,383.41	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	586,034.28	203.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	586,034.28	203.32

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:53:23
 Page: 1

MERIWETHER HEALTHCARE, LLC
 5995 SPRING ST
 WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER 000001284A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,984.69	ADJUSTMENTS	0.00
COVERED CHARGES	61,663.64	CONTRACTUAL ALLOW	28,075.15
NON-COVERD CHARGES	321.05	TOTAL MEDICAID LIAB	33,588.49
		LESS: COB	0.00
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	33,563.49

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	20	0	10,400.00	0.00
ROUTINE NURSERY	0	0	0.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	20	0	10,400.00	0.00
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	20	0	10,400.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:53:23
 Page: 2

MERIWETHER HEALTHCARE, LLC
 5995 SPRING ST
 WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
 000001284A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	5,762.00	0.00	OTHER LAB	602.00	0.00
MED/SURG SUPPLY	3,417.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	9,203.10	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,875.00	0.00	OTHER THERAPEUTIC SVC	0.00	321.05
CT SCAN	3,479.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,144.00	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	1,986.32	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	714.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,500.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	51.31	0.00	INJECTABLE DRUGS	9,144.58	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	537.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	4,836.00	0.00			
BLOOD STORAGE & PRO.	1,861.68	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	1,150.00	0.00			
			TOTAL ANCILLARY	51,263.64	321.05
			TOTAL ACCOMODATIONS	10,400.00	0.00
			TOTAL CHARGES	61,663.64	321.05

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:53:24
Page: 3

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
000001284A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:53:24
Page: 4

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
000001284A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	385,479.99	ADJUSTMENTS	543.16
COVERED CHARGES	341,632.79	CONTRACTUAL ALLOW	227,933.56
NON-COVERD CHARGES	43,847.20	TOTAL MEDICAID LIAB	113,699.23
		LESS: COB	0.00
		LESS: COPAYMENT	84.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	113,615.23
		ALL OTHER	104,542.21
		FEE SCHEDULE-LAB	7,974.57
		INJECTABLE DRUGS	1,098.45
		TOTAL NUMBER OF CLAIMS	366

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:53:24
 Page: 5

MERIWEATHER HEALTHCARE, LLC
 5995 SPRING ST
 WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
 000001284A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,718.00	6,080.60	OTHER LAB	4,739.00	0.00
MED/SURG SUPPLY	8,722.82	136.66	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,779.00	4,547.00	OTHER THERAPEUTIC SVC	0.00	9,579.75
CT SCAN	38,804.00	7,425.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	77,189.80	5,721.41
EKG/ECG	5,764.00	1,310.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,652.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,577.43	0.00	DURABLE MED. EQUIP.	0.00	16.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,206.16	204.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,076.43	1,785.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	148,861.15	407.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,429.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,617.90	4,549.58
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	180.10	360.20	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,459.00	0.00	NO CC/INVALID REV CODE	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	2,857.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	1,725.00			
			TOTAL ANCILLARY	341,632.79	43,847.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	341,632.79	43,847.20

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:53:25
Page: 6

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER 000001284A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,023.22	ADJUSTMENTS	0.00
COVERED CHARGES	2,410.17	CONTRACTUAL ALLOW	1,818.02
NON-COVERD CHARGES	1,613.05	TOTAL MEDICAID LIAB	592.15
		LESS: COB	592.15
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:53:25
 Page: 7

MERIWETHER HEALTHCARE, LLC
 5995 SPRING ST
 WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
 000001284A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	42.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	170.00	0.00	OTHER THERAPEUTIC SVC	0.00	90.05
CT SCAN	0.00	1,291.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	615.00	206.00
EKG/ECG	262.00	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	800.00	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	521.00	26.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,410.17	1,613.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,410.17	1,613.05

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:53:25
Page: 8

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER 000001284A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,582.75	ADJUSTMENTS	0.00
COVERED CHARGES	29,124.05	CONTRACTUAL ALLOW	27,304.05
NON-COVERD CHARGES	2,458.70	TOTAL MEDICAID LIAB	1,820.00
		LESS: COB	0.00
		LESS: COPAYMENT	30.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,790.00

TOTAL NUMBER OF CLAIMS 26

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:53:25
 Page: 9

MERIWEATHER HEALTHCARE, LLC
 5995 SPRING ST
 WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
 000001284A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	42.00	31.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	44.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	690.00	OTHER THERAPEUTIC SVC	0.00	1,424.70
CT SCAN	8,011.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,549.00	161.00
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	19,179.00	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	299.00	152.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	29,124.05	2,458.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,124.05	2,458.70

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:53:25
Page: 10

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
000001284A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:53:25
Page: 11

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
000001284A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:53:25
Page: 12

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER
000001284A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:33:21
 Page: 1

MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER 000001317A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,655,581.61	ADJUSTMENTS	27,931.69
COVERED CHARGES	1,635,629.61	CONTRACTUAL ALLOW	797,699.96
NON-COVERED CHARGES	19,952.00	TOTAL MEDICAID LIAB	837,929.65
		LESS: COB	1,046.78
		LESS: COPAYMENT	237.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	836,645.37

TOTAL NUMBER OF ADMISSIONS 86

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	430		0	165,165.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	430		0	165,165.00		0.00
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	430		0	165,165.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:33:21
 Page: 2

MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	487,811.99	0.00	OTHER LAB	7,507.00	0.00
MED/SURG SUPPLY	292,757.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	237,833.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	33,306.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	63,015.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	905.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,360.00	0.00	MRI SERVICES	2,178.00	0.00
IV THERAPY	8,884.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	86,820.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	81,988.00	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	42,897.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,000.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,234.47	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	250.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,163.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,417.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,310.00	19,952.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,496.00	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	21,332.00	0.00			
			TOTAL ANCILLARY	1,470,464.61	19,952.00
			TOTAL ACCOMODATIONS	165,165.00	0.00
			TOTAL CHARGES	1,635,629.61	19,952.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:33:28
Page: 3

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER
000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:33:28
Page: 4

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER
000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,054,559.94	ADJUSTMENTS	57,324.64
COVERED CHARGES	4,625,417.77	CONTRACTUAL ALLOW	3,312,509.06
NON-COVERD CHARGES	429,142.17	TOTAL MEDICAID LIAB	1,312,908.71
		LESS: COB	274.11
		LESS: COPAYMENT	1,347.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,311,287.60
		ALL OTHER	1,129,707.95
		FEE SCHEDULE-LAB	181,119.39
		INJECTABLE DRUGS	460.26
		TOTAL NUMBER OF CLAIMS	7,846

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:33:28
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MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	400,373.79	17,699.22	OTHER LAB	55,209.00	0.00
MED/SURG SUPPLY	546,687.75	1,640.95	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	57.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	268,627.00	10,059.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	131,170.00	9,649.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,005.00	0.00	FEE SCHEDULE LAB	1,277,305.00	234,837.00
EKG/ECG	8,126.00	218.00	MRI SERVICES	5,445.00	0.00
IV THERAPY	13,178.00	2,212.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	735,338.00	59,233.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	33,302.00	4,434.00	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	116,528.00	1,534.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	160,250.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,361.75	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,331.00	154.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,512.00	4,710.00	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	3,631.48	85.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	21,720.00	2,832.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	63,609.00	28,424.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,200.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	750.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	765,758.00	51,364.00			
			TOTAL ANCILLARY	4,625,417.77	429,142.17
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,625,417.77	429,142.17

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:33:47
Page: 6

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER 000001317A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	85,124.65	ADJUSTMENTS	0.00
COVERED CHARGES	67,347.85	CONTRACTUAL ALLOW	49,765.42
NON-COVERD CHARGES	17,776.80	TOTAL MEDICAID LIAB	17,582.43
		LESS: COB	17,582.43
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	121

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:33:47
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MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,285.40	5,021.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,435.45	170.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,890.00	290.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,401.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,503.00	4,174.00
EKG/ECG	109.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	246.00	20.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,000.00	3,550.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	705.00	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	2,404.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,250.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,914.00	1,856.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	548.00			
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	9,606.00	746.00			
			TOTAL ANCILLARY	67,347.85	17,776.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	67,347.85	17,776.80

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:33:48
Page: 8

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER 000001317A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,199.95	ADJUSTMENTS	70.00
COVERED CHARGES	69,186.15	CONTRACTUAL ALLOW	63,138.15
NON-COVERD CHARGES	8,013.80	TOTAL MEDICAID LIAB	6,048.00
		LESS: COB	0.00
		LESS: COPAYMENT	150.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,898.00

TOTAL NUMBER OF CLAIMS 93

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:33:48
 Page: 9

MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,700.20	1,014.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,335.95	71.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,082.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,576.00	5,415.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,803.00	1,228.00
EKG/ECG	218.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	786.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,200.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	76.00	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	31,659.00	285.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	750.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	69,186.15	8,013.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,186.15	8,013.80

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:33:50
Page: 10

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER
000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	399.00	ADJUSTMENTS	0.00
COVERED CHARGES	399.00	CONTRACTUAL ALLOW	329.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:33:50
 Page: 11

MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5.00	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	394.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	399.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	399.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:33:51
Page: 12

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER 000001317A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	55,519.95	ADJUSTMENTS	0.00
COVERED CHARGES	53,557.95	CONTRACTUAL ALLOW	43,239.73
NON-COVERED CHARGES	1,962.00	TOTAL MEDICAID LIAB	10,318.22
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,318.22

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:33:51
 Page: 13

MILLER COUNTY HOSPITAL
 209 N CUTHBERT ST
 COLQUITT, GA 39837-3518

PROVIDER NUMBER
 000001317A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	35,928.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,771.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	435.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,243.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,584.00	608.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	138.00	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	2,559.00	285.00	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	394.00	605.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,505.00	464.00			
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	3,000.00	0.00			
			TOTAL ANCILLARY	53,557.95	1,962.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,557.95	1,962.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:33:53
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PROVIDER NUMBER
000001317A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:22
 Page: 1

GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO,GA 30642-4232

PROVIDER NUMBER 000001328A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	833,788.92	ADJUSTMENTS	14,970.16
COVERED CHARGES	799,834.92	CONTRACTUAL ALLOW	446,686.08
NON-COVERED CHARGES	33,954.00	TOTAL MEDICAID LIAB	353,148.84
		LESS: COB	2,725.82
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	350,423.02

TOTAL NUMBER OF ADMISSIONS 55

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	218		0	224,540.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	218		0	224,540.00		0.00
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	218		0	224,540.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:22
 Page: 2

GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	225,033.62	0.00	OTHER LAB	1,443.00	0.00
MED/SURG SUPPLY	13,546.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	141,625.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,691.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,394.00	27,607.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,043.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,395.00	0.00	MRI SERVICES	3,005.00	0.00
IV THERAPY	26,799.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,497.00	2,458.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,512.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,517.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	48,463.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,057.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	571.00	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	256.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,231.00	0.00	NO CC/INVALID REV CODE	0.00	3,233.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,234.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,634.00	656.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,348.00	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	575,294.92	33,954.00
			TOTAL ACCOMODATIONS	224,540.00	0.00
			TOTAL CHARGES	799,834.92	33,954.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:48:24
Page: 4

GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER
000001328A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:48:24
Page: 5

GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER
000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,580,794.08	ADJUSTMENTS	5,756.81
COVERED CHARGES	1,473,801.74	CONTRACTUAL ALLOW	1,160,896.48
NON-COVERD CHARGES	106,992.34	TOTAL MEDICAID LIAB	312,905.26
		LESS: COB	71.86
		LESS: COPAYMENT	570.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	312,263.40
		ALL OTHER	268,796.17
		FEE SCHEDULE-LAB	33,980.91
		INJECTABLE DRUGS	9,486.32
		TOTAL NUMBER OF CLAIMS	1,010

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:48:24
 Page: 6

GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	31,939.46	0.00	OTHER LAB	11,873.00	0.00
MED/SURG SUPPLY	5,567.00	1,360.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,312.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	79,362.00	299.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	302,151.00	25,460.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,171.00	1,261.00	FEE SCHEDULE LAB	244,670.00	14,154.00
EKG/ECG	19,879.00	1,341.00	MRI SERVICES	111,331.00	0.00
IV THERAPY	76,567.00	6,756.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	39,604.00	4,616.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,183.00	250.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	26,011.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	320,043.00	7,730.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,705.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	105,015.28	13,810.34
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,757.00	2,755.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	557.00	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	1,056.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	4,215.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,504.00	5,432.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,968.00	623.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,816.00	6,320.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	20,011.00	7,685.00			
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	8,674.00	0.00			
			TOTAL ANCILLARY	1,473,801.74	106,992.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,473,801.74	106,992.34

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:48:28
Page: 7

GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER
000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	55,133.12	ADJUSTMENTS	0.00
COVERED CHARGES	36,719.12	CONTRACTUAL ALLOW	29,100.66
NON-COVERD CHARGES	18,414.00	TOTAL MEDICAID LIAB	7,618.46
		LESS: COB	7,615.46
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	14

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:48:28
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,087.49	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,068.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	339.00	432.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,091.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,846.00	136.00
EKG/ECG	596.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,799.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	10,399.00	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	3,188.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,584.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,867.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,526.63	38.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,155.00	1,028.00	NO CC/INVALID REV CODE	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	3,290.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	663.00	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	36,719.12	18,414.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,719.12	18,414.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER
000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	89,483.08	ADJUSTMENTS	0.00
COVERED CHARGES	83,728.34	CONTRACTUAL ALLOW	77,078.34
NON-COVERED CHARGES	5,754.74	TOTAL MEDICAID LIAB	6,650.00
		LESS: COB	0.00
		LESS: COPAYMENT	102.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,548.00

TOTAL NUMBER OF CLAIMS 95

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:48:28
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GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,224.44	0.00	OTHER LAB	481.00	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	4,131.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,948.00	1,619.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,843.00	458.00
EKG/ECG	447.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,747.00	262.00	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	35,921.00	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	5,593.90	1,918.74
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	132.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,392.00	1,365.00	NO CC/INVALID REV CODE	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	83,728.34	5,754.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	83,728.34	5,754.74

Report : CLM-0810-0
Process : CLMJO800
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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GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER 000001328A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,178.10	ADJUSTMENTS	0.00
COVERED CHARGES	3,653.10	CONTRACTUAL ALLOW	3,443.10
NON-COVERD CHARGES	1,525.00	TOTAL MEDICAID LIAB	210.00
		LESS: COB	210.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4.80	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	1,467.00	1,525.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	594.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	216.00	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	1,153.00	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	218.30	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,653.10	1,525.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,653.10	1,525.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER 000001328A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,758.55	ADJUSTMENTS	0.00
COVERED CHARGES	67,234.55	CONTRACTUAL ALLOW	61,958.07
NON-COVERD CHARGES	524.00	TOTAL MEDICAID LIAB	5,276.48
		LESS: COB	0.00
		LESS: COPAYMENT	93.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,183.48

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GOOD SAMARITAN HOSPITAL INC
 5401 LAKE OCONEE PARKWAY
 GREENSBORO, GA 30642-4232

PROVIDER NUMBER
 000001328A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,178.00	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	195.00	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	1,340.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,884.00	524.00	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	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	53,637.55	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	67,234.55	524.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	67,234.55	524.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GOOD SAMARITAN HOSPITAL INC
5401 LAKE OCONEE PARKWAY
GREENSBORO, GA 30642-4232

PROVIDER NUMBER
000001328A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:00
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MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA,GA 31730-1836

PROVIDER NUMBER 000001339A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	57,006.00	ADJUSTMENTS	0.00
COVERED CHARGES	57,006.00	CONTRACTUAL ALLOW	37,507.97
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	19,498.03
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	19,498.03

TOTAL NUMBER OF ADMISSIONS 3

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8		0	6,914.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	8		0	6,914.00		0.00
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	8		0	6,914.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:00
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MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA, GA 31730-1836

PROVIDER NUMBER
 000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	9,622.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,648.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	16,988.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,296.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,485.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	636.00	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	1,257.00	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	5,160.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	50,092.00	0.00
			TOTAL ACCOMODATIONS	6,914.00	0.00
			TOTAL CHARGES	57,006.00	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER
000001339A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:02
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MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER
000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,897,011.01	ADJUSTMENTS	42,939.64
COVERED CHARGES	1,744,698.01	CONTRACTUAL ALLOW	1,422,087.91
NON-COVERD CHARGES	152,313.00	TOTAL MEDICAID LIAB	322,610.10
		LESS: COB	147.52
		LESS: COPAYMENT	558.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	321,904.58
		ALL OTHER	266,176.28
		FEE SCHEDULE-LAB	52,696.92
		INJECTABLE DRUGS	3,031.38
		TOTAL NUMBER OF CLAIMS	1,562

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA, GA 31730-1836

PROVIDER NUMBER
 000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	174,444.01	12,604.00	OTHER LAB	6,238.00	0.00
MED/SURG SUPPLY	17,543.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	752.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	111,036.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	235,341.00	55,885.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,222.00	29,147.00	FEE SCHEDULE LAB	435,133.00	29,507.00
EKG/ECG	9,328.00	0.00	MRI SERVICES	2,160.00	0.00
IV THERAPY	81,088.00	2,640.00	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	20,353.00	5,738.00	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	512,530.00	1,281.00	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	39,066.00	6,080.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	973.00	4,070.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	480.00	1,978.00	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	1,128.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,007.00	1,503.00	NO CC/INVALID REV CODE	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	20,152.00	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	4,604.00	0.00			
			TOTAL ANCILLARY	1,744,698.01	152,313.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,744,698.01	152,313.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER 000001339A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,188.00	ADJUSTMENTS	0.00
COVERED CHARGES	6,530.00	CONTRACTUAL ALLOW	6,133.55
NON-COVERD CHARGES	658.00	TOTAL MEDICAID LIAB	396.45
		LESS: COB	396.45
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA, GA 31730-1836

PROVIDER NUMBER
 000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	113.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	55.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	243.00	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	1,864.00	78.00
EKG/ECG	106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	267.00	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	107.00	312.00	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	2,855.00	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	93.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	827.00	268.00	NO CC/INVALID REV CODE	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	6,530.00	658.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,530.00	658.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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Page: 8

MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER
000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,163.00	ADJUSTMENTS	0.00
COVERED CHARGES	36,720.00	CONTRACTUAL ALLOW	33,920.00
NON-COVERD CHARGES	443.00	TOTAL MEDICAID LIAB	2,800.00
		LESS: COB	0.00
		LESS: COPAYMENT	30.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,770.00

TOTAL NUMBER OF CLAIMS 40

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA, GA 31730-1836

PROVIDER NUMBER
 000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	421.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	350.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,510.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,377.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,507.00	406.00
EKG/ECG	106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	747.00	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	617.00	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	21,715.00	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	370.00	37.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	36,720.00	443.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,720.00	443.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER
000001339A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA, GA 31730-1836

PROVIDER NUMBER 000001339A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,255.00	ADJUSTMENTS	0.00
COVERED CHARGES	44,853.00	CONTRACTUAL ALLOW	40,554.19
NON-COVERD CHARGES	402.00	TOTAL MEDICAID LIAB	4,298.81
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,298.81

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:34:06
 Page: 12

MITCHELL COUNTY HOSPITAL
 90 E STEPHENS ST
 CAMILLA, GA 31730-1836

PROVIDER NUMBER
 000001339A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	36,842.00	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	8,011.00	402.00
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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	44,853.00	402.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	44,853.00	402.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MITCHELL COUNTY HOSPITAL
90 E STEPHENS ST
CAMILLA,GA 31730-1836

PROVIDER NUMBER
000001339A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:14
 Page: 1

MONROE COUNTY HOSPITAL
 88 MARTIN LUTHER KING JR DR
 FORSYTH,GA 31029-1682

PROVIDER NUMBER 000001361A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,954.40	ADJUSTMENTS	0.00
COVERED CHARGES	78,165.40	CONTRACTUAL ALLOW	46,653.92
NON-COVERD CHARGES	789.00	TOTAL MEDICAID LIAB	31,511.48
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	31,511.48

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	31		0	14,415.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	31		0	14,415.00		0.00
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	31		0	14,415.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:14
 Page: 2

MONROE COUNTY HOSPITAL
 88 MARTIN LUTHER KING JR DR
 FORSYTH,GA 31029-1682

PROVIDER NUMBER
 000001361A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	9,516.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,117.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,837.01	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,016.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,497.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	926.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,827.00	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	5,892.00	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	8,707.00	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	7,359.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	941.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	774.00	789.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,341.00	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	63,750.40	789.00
			TOTAL ACCOMODATIONS	14,415.00	0.00
			TOTAL CHARGES	78,165.40	789.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:34:15
Page: 3

MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER
000001361A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER 000001361A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	533,630.75	ADJUSTMENTS	8,072.36
COVERED CHARGES	455,161.89	CONTRACTUAL ALLOW	296,408.14
NON-COVERD CHARGES	78,468.86	TOTAL MEDICAID LIAB	158,753.75
		LESS: COB	114.44
		LESS: COPAYMENT	67.92
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	158,571.39
		ALL OTHER	145,717.03
		FEE SCHEDULE-LAB	11,070.80
		INJECTABLE DRUGS	1,783.56
		TOTAL NUMBER OF CLAIMS	346

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:34:15
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MONROE COUNTY HOSPITAL
 88 MARTIN LUTHER KING JR DR
 FORSYTH,GA 31029-1682

PROVIDER NUMBER
 000001361A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,468.83	13,124.86	OTHER LAB	2,520.00	0.00
MED/SURG SUPPLY	2,829.06	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,216.00	882.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	57,662.00	27,312.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,024.00	FEE SCHEDULE LAB	80,055.00	8,719.00
EKG/ECG	5,821.00	708.00	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	7,823.00	436.00	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	240,072.00	14,357.00	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	9,446.00	8,653.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	180.00	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	244.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,457.00	864.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,161.00	1,965.00			
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	2,631.00	0.00			
			TOTAL ANCILLARY	455,161.89	78,468.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	455,161.89	78,468.86

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER
000001361A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:34:16
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MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER 000001361A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	80,308.31	ADJUSTMENTS	140.00
COVERED CHARGES	75,274.48	CONTRACTUAL ALLOW	70,794.48
NON-COVERD CHARGES	5,033.83	TOTAL MEDICAID LIAB	4,480.00
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,405.00

TOTAL NUMBER OF CLAIMS 64

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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MONROE COUNTY HOSPITAL
 88 MARTIN LUTHER KING JR DR
 FORSYTH,GA 31029-1682

PROVIDER NUMBER
 000001361A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	581.00	963.83	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	564.48	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,782.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,397.00	1,347.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,372.00	674.00
EKG/ECG	354.00	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	45,863.00	248.00	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	1,017.00	457.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,344.00	1,344.00	NO CC/INVALID REV CODE	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	75,274.48	5,033.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	75,274.48	5,033.83

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:34:17
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MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER
000001361A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	450.00	ADJUSTMENTS	0.00
COVERED CHARGES	450.00	CONTRACTUAL ALLOW	380.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:34:17
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MONROE COUNTY HOSPITAL
 88 MARTIN LUTHER KING JR DR
 FORSYTH,GA 31029-1682

PROVIDER NUMBER
 000001361A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	450.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	450.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	450.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:34:17
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MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER
000001361A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:34:17
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MONROE COUNTY HOSPITAL
88 MARTIN LUTHER KING JR DR
FORSYTH,GA 31029-1682

PROVIDER NUMBER
000001361A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:47
 Page: 1

ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER 000001383A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,562,121.61	ADJUSTMENTS	13,550.03
COVERED CHARGES	1,509,312.74	CONTRACTUAL ALLOW	1,056,540.38
NON-COVERED CHARGES	52,808.87	TOTAL MEDICAID LIAB	452,772.36
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	452,772.36

TOTAL NUMBER OF ADMISSIONS 58

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	132		0	194,410.92		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	132		0	194,410.92		0.00
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	132		0	194,410.92		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:47
 Page: 2

ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	87,645.71	0.00	OTHER LAB	5,238.24	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	354,437.51	0.00	EDUCATION & TRAINING	230.84	0.00
RADIOLOGY-DIAGNOSTIC	48,700.33	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	34,300.80	43,211.46	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	107,109.86	0.00	MRI SERVICES	7,403.53	0.00
IV THERAPY	24,069.83	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,472.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	210,288.01	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,922.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	156,520.43	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,374.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,136.03	0.00	INJECTABLE DRUGS	217,232.25	2,005.50
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	201.24	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,305.45	0.00	NO CC/INVALID REV CODE	0.00	7,591.91
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	938.96	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	26,010.04	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	10,364.76	0.00			
			TOTAL ANCILLARY	1,314,901.82	52,808.87
			TOTAL ACCOMODATIONS	194,410.92	0.00
			TOTAL CHARGES	1,509,312.74	52,808.87

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:34:51
Page: 4

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:51
Page: 5

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,651,242.85	ADJUSTMENTS	77,925.91
COVERED CHARGES	7,816,026.35	CONTRACTUAL ALLOW	6,985,394.70
NON-COVERD CHARGES	835,216.50	TOTAL MEDICAID LIAB	830,631.65
		LESS: COB	0.00
		LESS: COPAYMENT	495.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	830,136.65
		ALL OTHER	728,075.41
		FEE SCHEDULE-LAB	92,551.96
		INJECTABLE DRUGS	9,509.28
		TOTAL NUMBER OF CLAIMS	2,169

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:34:51
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ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	34,973.59	26,795.17	OTHER LAB	44,667.38	0.00
MED/SURG SUPPLY	6,804.97	952.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	2,500.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	376,747.04	19,324.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	832,213.93	246,438.78	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	723,167.81	14,700.07	FEE SCHEDULE LAB	1,663,986.94	263,804.58
EKG/ECG	285,821.54	8,659.00	MRI SERVICES	164,428.99	7,230.29
IV THERAPY	825,855.80	21,499.17	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	175,115.06	108,155.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,243.39	5,816.04	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	79,577.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	24,606.00	16,784.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,117,114.67	13,935.58	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	36,851.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	256,590.54	24,998.61
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	10,067.14	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	3,023.26	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,988.51	14,269.59
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,910.09	10,716.21	NO CC/INVALID REV CODE	0.00	3,361.48
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,347.40	7,389.84			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,725.76	14,862.88			
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	58,221.80	0.00			
			TOTAL ANCILLARY	7,816,026.35	835,216.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,816,026.35	835,216.50

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:59
Page: 8

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER 000001383A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	65,128.51	ADJUSTMENTS	0.00
COVERED CHARGES	52,146.02	CONTRACTUAL ALLOW	47,742.42
NON-COVERD CHARGES	12,982.49	TOTAL MEDICAID LIAB	4,403.60
		LESS: COB	4,403.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	13

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	54.17	104.43	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	1,873.38	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,538.78	11,352.03	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,454.60	993.97
EKG/ECG	618.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,977.79	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	1,788.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,550.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,154.13	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,374.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,762.67	29.17
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	502.89	NO CC/INVALID REV CODE	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	52,146.02	12,982.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	52,146.02	12,982.49

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:34:59
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ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	399,039.51	ADJUSTMENTS	542.24
COVERED CHARGES	385,686.97	CONTRACTUAL ALLOW	372,685.85
NON-COVERD CHARGES	13,352.54	TOTAL MEDICAID LIAB	13,001.12
		LESS: COB	0.00
		LESS: COPAYMENT	117.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,884.12

TOTAL NUMBER OF CLAIMS 166

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:34:59
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ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,063.65	1,324.32	OTHER LAB	1,609.27	0.00
MED/SURG SUPPLY	0.00	158.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	500.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,343.47	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	50,851.21	6,039.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	49,548.66	3,237.13
EKG/ECG	8,040.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	31,956.64	378.47	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	210,320.88	552.58	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	13,368.96	155.96
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,583.73	1,005.78	NO CC/INVALID REV CODE	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	385,686.97	13,352.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	385,686.97	13,352.54

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:35:00
Page: 12

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,097.16	ADJUSTMENTS	0.00
COVERED CHARGES	1,097.16	CONTRACTUAL ALLOW	1,018.84
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:35:00
 Page: 13

ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,087.61	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	9.55	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,097.16	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,097.16	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:35:00
Page: 14

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER 000001383A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	119,775.80	ADJUSTMENTS	12,326.86
COVERED CHARGES	117,586.12	CONTRACTUAL ALLOW	105,223.26
NON-COVERD CHARGES	2,189.68	TOTAL MEDICAID LIAB	12,362.86
		LESS: COB	0.00
		LESS: COPAYMENT	36.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,326.86

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:35:00
 Page: 15

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ADVENTIST HEALTH SYSTEM GEORGIA INC
 707 OLD DALTON ELLIJAY RD
 CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
 000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,750.65	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,235.86	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	1,280.50	0.00
EKG/ECG	618.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	24,021.22	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	36,918.00	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	6,450.00	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	1,747.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	40,564.39	394.71
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	1,794.97
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	117,586.12	2,189.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	117,586.12	2,189.68

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:35:01
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:35
 Page: 1

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER 000001394A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,603,580.22	ADJUSTMENTS	234,306.84
COVERED CHARGES	16,533,537.22	CONTRACTUAL ALLOW	13,062,453.02
NON-COVERED CHARGES	70,043.00	TOTAL MEDICAID LIAB	3,471,084.20
		LESS: COB	49,640.39
		LESS: COPAYMENT	62.50
		ADD: ADDON PYMT	2,394.00
		REIMBURSEMENT	3,423,775.31

TOTAL NUMBER OF ADMISSIONS 426

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,179		0	1,618,782.00		0.00
ROUTINE NURSERY	127		0	182,931.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		14.00
TOTAL ROUTINE	1,306		0	1,801,713.00		14.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	235		0	875,972.00		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	235		0	875,972.00		0.00
TOTAL ACCOMODATIONS	1,541		0	2,677,685.00		14.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:35
 Page: 2

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,898,596.38	0.00	OTHER LAB	110,089.00	0.00
MED/SURG SUPPLY	242,974.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,662,992.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	190,005.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,235,525.00	22,236.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	158,038.02	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	221,823.00	0.00	MRI SERVICES	151,713.00	0.00
IV THERAPY	490,313.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,038,207.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	171,553.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,856,456.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	97,001.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	244,989.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,321,518.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	213,835.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	71,516.00	0.00	INJECTABLE DRUGS	687.32	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	35,612.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	333,822.00	8,478.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,200.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	164,941.97	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	142,892.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	173,419.00	19,415.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	105,987.00	19,900.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	409,512.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,980.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	89,655.36	0.00			
			TOTAL ANCILLARY	13,855,852.22	70,029.00
			TOTAL ACCOMODATIONS	2,677,685.00	14.00
			TOTAL CHARGES	16,533,537.22	70,043.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:37
 Page: 3

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER 000001394A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	112,791.27	ADJUSTMENTS	0.00
COVERED CHARGES	112,791.27	CONTRACTUAL ALLOW	96,940.42
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	15,850.85
		LESS: COB	15,976.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10		0	13,700.00		0.00
ROUTINE NURSERY	6		0	8,444.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	16		0	22,144.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	1		0	3,959.00		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	1		0	3,959.00		0.00
TOTAL ACCOMODATIONS	17		0	26,103.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:37
 Page: 4

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,424.49	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,543.78	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,786.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	250.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,702.00	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	12,061.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,793.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,045.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,973.00	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	8,583.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	587.00	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	221.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,102.00	0.00	NO CC/INVALID REV CODE	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	617.00	0.00			
			TOTAL ANCILLARY	86,688.27	0.00
			TOTAL ACCOMODATIONS	26,103.00	0.00
			TOTAL CHARGES	112,791.27	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:46:38
Page: 5

PIEDMONT NEWTON HOSPITAL
5126 HOSPITAL DR NE
COVINGTON, GA 30014-2566

PROVIDER NUMBER
000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 16,059,558.98
COVERED CHARGES 14,444,207.87
NON-COVERD CHARGES 1,615,351.11

-----PAYMENTS-----
ADJUSTMENTS 119,572.66
CONTRACTUAL ALLOW 13,117,775.01
TOTAL MEDICAID LIAB 1,326,432.86
LESS: COB 2,743.62
LESS: COPAYMENT 2,077.68
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,321,611.56
ALL OTHER 1,180,639.77
FEE SCHEDULE-LAB 107,645.52
INJECTABLE DRUGS 33,326.27

TOTAL NUMBER OF CLAIMS 3,331

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:46:38
 Page: 6

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	211,861.52	7,860.90	OTHER LAB	179,240.00	2,061.00
MED/SURG SUPPLY	140,985.06	14,749.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	712,767.00	23,184.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,556,761.00	338,995.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	94,332.00	47,199.00	FEE SCHEDULE LAB	2,125,512.00	129,410.00
EKG/ECG	306,327.00	8,048.00	MRI SERVICES	424,509.00	94,207.00
IV THERAPY	995,767.00	150,793.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	850,979.99	146,380.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	132,964.00	94,549.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	96,240.00	745.00	AMBULANCE	0.00	0.00
GI SERVICES	35,965.00	16,186.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,087,504.00	27,675.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	193,687.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	302,828.05	180,521.73
RADIOLOGY THERAPEUTIC	2,584.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,569.00	7,065.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	114,453.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	6,959.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	43,903.83	18,361.64
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	309,785.00	65,672.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	26,474.00	5,295.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	128,392.00	52,295.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	163,215.00	39,131.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	84,816.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	235,239.42	23,519.00			
			TOTAL ANCILLARY	14,444,207.87	1,615,314.68
			TOTAL ACCOMODATIONS	0.00	36.43
			TOTAL CHARGES	14,444,207.87	1,615,351.11

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,846.94	416.00	OTHER LAB	1,802.00	0.00
MED/SURG SUPPLY	9,808.95	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,211.00	614.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,452.00	14,967.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	35,649.00	2,959.00
EKG/ECG	3,521.00	0.00	MRI SERVICES	6,070.00	0.00
IV THERAPY	27,213.00	1,986.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	39,536.00	24,800.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	360.00	808.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,734.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	69,710.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,670.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,329.57	3,712.25
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	7,645.48	1,204.07
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,300.00	5,710.00	NO CC/INVALID REV CODE	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	1,370.00	0.00			
			TOTAL ANCILLARY	260,228.94	57,176.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	260,228.94	57,176.32

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PIEDMONT NEWTON HOSPITAL
5126 HOSPITAL DR NE
COVINGTON, GA 30014-2566

PROVIDER NUMBER
000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	451,440.87	ADJUSTMENTS	0.00
COVERED CHARGES	433,013.15	CONTRACTUAL ALLOW	422,473.74
NON-COVERD CHARGES	18,427.72	TOTAL MEDICAID LIAB	10,539.41
		LESS: COB	0.00
		LESS: COPAYMENT	198.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,341.41

TOTAL NUMBER OF CLAIMS 157

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,594.63	0.00	OTHER LAB	3,526.00	0.00
MED/SURG SUPPLY	168.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,362.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	53,737.00	2,755.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,099.00	FEE SCHEDULE LAB	73,165.00	5,383.00
EKG/ECG	7,042.00	0.00	MRI SERVICES	0.00	3,702.00
IV THERAPY	25,942.00	1,671.00	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	1,267.00	808.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	939.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	224,159.00	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	1,858.21	1,625.72
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	155.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,595.00	1,229.00	NO CC/INVALID REV CODE	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	1,657.50	0.00			
			TOTAL ANCILLARY	433,013.15	18,427.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	433,013.15	18,427.72

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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PIEDMONT NEWTON HOSPITAL
5126 HOSPITAL DR NE
COVINGTON, GA 30014-2566

PROVIDER NUMBER
000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,503.51	ADJUSTMENTS	0.00
COVERED CHARGES	14,786.51	CONTRACTUAL ALLOW	14,383.73
NON-COVERD CHARGES	717.00	TOTAL MEDICAID LIAB	402.78
		LESS: COB	393.78
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	238.51	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	1,270.00	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	3,867.00	717.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,982.00	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	7,429.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	14,786.51	717.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,786.51	717.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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Page: 13

PIEDMONT NEWTON HOSPITAL
5126 HOSPITAL DR NE
COVINGTON, GA 30014-2566

PROVIDER NUMBER 000001394A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	209,139.76	ADJUSTMENTS	0.00
COVERED CHARGES	189,803.77	CONTRACTUAL ALLOW	163,930.52
NON-COVERD CHARGES	19,335.99	TOTAL MEDICAID LIAB	25,873.25
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	25,861.25

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	725.56	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	708.56	3,211.29	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,983.00	250.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,884.00	5,444.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,447.00	156.00
EKG/ECG	503.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,738.00	2,228.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,182.50	4,182.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	286.00	808.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,757.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,620.00	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	123,528.07	332.00
RADIOLOGY THERAPEUTIC	5,168.00	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	1,006.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,161.00			
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	1,273.08	557.00			
			TOTAL ANCILLARY	189,803.77	19,335.99
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	189,803.77	19,335.99

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT NEWTON HOSPITAL
5126 HOSPITAL DR NE
COVINGTON, GA 30014-2566

PROVIDER NUMBER
000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,367.07	ADJUSTMENTS	0.00
COVERED CHARGES	72,768.96	CONTRACTUAL ALLOW	67,594.31
NON-COVERD CHARGES	5,598.11	TOTAL MEDICAID LIAB	5,174.65
		LESS: COB	5,174.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 21:46:47
 Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT NEWTON HOSPITAL
 5126 HOSPITAL DR NE
 COVINGTON, GA 30014-2566

PROVIDER NUMBER
 000001394A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,533.48	166.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,083.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	614.00	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	40,253.00	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	8,709.00	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	3,987.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	145.60	211.78
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	15,443.42	5,219.93
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	72,768.96	5,598.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	72,768.96	5,598.11

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:37:36
 Page: 1

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER 000001405A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	209,603,921.62	ADJUSTMENTS	10,275,270.30
COVERED CHARGES	206,826,461.09	CONTRACTUAL ALLOW	170,941,079.92
NON-COVERED CHARGES	2,777,460.53	TOTAL MEDICAID LIAB	35,885,381.17
		LESS: COB	270,972.03
		LESS: COPAYMENT	525.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	35,613,884.14

TOTAL NUMBER OF ADMISSIONS 5,946

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	11,675		0	17,639,643.00		0.00
ROUTINE NURSERY	9,452		0	21,408,804.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	21,127		0	39,048,447.00		0.00
SPECIAL CARE SERVICES						
CCU	1		0	4,921.00		0.00
ICU	3,458		0	16,241,871.00		0.00
NICU	1,143		0	8,427,913.00		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	4,602		0	24,674,705.00		0.00
TOTAL ACCOMODATIONS	25,729		0	63,723,152.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:37:36
 Page: 2

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	16,513,587.74	0.00	OTHER LAB	726,404.00	0.00
MED/SURG SUPPLY	2,372,204.98	1,022.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	29,602,270.49	0.00	EDUCATION & TRAINING	14,863.00	0.00
RADIOLOGY-DIAGNOSTIC	2,027,042.00	0.00	OTHER THERAPEUTIC SVC	0.00	343,137.00
CT SCAN	3,447,222.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,096,007.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	578,391.00	0.00	MRI SERVICES	1,123,690.00	0.00
IV THERAPY	612,974.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,288,694.00	929.00	DURABLE MED. EQUIP.	0.00	7,018.00
LABOR/DELIVERY ROOM	9,877,817.00	7,710.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,156,287.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,924,642.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	17,358.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,163,911.00	0.00	SPECIAL SERVICES	0.00	29,662.00
RECOVERY ROOM	2,233,119.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	121,786.25
LABORATORY PATHOLOGIC	2,236,806.00	0.00	INJECTABLE DRUGS	31,958,419.33	1,993,776.28
RADIOLOGY THERAPEUTIC	839,675.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,092,052.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	436,224.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	671,863.00	70,122.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	111.00	14,049.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,170,297.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	938,972.00	146,070.00	NO CC/INVALID REV CODE	0.00	223.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,137,104.00	2,111.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	273,555.00	39,845.00			
AUDIOLOGY	923,548.00	0.00			
CARDIOLOGY	2,231,440.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	239,907.00	0.00			
ORGAN ACQUISITION	10,654.55	0.00			
TREATMENT/OBSERV. RM	166,197.00	0.00			
			TOTAL ANCILLARY	143,103,309.09	2,777,460.53
			TOTAL ACCOMODATIONS	63,723,152.00	0.00
			TOTAL CHARGES	206,826,461.09	2,777,460.53

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:37:55
 Page: 4

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER 000001405A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,096,885.00	ADJUSTMENTS	0.00
COVERED CHARGES	7,992,662.50	CONTRACTUAL ALLOW	7,149,262.18
NON-COVERED CHARGES	104,222.50	TOTAL MEDICAID LIAB	843,400.32
		LESS: COB	843,400.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 84

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	169		0	247,862.00		0.00
ROUTINE NURSERY	488		0	2,115,877.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	657		0	2,363,739.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	74		0	325,746.00		0.00
NICU	279		0	2,035,748.00		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	353		0	2,361,494.00		0.00
TOTAL ACCOMODATIONS	1,010		0	4,725,233.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:37:55
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NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	420,271.00	0.00	OTHER LAB	66,048.00	0.00
MED/SURG SUPPLY	53,340.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	512,066.00	0.00	EDUCATION & TRAINING	1,274.00	0.00
RADIOLOGY-DIAGNOSTIC	87,481.00	0.00	OTHER THERAPEUTIC SVC	0.00	7,605.00
CT SCAN	13,604.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	29,517.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,430.00	0.00	MRI SERVICES	4,731.00	0.00
IV THERAPY	1,950.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	294,396.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	199,955.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	782,896.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	26,873.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,894.00	0.00	SPECIAL SERVICES	0.00	36,002.00
RECOVERY ROOM	51,646.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	34,204.00	0.00	INJECTABLE DRUGS	318,386.50	60,615.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	93,652.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,404.00	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	21,409.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	62,427.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	68,849.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	33,368.00	0.00			
CARDIOLOGY	40,772.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	25,586.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,267,429.50	104,222.50
			TOTAL ACCOMODATIONS	4,725,233.00	0.00
			TOTAL CHARGES	7,992,662.50	104,222.50

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:37:57
Page: 6

NORTHSIDE HOSPITAL
1000 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1606

PROVIDER NUMBER
000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	48,680,198.29	ADJUSTMENTS	2,069,968.84
COVERED CHARGES	41,268,965.03	CONTRACTUAL ALLOW	33,722,611.07
NON-COVERD CHARGES	7,411,233.26	TOTAL MEDICAID LIAB	7,546,353.96
		LESS: COB	21,629.33
		LESS: COPAYMENT	14,385.41
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,510,339.22
		ALL OTHER	4,911,541.22
		FEE SCHEDULE-LAB	679,169.00
		INJECTABLE DRUGS	1,919,629.00
		TOTAL NUMBER OF CLAIMS	9,095

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:37:57
 Page: 7

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	481,937.19	15,969.97	OTHER LAB	192,283.00	0.00
MED/SURG SUPPLY	727,705.20	15,585.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	12,244.00	EDUCATION & TRAINING	3,592.00	858.00
RADIOLOGY-DIAGNOSTIC	543,686.00	8,784.00	OTHER THERAPEUTIC SVC	0.00	8,920.00
CT SCAN	2,919,939.00	526,529.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	64,389.00	44,120.00	FEE SCHEDULE LAB	12,418,783.94	749,873.50
EKG/ECG	208,575.00	3,631.00	MRI SERVICES	2,116,184.00	122,599.00
IV THERAPY	4,744,972.70	146,833.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,207,154.00	382,973.00	DURABLE MED. EQUIP.	0.00	9,437.00
LABOR/DELIVERY ROOM	81,291.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	78,853.00	549.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	524,920.00	2,995.00	AMBULANCE	0.00	0.00
GI SERVICES	54,341.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,913,211.00	18,857.00	SPECIAL SERVICES	0.00	259.00
RECOVERY ROOM	414,742.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,985.81
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,979,735.20	4,112,032.25
RADIOLOGY THERAPEUTIC	1,806,514.00	105,174.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,603.00	36,964.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,164.00	12,844.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	59,577.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	910,370.00	25,187.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	108,740.00	24,633.00	IMPL DEV CHARGE PATIENTS	110,083.00	3,242.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,504,419.00	237,817.00	NO CC/INVALID REV CODE	56,642.00	446.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	750,973.00	432,010.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	93,362.00	36,368.00			
AUDIOLOGY	4,631.00	765.00			
CARDIOLOGY	67,567.00	71,271.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,611.00	0.00			
ORGAN ACQUISITION	0.00	130,745.73			
TREATMENT/OBSERV. RM	1,163,991.80	48,155.00			
			TOTAL ANCILLARY	41,268,965.03	7,411,233.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,268,965.03	7,411,233.26

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:38:18
Page: 14

NORTHSIDE HOSPITAL
1000 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1606

PROVIDER NUMBER
000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,003,318.99	ADJUSTMENTS	0.00
COVERED CHARGES	766,842.42	CONTRACTUAL ALLOW	655,345.40
NON-COVERD CHARGES	1,236,476.57	TOTAL MEDICAID LIAB	111,497.02
		LESS: COB	111,362.86
		LESS: COPAYMENT	134.16
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	189

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	26,986.29	0.00	OTHER LAB	3,227.00	0.00
MED/SURG SUPPLY	15,769.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,421.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	31,284.00	65,691.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	195,254.00	11,535.00
EKG/ECG	4,860.00	0.00	MRI SERVICES	6,222.00	4,731.00
IV THERAPY	57,864.00	1,239.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	33,034.00	88,056.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,408.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,653.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	30,842.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	119,775.00	164.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,878.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	100,373.13	971,610.57
RADIOLOGY THERAPEUTIC	978.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	915.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	541.00	882.00	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	9,502.00	1,279.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,200.00	970.00	IMPL DEV CHARGE PATIENTS	880.00	19,682.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	71,012.00	45,817.00	NO CC/INVALID REV CODE	1,115.00	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	3,314.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	20,591.00			
TREATMENT/OBSERV. RM	13,764.00	0.00			
			TOTAL ANCILLARY	766,842.42	1,236,476.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	766,842.42	1,236,476.57

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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NORTHSIDE HOSPITAL
1000 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1606

PROVIDER NUMBER
000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	578,359.36	ADJUSTMENTS	2,377.68
COVERED CHARGES	556,557.79	CONTRACTUAL ALLOW	546,958.20
NON-COVERD CHARGES	21,801.57	TOTAL MEDICAID LIAB	9,599.59
		LESS: COB	0.00
		LESS: COPAYMENT	147.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,452.59

TOTAL NUMBER OF CLAIMS 143

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:38:21
 Page: 18

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,132.23	0.00	OTHER LAB	1,021.00	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	21,685.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	65,827.00	10,770.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	124,983.00	2,903.00
EKG/ECG	9,720.00	0.00	MRI SERVICES	3,264.00	0.00
IV THERAPY	40,522.00	842.00	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	242,164.00	330.00	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	6,203.56	428.57
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	39,036.00	6,528.00	NO CC/INVALID REV CODE	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	556,557.79	21,801.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	556,557.79	21,801.57

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:38:23
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NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER 000001405A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	48,374.33	ADJUSTMENTS	0.00
COVERED CHARGES	41,314.33	CONTRACTUAL ALLOW	40,844.42
NON-COVERED CHARGES	7,060.00	TOTAL MEDICAID LIAB	469.91
		LESS: COB	466.91
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

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

Run Date: 09/20/2021
 Run Time: 21:38:23
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NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	486.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,377.00	5,412.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,486.00	744.00
EKG/ECG	405.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,866.00	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	14,929.00	594.00	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	2,917.33	310.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,848.00	0.00	NO CC/INVALID REV CODE	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	41,314.33	7,060.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,314.33	7,060.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:38:25
Page: 21

NORTHSIDE HOSPITAL
1000 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1606

PROVIDER NUMBER 000001405A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,277,106.57	ADJUSTMENTS	797,688.18
COVERED CHARGES	11,312,569.98	CONTRACTUAL ALLOW	9,034,061.74
NON-COVERD CHARGES	964,536.59	TOTAL MEDICAID LIAB	2,278,508.24
		LESS: COB	4,724.65
		LESS: COPAYMENT	1,296.08
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,272,487.51

TOTAL NUMBER OF CLAIMS 431

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	41,491.83	1,852.00	OTHER LAB	1,440.00	0.00
MED/SURG SUPPLY	321,975.00	5,174.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,800.00	17,965.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	58,617.00	12,320.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,938.00	FEE SCHEDULE LAB	876,766.00	37,722.00
EKG/ECG	12,960.00	1,215.00	MRI SERVICES	22,992.00	12,345.00
IV THERAPY	1,104,122.00	8,844.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,023,844.00	134,166.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,607.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	219,007.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	33,228.00	2,930.00	SPECIAL SERVICES	0.00	259.00
RECOVERY ROOM	119,011.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,765,700.10	635,678.59
RADIOLOGY THERAPEUTIC	301,603.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,344.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,250.00	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	85,925.00	2,351.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	485.00	0.00	IMPL DEV CHARGE PATIENTS	798,851.00	37,031.00
LITHOTRIPSY	51,492.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	28,059.00	4,993.00	NO CC/INVALID REV CODE	669.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	25,464.00	3,272.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	22,856.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	179,635.00	27,568.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	5,359.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	196,970.05	4,960.00			
			TOTAL ANCILLARY	11,312,569.98	964,536.59
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,312,569.98	964,536.59

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL
 1000 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1606

PROVIDER NUMBER
 000001405A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	807.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,472.00	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	6,708.00	41.00
EKG/ECG	0.00	405.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,013.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	59,011.00	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	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	187,314.50	4,500.00
RADIOLOGY THERAPEUTIC	1,122.00	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	892.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	118,766.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	390,106.00	4,946.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	390,106.00	4,946.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:42:05
 Page: 1

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER 000001416A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,497,420.42	ADJUSTMENTS	188,228.14
COVERED CHARGES	7,477,875.41	CONTRACTUAL ALLOW	6,208,069.07
NON-COVERED CHARGES	19,545.01	TOTAL MEDICAID LIAB	1,269,806.34
		LESS: COB	4,406.55
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,265,374.79

TOTAL NUMBER OF ADMISSIONS 109

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,125		0	1,267,020.00		0.00
ROUTINE NURSERY	22		0	21,295.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,147		0	1,288,315.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	179		0	675,380.00		0.00
NICU	14		0	31,800.00		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	193		0	707,180.00		0.00
TOTAL ACCOMODATIONS	1,340		0	1,995,495.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:42:05
 Page: 2

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,634,813.49	0.00	OTHER LAB	40,020.00	0.00
MED/SURG SUPPLY	462,949.19	220.01	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	831,193.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	100,737.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	238,937.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	361,958.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	29,678.00	0.00	MRI SERVICES	59,278.00	0.00
IV THERAPY	22,198.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	240,476.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,463.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	300,280.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	48,064.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	159,561.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,888.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,231.00	0.00	INJECTABLE DRUGS	25,152.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	378,326.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	104,467.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	36,431.00	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	1,826.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	27,031.73	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,405.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,780.00	17,499.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,600.00	0.00			
AUDIOLOGY	2,012.00	0.00			
CARDIOLOGY	70,312.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,888.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	185,251.00	0.00			
			TOTAL ANCILLARY	5,482,380.41	19,545.01
			TOTAL ACCOMODATIONS	1,995,495.00	0.00
			TOTAL CHARGES	7,477,875.41	19,545.01

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY, GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,227,011.46	ADJUSTMENTS	68,316.11
COVERED CHARGES	3,337,179.46	CONTRACTUAL ALLOW	2,703,266.22
NON-COVERD CHARGES	889,832.00	TOTAL MEDICAID LIAB	633,913.24
		LESS: COB	353.96
		LESS: COPAYMENT	946.97
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	632,612.31
		ALL OTHER	566,129.17
		FEE SCHEDULE-LAB	30,508.24
		INJECTABLE DRUGS	35,974.90
		TOTAL NUMBER OF CLAIMS	807

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	96,837.26	0.00	OTHER LAB	14,939.00	0.00
MED/SURG SUPPLY	181,810.03	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	102,282.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	397,814.00	202,749.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	252.00	1,400.00	FEE SCHEDULE LAB	293,332.00	16,979.00
EKG/ECG	30,305.00	0.00	MRI SERVICES	4,267.00	3,182.00
IV THERAPY	256,936.00	26,504.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	498,703.00	66,925.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	692.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	15,093.00	3,806.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,455.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	462,377.00	7,691.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,000.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	432,705.40	418,158.00
RADIOLOGY THERAPEUTIC	326,276.00	114,165.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	633.00	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	19,592.00	654.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	996.00	IMPL DEV CHARGE PATIENTS	34,823.77	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	39,260.00	18,475.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,663.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	10,120.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,308.00	4,161.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,224.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	49,113.00	3,354.00			
			TOTAL ANCILLARY	3,337,179.46	889,832.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,337,179.46	889,832.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY, GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,458.13	ADJUSTMENTS	0.00
COVERED CHARGES	10,773.13	CONTRACTUAL ALLOW	9,726.03
NON-COVERD CHARGES	21,685.00	TOTAL MEDICAID LIAB	1,047.10
		LESS: COB	1,047.10
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	197.00	0.00	OTHER LAB	844.00	0.00
MED/SURG SUPPLY	773.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,456.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,978.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,019.00	30.00
EKG/ECG	209.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	956.00	264.00	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	115.00	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	3,121.00	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	934.00	18,413.00
RADIOLOGY THERAPEUTIC	780.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	369.00	0.00	NO CC/INVALID REV CODE	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	10,773.13	21,685.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,773.13	21,685.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY, GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,820.01	ADJUSTMENTS	131.26
COVERED CHARGES	32,760.01	CONTRACTUAL ALLOW	31,148.89
NON-COVERD CHARGES	4,060.00	TOTAL MEDICAID LIAB	1,611.12
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,572.12

TOTAL NUMBER OF CLAIMS 24

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	278.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,116.76	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,222.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,025.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,647.00	126.00
EKG/ECG	418.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	756.00	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	17,362.00	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	935.00	281.00
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	1,494.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	2,159.00	NO CC/INVALID REV CODE	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	32,760.01	4,060.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	32,760.01	4,060.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:42:09
Page: 10

PHOEBE NORTH
2000 PALMYRA RD
ALBANY, GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY, GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,113,716.69	ADJUSTMENTS	55,816.40
COVERED CHARGES	2,040,463.19	CONTRACTUAL ALLOW	1,772,864.17
NON-COVERD CHARGES	73,253.50	TOTAL MEDICAID LIAB	267,599.02
		LESS: COB	0.00
		LESS: COPAYMENT	117.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	267,482.02

TOTAL NUMBER OF CLAIMS 48

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	21,375.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	104,084.74	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	33,083.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,206.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,861.00	1,038.00
EKG/ECG	209.00	209.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,800.00	3,501.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	984,010.50	9,360.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	115.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,566.00	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	22,499.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	583,926.00	56,879.00
RADIOLOGY THERAPEUTIC	35,378.00	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	953.00	60.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	199,921.70	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	820.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	777.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,084.00	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	2,040,463.19	73,253.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,040,463.19	73,253.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:42:09
Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:05
 Page: 1

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER 000001438A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,476,466.05	ADJUSTMENTS	209,357.33
COVERED CHARGES	26,460,889.25	CONTRACTUAL ALLOW	21,439,422.26
NON-COVERED CHARGES	15,576.80	TOTAL MEDICAID LIAB	5,021,466.99
		LESS: COB	46,627.04
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,974,814.95

TOTAL NUMBER OF ADMISSIONS 499

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,217		0	1,668,058.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,217		0	1,668,058.00		0.00
SPECIAL CARE SERVICES						
CCU	858		0	3,463,451.00		0.00
ICU	277		0	1,270,629.00		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	1,135		0	4,734,080.00		0.00
TOTAL ACCOMODATIONS	2,352		0	6,402,138.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:05
 Page: 2

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,490,968.30	0.00	OTHER LAB	147,630.00	0.00
MED/SURG SUPPLY	641,677.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,871,876.02	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	582,102.00	0.00	OTHER THERAPEUTIC SVC	0.00	4,350.00
CT SCAN	2,052,346.00	7,798.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	102,701.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	359,804.00	0.00	MRI SERVICES	330,151.00	0.00
IV THERAPY	429,752.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	758,406.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,561,825.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	306,880.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	168,608.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,536,573.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	98,262.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,758.60
LABORATORY PATHOLOGIC	84,180.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	1,385.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	23,689.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	41,153.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	132,769.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,480.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	8,000.00	0.00	IMPL DEV CHARGE PATIENTS	71,843.77	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	146,950.00	0.00	NO CC/INVALID REV CODE	0.00	767.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	273,218.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	212,215.80	903.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	986,483.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	26,316.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	607,507.23	0.00			
			TOTAL ANCILLARY	20,058,751.25	15,576.80
			TOTAL ACCOMODATIONS	6,402,138.00	0.00
			TOTAL CHARGES	26,460,889.25	15,576.80

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:08
 Page: 4

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER 000001438A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	168,717.03	ADJUSTMENTS	0.00
COVERED CHARGES	168,717.03	CONTRACTUAL ALLOW	136,237.08
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	32,479.95
		LESS: COB	32,479.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7		0	9,590.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7		0	9,590.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	12,066.00		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	3		0	12,066.00		0.00
TOTAL ACCOMODATIONS	10		0	21,656.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:08
 Page: 5

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,964.70	0.00	OTHER LAB	2,637.00	0.00
MED/SURG SUPPLY	2,992.33	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	28,466.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,256.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,762.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,344.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,678.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,465.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,121.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,909.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,287.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,549.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	24,630.00	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	147,061.03	0.00
			TOTAL ACCOMODATIONS	21,656.00	0.00
			TOTAL CHARGES	168,717.03	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:58:08
Page: 6

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM, GA 30141-2068

PROVIDER NUMBER
000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,460,405.82	ADJUSTMENTS	107,970.47
COVERED CHARGES	14,209,902.20	CONTRACTUAL ALLOW	12,677,853.77
NON-COVERD CHARGES	1,250,503.62	TOTAL MEDICAID LIAB	1,532,048.43
		LESS: COB	6,250.08
		LESS: COPAYMENT	2,142.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,523,656.35
		ALL OTHER	1,352,414.77
		FEE SCHEDULE-LAB	76,766.90
		INJECTABLE DRUGS	94,474.68
		TOTAL NUMBER OF CLAIMS	2,657

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:58:08
 Page: 7

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	248,099.84	51.10	OTHER LAB	213,215.00	4,820.00
MED/SURG SUPPLY	136,853.27	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	809,175.00	4,130.00	OTHER THERAPEUTIC SVC	0.00	32,000.00
CT SCAN	2,850,693.00	143,767.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	62,273.00	32,980.02	FEE SCHEDULE LAB	1,556,570.00	119,001.00
EKG/ECG	239,366.00	13,850.00	MRI SERVICES	752,631.00	43,296.00
IV THERAPY	625,378.00	59,469.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	450,519.01	34,017.99	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	85,420.00	36,595.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	201,853.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	28,625.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,440,102.00	5,273.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	100,537.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	612,006.00	344,813.81
RADIOLOGY THERAPEUTIC	473,984.00	32,570.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	399.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,030.00	3,096.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	12,510.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,233.00	9,021.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	20,800.00	52,000.00	IMPL DEV CHARGE PATIENTS	84,683.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	286,067.00	41,977.00	NO CC/INVALID REV CODE	1,680.00	679.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	82,322.00	2,310.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	173,130.00	250.70			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	292,123.00	51,142.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	183,113.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	187,420.33	170,485.00			
			TOTAL ANCILLARY	14,209,902.20	1,250,503.62
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,209,902.20	1,250,503.62

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:58:14
Page: 9

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM, GA 30141-2068

PROVIDER NUMBER
000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	321,052.39	ADJUSTMENTS	0.00
COVERED CHARGES	297,411.29	CONTRACTUAL ALLOW	273,764.62
NON-COVERD CHARGES	23,641.10	TOTAL MEDICAID LIAB	23,646.67
		LESS: COB	23,619.67
		LESS: COPAYMENT	27.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 54

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:58:14
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,364.80	0.00	OTHER LAB	2,079.00	0.00
MED/SURG SUPPLY	1,234.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,986.00	0.00	OTHER THERAPEUTIC SVC	0.00	800.00
CT SCAN	50,990.00	7,714.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,377.00	4,623.00
EKG/ECG	3,516.00	0.00	MRI SERVICES	3,826.00	0.00
IV THERAPY	17,360.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,148.00	3,148.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,639.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,694.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	95,703.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,629.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,901.70	2,843.10
RADIOLOGY THERAPEUTIC	6,514.00	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	3,200.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,282.00	1,313.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	37,838.00	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	1,329.74	0.00			
			TOTAL ANCILLARY	297,411.29	23,641.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	297,411.29	23,641.10

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM, GA 30141-2068

PROVIDER NUMBER
000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	607,003.20	ADJUSTMENTS	134.26
COVERED CHARGES	551,846.50	CONTRACTUAL ALLOW	538,554.76
NON-COVERD CHARGES	55,156.70	TOTAL MEDICAID LIAB	13,291.74
		LESS: COB	63.96
		LESS: COPAYMENT	234.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,993.78

TOTAL NUMBER OF CLAIMS 198

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,486.90	0.00	OTHER LAB	8,491.00	0.00
MED/SURG SUPPLY	1,905.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	51,836.00	0.00	OTHER THERAPEUTIC SVC	0.00	8,800.00
CT SCAN	15,710.00	7,996.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	103,546.00	10,411.00
EKG/ECG	11,134.00	586.00	MRI SERVICES	0.00	4,887.00
IV THERAPY	16,590.00	1,126.00	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	1,119.00	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	313,308.00	7,204.00	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	1,916.10	5,986.70
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	4,800.00	6,716.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,026.00	1,444.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,978.00	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	551,846.50	55,156.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	551,846.50	55,156.70

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:58:15
Page: 13

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM,GA 30141-2068

PROVIDER NUMBER
000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,593.50	ADJUSTMENTS	0.00
COVERED CHARGES	31,673.30	CONTRACTUAL ALLOW	30,934.87
NON-COVERD CHARGES	5,920.20	TOTAL MEDICAID LIAB	738.43
		LESS: COB	732.43
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:58:15
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WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	375.30	0.00	OTHER LAB	2,079.00	0.00
MED/SURG SUPPLY	24.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	654.00	0.00	OTHER THERAPEUTIC SVC	0.00	800.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,817.00	1,876.00
EKG/ECG	586.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	580.00	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	19,558.00	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	0.00	138.20
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	800.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	2,306.00	NO CC/INVALID REV CODE	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	31,673.30	5,920.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,673.30	5,920.20

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:58:16
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WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM, GA 30141-2068

PROVIDER NUMBER 000001438A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,333,291.71	ADJUSTMENTS	24,057.64
COVERED CHARGES	2,270,235.81	CONTRACTUAL ALLOW	2,149,497.52
NON-COVERD CHARGES	63,055.90	TOTAL MEDICAID LIAB	120,738.29
		LESS: COB	0.00
		LESS: COPAYMENT	501.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	120,237.29

TOTAL NUMBER OF CLAIMS 20

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR PAULDING HOSPITAL
 2518 JIMMY LEE SMITH PKWY
 HIRAM, GA 30141-2068

PROVIDER NUMBER
 000001438A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	12,483.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	25,240.83	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,773.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,127.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,283.00	FEE SCHEDULE LAB	16,920.00	1,395.00
EKG/ECG	1,758.00	2,344.00	MRI SERVICES	0.00	0.00
IV THERAPY	68,950.00	1,744.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	145,663.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	295.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,940.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,764.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,108.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	838,290.62	15,185.90
RADIOLOGY THERAPEUTIC	871,362.00	28,384.00	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	170,547.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	74,945.00	8,722.00			
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	4,068.41	0.00			
			TOTAL ANCILLARY	2,270,235.81	63,055.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,270,235.81	63,055.90

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM,GA 30141-2068

PROVIDER NUMBER
000001438A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:27
 Page: 1

THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON, GA 31008-5663

PROVIDER NUMBER 000001449A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,439,093.99	ADJUSTMENTS	4,430.90
COVERED CHARGES	1,385,882.23	CONTRACTUAL ALLOW	793,766.01
NON-COVERD CHARGES	53,211.76	TOTAL MEDICAID LIAB	592,116.22
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	592,041.22

TOTAL NUMBER OF ADMISSIONS 106

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	417		0	324,009.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	417		0	324,009.00		0.00
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	417		0	324,009.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:31:27
 Page: 2

THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON,GA 31008-5663

PROVIDER NUMBER
 000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	251,021.77	0.00	OTHER LAB	5,079.00	0.00
MED/SURG SUPPLY	1,298.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	260,920.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,833.00	0.00	OTHER THERAPEUTIC SVC	0.00	326.00
CT SCAN	96,411.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,183.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,546.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	33,737.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,298.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	42,636.25	0.00	FREE STANDING CLINIC	0.00	106.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	84,057.00	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	173,422.21	52,392.76
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	190.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	405.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,301.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,755.00	387.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,260.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	19,305.00	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	21,215.00	0.00			
			TOTAL ANCILLARY	1,061,873.23	53,211.76
			TOTAL ACCOMODATIONS	324,009.00	0.00
			TOTAL CHARGES	1,385,882.23	53,211.76

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON,GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:31:28
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON, GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,126,877.08	ADJUSTMENTS	165,656.76
COVERED CHARGES	2,017,245.09	CONTRACTUAL ALLOW	1,520,381.13
NON-COVERD CHARGES	109,631.99	TOTAL MEDICAID LIAB	496,863.96
		LESS: COB	1,508.70
		LESS: COPAYMENT	300.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	495,055.26
		ALL OTHER	426,634.04
		FEE SCHEDULE-LAB	65,394.22
		INJECTABLE DRUGS	3,027.00
		TOTAL NUMBER OF CLAIMS	1,427

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:31:28
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON, GA 31008-5663

PROVIDER NUMBER
 000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	125,629.40	685.42	OTHER LAB	41,344.00	0.00
MED/SURG SUPPLY	1,706.26	1,788.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	95,091.00	330.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	304,464.00	41,226.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,601.00	2,333.00	FEE SCHEDULE LAB	491,244.00	18,184.00
EKG/ECG	19,425.00	111.00	MRI SERVICES	13,769.00	6,805.00
IV THERAPY	152,325.00	14,507.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	77,345.67	5,199.33	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,094.00	6,477.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,410.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	463,456.60	1,558.40	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,454.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	41,657.16	5,904.84
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	680.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	44,208.00	4,402.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,403.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,130.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,287.00	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	66,521.00	121.00			
			TOTAL ANCILLARY	2,017,245.09	109,631.99
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,017,245.09	109,631.99

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON, GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,013.72	ADJUSTMENTS	0.00
COVERED CHARGES	13,636.72	CONTRACTUAL ALLOW	11,192.23
NON-COVERD CHARGES	5,377.00	TOTAL MEDICAID LIAB	2,444.49
		LESS: COB	2,444.49
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON,GA 31008-5663

PROVIDER NUMBER
 000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	903.80	120.00	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	444.00	165.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,011.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,311.00	841.00
EKG/ECG	333.00	111.00	MRI SERVICES	2,910.00	0.00
IV THERAPY	1,322.00	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	4,180.00	1,129.00	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	232.92	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	13,636.72	5,377.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,636.72	5,377.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON,GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	91,216.13	ADJUSTMENTS	411.00
COVERED CHARGES	86,594.76	CONTRACTUAL ALLOW	78,684.76
NON-COVERD CHARGES	4,621.37	TOTAL MEDICAID LIAB	7,910.00
		LESS: COB	0.00
		LESS: COPAYMENT	114.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,796.00

TOTAL NUMBER OF CLAIMS 113

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON, GA 31008-5663

PROVIDER NUMBER
 000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,645.91	0.00	OTHER LAB	615.00	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	3,459.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,664.00	1,058.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,940.00	54.00
EKG/ECG	333.00	0.00	MRI SERVICES	0.00	2,910.00
IV THERAPY	4,398.00	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	408.00	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	49,713.00	416.00	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	2,202.85	183.37
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,216.00	0.00	NO CC/INVALID REV CODE	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	86,594.76	4,621.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	86,594.76	4,621.37

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON,GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,326.08	ADJUSTMENTS	0.00
COVERED CHARGES	5,241.08	CONTRACTUAL ALLOW	4,891.08
NON-COVERD CHARGES	85.00	TOTAL MEDICAID LIAB	350.00
		LESS: COB	347.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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THE MEDICAL CENTER OF PEACH COUNTY, INC.
 1960 HIGHWAY 247 CONNECTOR
 BYRON, GA 31008-5663

PROVIDER NUMBER
 000001449A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	399.08	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	330.00	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	882.00	85.00
EKG/ECG	111.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	743.00	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	2,764.00	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	12.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,241.08	85.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,241.08	85.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:31:32
Page: 12

THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON, GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:31:32
Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

THE MEDICAL CENTER OF PEACH COUNTY, INC.
1960 HIGHWAY 247 CONNECTOR
BYRON,GA 31008-5663

PROVIDER NUMBER
000001449A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:47
 Page: 1

PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY,GA 31069-2906

PROVIDER NUMBER 000001471A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,915,725.48	ADJUSTMENTS	70,729.96
COVERED CHARGES	1,913,039.48	CONTRACTUAL ALLOW	1,449,918.25
NON-COVERD CHARGES	2,686.00	TOTAL MEDICAID LIAB	463,121.23
		LESS: COB	8,313.71
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	454,770.02

TOTAL NUMBER OF ADMISSIONS 60

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	304		0	384,380.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	304		0	384,380.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	48		0	146,400.00		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	48		0	146,400.00		0.00
TOTAL ACCOMODATIONS	352		0	530,780.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:47
 Page: 2

PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	103,232.52	0.00	OTHER LAB	15,345.00	0.00
MED/SURG SUPPLY	26,812.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	159,519.51	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	40,197.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,535.00	1,533.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	49,062.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	34,270.00	0.00	MRI SERVICES	7,095.00	0.00
IV THERAPY	686.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	168,546.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	298,869.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	24,300.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	223,568.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,068.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,365.52	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	5,814.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	9,770.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	583.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	51,186.97	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,945.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	21,134.00	1,153.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,456.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	53,562.00	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	24,337.00	0.00			
			TOTAL ANCILLARY	1,382,259.48	2,686.00
			TOTAL ACCOMODATIONS	530,780.00	0.00
			TOTAL CHARGES	1,913,039.48	2,686.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:40:47
Page: 3

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY, GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:40:47
Page: 4

PERRY HOSPITAL
1120 MORNINGSID DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,286,413.84	ADJUSTMENTS	67,734.28
COVERED CHARGES	2,157,398.95	CONTRACTUAL ALLOW	1,821,081.86
NON-COVERD CHARGES	129,014.89	TOTAL MEDICAID LIAB	336,317.09
		LESS: COB	1,188.84
		LESS: COPAYMENT	183.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	334,945.25
		ALL OTHER	292,015.74
		FEE SCHEDULE-LAB	39,482.22
		INJECTABLE DRUGS	3,447.29

TOTAL NUMBER OF CLAIMS 957

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:40:47
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PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,932.79	263.80	OTHER LAB	30,737.00	0.00
MED/SURG SUPPLY	14,562.27	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	84,607.00	600.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	185,180.00	12,770.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	623.00	813.00	FEE SCHEDULE LAB	191,508.74	9,536.00
EKG/ECG	47,947.00	0.00	MRI SERVICES	17,830.00	1,000.00
IV THERAPY	184,908.00	4,159.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	189,426.00	37,622.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	30,929.00	3,107.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,950.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	916,481.00	663.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,930.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	17,426.88	54,824.09
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	298.00	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	852.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,944.27	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,939.00	1,813.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,161.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	19,152.00	694.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,699.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	139,525.00	0.00			
			TOTAL ANCILLARY	2,157,398.95	129,014.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,157,398.95	129,014.89

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:40:49
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PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	48,770.84	ADJUSTMENTS	0.00
COVERED CHARGES	38,596.62	CONTRACTUAL ALLOW	32,528.85
NON-COVERD CHARGES	10,174.22	TOTAL MEDICAID LIAB	6,067.77
		LESS: COB	6,067.77
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 19

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:40:49
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PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	76.16	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	71.55	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,741.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,500.00	5,080.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,059.00	93.00
EKG/ECG	596.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,490.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	3,876.00	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	26,161.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	432.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	469.91	338.22
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	93.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	694.00			
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	38,596.62	10,174.22
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,596.62	10,174.22

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:40:50
Page: 8

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,763.05	ADJUSTMENTS	0.00
COVERED CHARGES	37,670.05	CONTRACTUAL ALLOW	36,327.45
NON-COVERD CHARGES	93.00	TOTAL MEDICAID LIAB	1,342.60
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,339.60

TOTAL NUMBER OF CLAIMS 20

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:40:50
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PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	42.75	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	864.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,165.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,107.00	93.00
EKG/ECG	596.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,459.00	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	295.00	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	27,950.00	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	191.30	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	37,670.05	93.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,670.05	93.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:40:50
Page: 10

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,077.00	ADJUSTMENTS	0.00
COVERED CHARGES	2,065.00	CONTRACTUAL ALLOW	1,997.87
NON-COVERD CHARGES	12.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:40:50
 Page: 11

PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	288.00	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	77.00	12.00
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	1,700.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,065.00	12.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,065.00	12.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:40:50
Page: 12

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,540.82	ADJUSTMENTS	0.00
COVERED CHARGES	100,671.55	CONTRACTUAL ALLOW	84,987.79
NON-COVERD CHARGES	8,869.27	TOTAL MEDICAID LIAB	15,683.76
		LESS: COB	0.00
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,674.76

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:40:50
 Page: 13

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PERRY HOSPITAL
 1120 MORNINGSIDE DR
 PERRY, GA 31069-2906

PROVIDER NUMBER
 000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	36.00	12.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,877.63	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	688.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	750.00	4,750.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	654.00	58.00
EKG/ECG	1,192.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,157.00	290.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,050.00	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	3,600.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,793.00	1,116.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	666.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	51,703.17	2,643.27
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	4,299.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,205.00	0.00			
			TOTAL ANCILLARY	100,671.55	8,869.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	100,671.55	8,869.27

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:40:50
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY, GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:58
 Page: 1

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY, GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,842,180.76	ADJUSTMENTS	5,150,958.86
COVERED CHARGES	108,613,072.15	CONTRACTUAL ALLOW	84,660,002.40
NON-COVERED CHARGES	1,229,108.61	TOTAL MEDICAID LIAB	23,953,069.75
		LESS: COB	281,994.93
		LESS: COPAYMENT	1,175.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	23,669,899.82

TOTAL NUMBER OF ADMISSIONS 1,902

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,370		0	8,882,620.00		0.00
ROUTINE NURSERY	580		0	462,570.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10,950		0	9,345,190.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2,250		0	5,626,785.92		0.00
NICU	629		0	1,572,130.00		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	63		0	926,502.72		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	2,942		0	8,125,418.64		0.00
TOTAL ACCOMODATIONS	13,892		0	17,470,608.64		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:58
 Page: 2

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	23,270,218.61	0.00	OTHER LAB	695,760.84	0.00
MED/SURG SUPPLY	10,482,246.79	4,914.71	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,042,587.95	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,858,487.82	0.00	OTHER THERAPEUTIC SVC	0.00	194,954.00
CT SCAN	4,751,600.43	69,898.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,113,125.97	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	519,235.80	0.00	MRI SERVICES	1,231,999.00	0.00
IV THERAPY	835,734.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,890,957.20	29,169.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	323,842.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,054,740.40	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,979,488.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	251,067.00	3,813.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,038,158.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,454,086.30	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	199,654.72	0.00	INJECTABLE DRUGS	714,565.24	1,317.00
RADIOLOGY THERAPEUTIC	555,868.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	642,577.84	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	255,060.26	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	124,457.60	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	404.00	50,165.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	178,179.00	0.00	IMPL DEV CHARGE PATIENTS	3,611,566.20	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	543,801.83	6,685.00	NO CC/INVALID REV CODE	0.00	4,085.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	961,183.95	856,757.70			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	295,795.00	0.00			
AUDIOLOGY	78,067.00	0.00			
CARDIOLOGY	3,189,248.60	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	96,515.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,902,183.16	7,350.00			
			TOTAL ANCILLARY	91,142,463.51	1,229,108.61
			TOTAL ACCOMODATIONS	17,470,608.64	0.00
			TOTAL CHARGES	108,613,072.15	1,229,108.61

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:41:11
 Page: 4

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY, GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	106,487.49	ADJUSTMENTS	0.00
COVERED CHARGES	106,487.49	CONTRACTUAL ALLOW	79,848.76
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	26,638.73
		LESS: COB	26,638.73
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	27		0	20,385.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	27		0	20,385.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	2,135.00		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	1		0	2,135.00		0.00
TOTAL ACCOMODATIONS	28		0	22,520.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:41:11
 Page: 5

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	16,653.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,788.24	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,413.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,819.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,206.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,718.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	418.00	0.00	MRI SERVICES	9,863.00	0.00
IV THERAPY	192.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,907.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,184.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,122.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,182.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,672.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	447.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,950.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,240.00	0.00	NO CC/INVALID REV CODE	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	193.00	0.00			
			TOTAL ANCILLARY	83,967.49	0.00
			TOTAL ACCOMODATIONS	22,520.00	0.00
			TOTAL CHARGES	106,487.49	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:41:14
Page: 6

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,983,392.83	ADJUSTMENTS	982,795.64
COVERED CHARGES	34,254,659.43	CONTRACTUAL ALLOW	27,901,903.06
NON-COVERD CHARGES	4,728,733.40	TOTAL MEDICAID LIAB	6,352,756.37
		LESS: COB	1,557.42
		LESS: COPAYMENT	18,445.34
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,332,753.61
		ALL OTHER	5,202,897.85
		FEE SCHEDULE-LAB	507,884.36
		INJECTABLE DRUGS	621,971.40
		TOTAL NUMBER OF CLAIMS	12,251

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:41:14
 Page: 7

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,080,066.41	8,768.42	OTHER LAB	287,524.00	5,345.00
MED/SURG SUPPLY	2,108,794.07	1,319.47	RECREATIONAL THERAPY	0.00	1,118.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	771,992.50	36,450.00	OTHER THERAPEUTIC SVC	0.00	3,952.00
CT SCAN	2,351,709.00	559,139.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	170,870.00	41,569.00	FEE SCHEDULE LAB	4,430,970.52	260,477.00
EKG/ECG	304,639.00	6,897.00	MRI SERVICES	476,757.00	32,372.00
IV THERAPY	1,960,318.00	153,486.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,618,412.66	414,391.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,996.00	0.00	REHAB THERAPY	0.00	3,348.00
RESPIRATORY SERVICES	100,841.00	23,374.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,044,564.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	638,970.32	113,765.68	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,132,173.40	98,601.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,356,843.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,652,631.71	1,743,267.75
RADIOLOGY THERAPEUTIC	1,465,827.00	539,870.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,937.00	15,924.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	26,056.00	18,434.00	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	924,546.00	111,032.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	86,136.00	60,258.00	IMPL DEV CHARGE PATIENTS	349,127.63	2,114.78
LITHOTRIPSY	0.00	6,985.50	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	833,885.00	52,325.00	NO CC/INVALID REV CODE	0.00	264.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	162,285.00	116,152.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	439,606.00	44,759.00			
AUDIOLOGY	10,027.00	3,053.00			
CARDIOLOGY	545,673.00	131,973.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	379,016.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	516,465.21	117,948.00			
			TOTAL ANCILLARY	34,254,659.43	4,728,733.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,254,659.43	4,728,733.40

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:41:41
Page: 9

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	503,394.02	ADJUSTMENTS	0.00
COVERED CHARGES	383,649.76	CONTRACTUAL ALLOW	326,204.37
NON-COVERED CHARGES	119,744.26	TOTAL MEDICAID LIAB	57,445.39
		LESS: COB	57,288.59
		LESS: COPAYMENT	156.80
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	139

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	4,666.75	8,775.50	OTHER LAB	3,864.00	0.00
MED/SURG SUPPLY	26,766.35	2,602.33	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,998.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,546.00	10,359.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,058.00	842.00	FEE SCHEDULE LAB	58,428.00	2,676.00
EKG/ECG	3,135.00	0.00	MRI SERVICES	4,000.00	4,782.00
IV THERAPY	16,111.00	1,080.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	37,267.00	23,723.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,403.00	230.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	25,567.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,713.00	1,950.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	34,905.00	625.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	47,738.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	28,879.31	51,591.25
RADIOLOGY THERAPEUTIC	3,013.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	344.00	471.00	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	9,980.00	1,579.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	498.00	IMPL DEV CHARGE PATIENTS	263.35	953.18
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,717.00	1,871.00	NO CC/INVALID REV CODE	0.00	1,056.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,058.00	1,241.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,483.00	0.00			
AUDIOLOGY	923.00	274.00			
CARDIOLOGY	7,600.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,539.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,684.00	2,565.00			
			TOTAL ANCILLARY	383,649.76	119,744.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	383,649.76	119,744.26

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:41:44
Page: 12

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	402,991.59	ADJUSTMENTS	64.13
COVERED CHARGES	350,956.59	CONTRACTUAL ALLOW	336,725.03
NON-COVERD CHARGES	52,035.00	TOTAL MEDICAID LIAB	14,231.56
		LESS: COB	0.00
		LESS: COPAYMENT	312.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,919.56

TOTAL NUMBER OF CLAIMS 212

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:41:44
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PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	5,477.52	0.00	OTHER LAB	2,063.00	2,438.00
MED/SURG SUPPLY	13,345.37	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,594.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	32,256.00	24,100.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	53,882.00	2,369.00
EKG/ECG	4,389.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,606.00	264.00	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	2,020.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	312.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	162,795.07	1,131.00	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	30,604.88	14,438.00
RADIOLOGY THERAPEUTIC	3,088.00	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	4,482.00	IMPL DEV CHARGE PATIENTS	666.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,424.00	2,813.00	NO CC/INVALID REV CODE	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	2,433.00	0.00			
			TOTAL ANCILLARY	350,956.59	52,035.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	350,956.59	52,035.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 14

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,627.11	ADJUSTMENTS	0.00
COVERED CHARGES	12,346.11	CONTRACTUAL ALLOW	11,809.07
NON-COVERD CHARGES	281.00	TOTAL MEDICAID LIAB	537.04
		LESS: COB	531.04
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 8

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:41:48
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PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	9.00	120.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	195.11	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,316.00	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	1,759.00	161.00
EKG/ECG	209.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	164.00	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	115.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	156.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,354.00	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	332.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	737.00	0.00	NO CC/INVALID REV CODE	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	12,346.11	281.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,346.11	281.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII

Run Date: 09/20/2021
Run Time: 21:41:50
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,905,560.18	ADJUSTMENTS	740,144.59
COVERED CHARGES	19,989,972.10	CONTRACTUAL ALLOW	17,204,731.79
NON-COVERED CHARGES	1,915,588.08	TOTAL MEDICAID LIAB	2,785,240.31
		LESS: COB	0.00
		LESS: COPAYMENT	2,463.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,782,777.31

TOTAL NUMBER OF CLAIMS 501

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:41:50
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	368,219.12	0.00	OTHER LAB	3,689.00	0.00
MED/SURG SUPPLY	1,194,211.19	498.26	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	58,459.00	32,405.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	90,915.00	36,090.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,194.00	10,478.00	FEE SCHEDULE LAB	250,547.00	36,358.00
EKG/ECG	17,556.00	2,508.00	MRI SERVICES	8,446.00	9,522.00
IV THERAPY	284,200.00	25,671.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,828,984.93	394,797.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,869.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	633,685.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,445.00	1,499.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,839.00	5,246.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	484,205.00	3,267.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,298,258.32	420,970.84
RADIOLOGY THERAPEUTIC	1,217,185.00	83,176.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,264.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,186.00	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	19,249.00	3,034.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,745,734.54	21,921.25
LITHOTRIPSY	25,903.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,339.00	4,693.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,113.00	7,446.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,120.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	337,352.00	812,172.00			
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	31,254.00	385.00			
			TOTAL ANCILLARY	19,989,972.10	1,915,588.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,989,972.10	1,915,588.08

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:41:55
Page: 18

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
417 W 3RD AVE
ALBANY, GA 31701-1943

PROVIDER NUMBER
000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,730.48	ADJUSTMENTS	0.00
COVERED CHARGES	29,998.48	CONTRACTUAL ALLOW	24,414.63
NON-COVERD CHARGES	11,732.00	TOTAL MEDICAID LIAB	5,583.85
		LESS: COB	5,580.85
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 21:41:55
 Page: 19

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.
 417 W 3RD AVE
 ALBANY,GA 31701-1943

PROVIDER NUMBER
 000001482A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	1,185.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,336.23	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	250.00	30.00
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	5,263.00	10,526.00	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	4,929.00	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	3,891.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	767.00	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	IMPL DEV CHARGE PATIENTS	6,377.25	1,176.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	29,998.48	11,732.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,998.48	11,732.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:53
 Page: 1

PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER 000001493A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,845,624.91	ADJUSTMENTS	36,976.25
COVERED CHARGES	8,825,604.91	CONTRACTUAL ALLOW	7,120,725.30
NON-COVERED CHARGES	20,020.00	TOTAL MEDICAID LIAB	1,704,879.61
		LESS: COB	11,253.21
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	44,772.00
		REIMBURSEMENT	1,738,373.40

TOTAL NUMBER OF ADMISSIONS 271

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	829	0	1,109,104.00	0.00
ROUTINE NURSERY	88	0	99,088.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	1.00
TOTAL ROUTINE	917	0	1,208,192.00	1.00
SPECIAL CARE SERVICES				
CCU	0	0	0.00	0.00
ICU	114	0	427,830.00	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	114	0	427,830.00	0.00
TOTAL ACCOMODATIONS	1,031	0	1,636,022.00	1.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:53
 Page: 2

PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,160,429.77	0.00	OTHER LAB	138,956.00	0.00
MED/SURG SUPPLY	111,219.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,502,401.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	99,042.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	742,487.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	61,429.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	96,073.00	0.00	MRI SERVICES	96,437.00	0.00
IV THERAPY	315,286.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	390,729.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	258,909.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	735,423.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,973.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	69,062.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	575,194.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	141,577.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,981.00	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	50,536.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	135,648.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15,819.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	27,737.30	0.00
LITHOTRIPSY	42,987.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	56,438.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	54,784.00	17,650.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	17,961.00	2,369.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	155,589.00	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	96,475.46	0.00			
			TOTAL ANCILLARY	7,189,582.91	20,019.00
			TOTAL ACCOMODATIONS	1,636,022.00	1.00
			TOTAL CHARGES	8,825,604.91	20,020.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:55
 Page: 3

PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER 000001493A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	123,263.63	ADJUSTMENTS	0.00
COVERED CHARGES	123,263.63	CONTRACTUAL ALLOW	105,667.81
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	17,595.82
		LESS: COB	17,595.82
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	12		0	16,440.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	12		0	16,440.00		0.00
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	12		0	16,440.00		0.00

Report : CLM-0802-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	18,154.63	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	373.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	20,080.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,547.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,014.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,743.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,521.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,939.00	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	21,167.00	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	5,240.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,229.00	0.00	NO CC/INVALID REV CODE	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	3,816.00	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	106,823.63	0.00
			TOTAL ACCOMODATIONS	16,440.00	0.00
			TOTAL CHARGES	123,263.63	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:45:55
Page: 5

PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER
000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 12,671,135.63
COVERED CHARGES 11,140,047.03
NON-COVERD CHARGES 1,531,088.60

-----PAYMENTS-----
ADJUSTMENTS 129,936.69
CONTRACTUAL ALLOW 10,011,332.69
TOTAL MEDICAID LIAB 1,128,714.34
LESS: COB 1,758.24
LESS: COPAYMENT 2,338.69
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,124,617.41
ALL OTHER 1,037,923.04
FEE SCHEDULE-LAB 68,593.74
INJECTABLE DRUGS 18,100.63

TOTAL NUMBER OF CLAIMS 2,355

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

Run Date: 09/20/2021
 Run Time: 21:45:55
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	196,373.15	5,898.96	OTHER LAB	155,981.00	2,061.00
MED/SURG SUPPLY	258,712.61	11,192.51	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	394,358.00	11,037.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,755,948.00	174,649.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	392.00	4,529.00	FEE SCHEDULE LAB	1,349,847.00	100,072.00
EKG/ECG	145,367.00	5,030.00	MRI SERVICES	377,723.00	61,259.00
IV THERAPY	726,480.00	168,838.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,097,026.26	97,693.74	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	242,719.00	31,428.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	121,422.00	1,359.00	AMBULANCE	0.00	0.00
GI SERVICES	163,878.00	82,144.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,523,054.00	20,686.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	282,718.00	4,913.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	167,122.11	470,375.11
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	4,508.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	12,717.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	5,568.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	94,148.36	81,090.28
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	165,773.00	27,274.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,814.00	3,530.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	117,918.00	70,477.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	245,102.00	51,426.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	96,746.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	448,424.54	21,333.00			
			TOTAL ANCILLARY	11,140,047.03	1,531,088.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,140,047.03	1,531,088.60

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:45:59
Page: 7

PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER
000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	205,445.82	ADJUSTMENTS	0.00
COVERED CHARGES	165,930.56	CONTRACTUAL ALLOW	154,240.78
NON-COVERD CHARGES	39,515.26	TOTAL MEDICAID LIAB	11,689.78
		LESS: COB	11,620.78
		LESS: COPAYMENT	69.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 39

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,480.11	83.20	OTHER LAB	1,693.00	0.00
MED/SURG SUPPLY	3,742.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,011.00	584.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,019.00	13,993.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	23,841.00	3,284.00
EKG/ECG	3,018.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,970.00	3,340.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	10,934.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	360.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,359.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	46,601.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,913.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,389.09	440.06
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,458.00	0.00	NO CC/INVALID REV CODE	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	8,557.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,874.00	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	13,268.00	9,234.00			
			TOTAL ANCILLARY	165,930.56	39,515.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	165,930.56	39,515.26

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:46:00
Page: 9

PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER
000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	255,708.58	ADJUSTMENTS	0.00
COVERED CHARGES	246,745.62	CONTRACTUAL ALLOW	240,166.74
NON-COVERD CHARGES	8,962.96	TOTAL MEDICAID LIAB	6,578.88
		LESS: COB	0.00
		LESS: COPAYMENT	126.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,452.88

TOTAL NUMBER OF CLAIMS 84

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,557.91	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	17,521.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	47,827.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	27,881.00	2,393.00
EKG/ECG	1,006.00	1,006.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,211.00	3,196.00	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	120,300.00	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	1,155.71	1,064.96
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,286.00	1,303.00	NO CC/INVALID REV CODE	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	246,745.62	8,962.96
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	246,745.62	8,962.96

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 11

PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER
000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,609.00	ADJUSTMENTS	0.00
COVERED CHARGES	7,768.00	CONTRACTUAL ALLOW	7,533.04
NON-COVERD CHARGES	2,841.00	TOTAL MEDICAID LIAB	234.96
		LESS: COB	234.96
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:46:00
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,755.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,638.00	86.00
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	4,099.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,031.00	0.00	NO CC/INVALID REV CODE	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	7,768.00	2,841.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,768.00	2,841.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:46:01
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER 000001493A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	996,360.29	ADJUSTMENTS	36,947.25
COVERED CHARGES	951,102.85	CONTRACTUAL ALLOW	861,177.10
NON-COVERD CHARGES	45,257.44	TOTAL MEDICAID LIAB	89,925.75
		LESS: COB	0.00
		LESS: COPAYMENT	117.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	89,808.75

TOTAL NUMBER OF CLAIMS 17

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PIEDMONT MOUNTAINSIDE HOSPITAL INC
 1266 HIGHWAY 515 S
 JASPER, GA 30143-4872

PROVIDER NUMBER
 000001493A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	10,369.44	332.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	14,778.85	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,509.00	1,184.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,182.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,560.00	FEE SCHEDULE LAB	8,643.00	0.00
EKG/ECG	1,006.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,316.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	61,479.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	298,605.00	534.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,559.00	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	16,308.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	349,925.18	7,305.34
RADIOLOGY THERAPEUTIC	14,544.00	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	78,787.38	34,341.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	69,091.00	0.00			
			TOTAL ANCILLARY	951,102.85	45,257.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	951,102.85	45,257.44

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT MOUNTAINSIDE HOSPITAL INC
1266 HIGHWAY 515 S
JASPER, GA 30143-4872

PROVIDER NUMBER
000001493A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:27
 Page: 1

PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER 000001504A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	103,620,473.09	ADJUSTMENTS	2,885,421.71
COVERED CHARGES	103,241,272.15	CONTRACTUAL ALLOW	85,037,283.95
NON-COVERED CHARGES	379,200.94	TOTAL MEDICAID LIAB	18,203,988.20
		LESS: COB	246,382.16
		LESS: COPAYMENT	1,300.00
		ADD: ADDON PYMT	1,134.00
		REIMBURSEMENT	17,957,440.04

TOTAL NUMBER OF ADMISSIONS 991

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,335		0	8,994,319.00		0.00
ROUTINE NURSERY	202		0	579,580.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		23.00
TOTAL ROUTINE	5,537		0	9,573,899.00		23.00
SPECIAL CARE SERVICES						
CCU	393		0	1,965,049.00		0.00
ICU	1,003		0	5,008,722.00		0.00
NICU	2		0	9,568.00		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	1,398		0	6,983,339.00		0.00
TOTAL ACCOMODATIONS	6,935		0	16,557,238.00		23.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:27
 Page: 2

PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	13,906,194.13	0.00	OTHER LAB	564,906.00	0.00
MED/SURG SUPPLY	5,089,346.72	89,521.65	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	14,316,013.00	0.00	EDUCATION & TRAINING	19,470.00	0.00
RADIOLOGY-DIAGNOSTIC	1,217,068.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,269,547.00	39,211.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	800,904.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	627,241.00	0.00	MRI SERVICES	723,626.00	0.00
IV THERAPY	657,896.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,347,124.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	40,853.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,772,949.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,617,655.00	0.00	AMBULANCE	0.00	2,992.29
GI SERVICES	1,120,031.00	17,562.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,818,463.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	873,205.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	609,346.00	0.00	INJECTABLE DRUGS	55,187.65	0.00
RADIOLOGY THERAPEUTIC	435,151.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	298,308.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	309,136.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,173,517.00	16,956.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,797.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,409,622.19	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	315,421.00	0.00	NO CC/INVALID REV CODE	0.00	76,350.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,858,086.00	104,400.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	180,235.00	32,185.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,216,776.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	125,866.00	0.00			
ORGAN ACQUISITION	2,585,694.00	0.00			
TREATMENT/OBSERV. RM	322,399.46	0.00			
			TOTAL ANCILLARY	86,684,034.15	379,177.94
			TOTAL ACCOMODATIONS	16,557,238.00	23.00
			TOTAL CHARGES	103,241,272.15	379,200.94

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:31
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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,464,326.12	ADJUSTMENTS	0.00
COVERED CHARGES	2,353,102.12	CONTRACTUAL ALLOW	2,072,298.80
NON-COVERD CHARGES	111,224.00	TOTAL MEDICAID LIAB	280,803.32
		LESS: COB	280,916.82
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	60		0	103,548.00		0.00
ROUTINE NURSERY	6		0	14,673.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	66		0	118,221.00		0.00
SPECIAL CARE SERVICES						
CCU	10		0	49,930.00		0.00
ICU	30		0	157,757.00		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	40		0	207,687.00		0.00
TOTAL ACCOMODATIONS	106		0	325,908.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:31
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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA, GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	385,044.41	0.00	OTHER LAB	7,808.00	0.00
MED/SURG SUPPLY	176,883.90	110,406.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	277,055.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,732.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	55,027.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,420.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,533.00	0.00	MRI SERVICES	5,788.00	0.00
IV THERAPY	10,259.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	268,003.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	50,541.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,845.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,332.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,135.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,935.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,691.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,354.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,088.00	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	442.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	486,592.81	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,321.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	33,220.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,766.00	818.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	106,721.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,779.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,878.00	0.00			
			TOTAL ANCILLARY	2,027,194.12	111,224.00
			TOTAL ACCOMODATIONS	325,908.00	0.00
			TOTAL CHARGES	2,353,102.12	111,224.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 21,843,186.15
COVERED CHARGES 16,346,912.35
NON-COVERD CHARGES 5,496,273.80

-----PAYMENTS-----
ADJUSTMENTS 272,511.72
CONTRACTUAL ALLOW 14,412,345.34
TOTAL MEDICAID LIAB 1,934,567.01
LESS: COB 8,492.06
LESS: COPAYMENT 3,984.85
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,922,090.10
ALL OTHER 1,691,516.77
FEE SCHEDULE-LAB 165,772.48
INJECTABLE DRUGS 64,800.85

TOTAL NUMBER OF CLAIMS 3,477

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	267,113.31	6,240.00	OTHER LAB	263,073.00	3,386.00
MED/SURG SUPPLY	617,454.01	546,528.34	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	866.00	EDUCATION & TRAINING	0.00	825.00
RADIOLOGY-DIAGNOSTIC	484,223.00	35,949.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,967,265.00	453,510.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	20,630.00	22,335.02	FEE SCHEDULE LAB	3,090,985.00	322,187.00
EKG/ECG	273,632.00	10,060.00	MRI SERVICES	384,353.00	159,399.00
IV THERAPY	845,686.00	144,270.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,500,872.49	502,421.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	177,880.00	36,157.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	200,887.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	293,711.00	205,206.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,694,509.00	15,799.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	307,719.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	506,158.36	915,980.59
RADIOLOGY THERAPEUTIC	291,023.00	502,185.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,182.00	33,924.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,052.00	13,336.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	127,170.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	23,209.00	3,448.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	131,353.05	252,870.34
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	272,470.00	69,150.00	NO CC/INVALID REV CODE	4,843.00	52,951.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	191,438.00	15,885.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	116,239.00	193,705.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	495,039.00	719,392.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	258,510.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	660,403.13	131,138.00			
			TOTAL ANCILLARY	16,346,912.35	5,496,273.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,346,912.35	5,496,273.80

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	741,862.38	ADJUSTMENTS	0.00
COVERED CHARGES	308,146.68	CONTRACTUAL ALLOW	273,147.99
NON-COVERD CHARGES	433,715.70	TOTAL MEDICAID LIAB	34,998.69
		LESS: COB	34,908.69
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 77

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,273.62	166.40	OTHER LAB	2,341.00	0.00
MED/SURG SUPPLY	15,783.22	2,142.07	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,270.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,427.00	48,716.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	589.00	FEE SCHEDULE LAB	34,997.00	1,202.00
EKG/ECG	2,012.00	0.00	MRI SERVICES	0.00	3,702.00
IV THERAPY	27,497.00	2,203.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	31,633.00	23,764.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	435.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,191.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,503.00	7,944.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	57,097.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,122.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,041.04	208,215.23
RADIOLOGY THERAPEUTIC	19,496.00	77,399.00	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	155.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,167.80	35,000.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,315.00	3,331.00	NO CC/INVALID REV CODE	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	18,182.00	17,235.00			
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	12,363.00	1,952.00			
			TOTAL ANCILLARY	308,146.68	433,715.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	308,146.68	433,715.70

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	251,682.63	ADJUSTMENTS	0.00
COVERED CHARGES	243,917.96	CONTRACTUAL ALLOW	238,614.69
NON-COVERD CHARGES	7,764.67	TOTAL MEDICAID LIAB	5,303.27
		LESS: COB	0.00
		LESS: COPAYMENT	144.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,159.27

TOTAL NUMBER OF CLAIMS 79

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:45:41
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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA, GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,844.30	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	17,375.00	688.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,990.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	34,041.00	825.00
EKG/ECG	4,024.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	31,132.00	1,331.00	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	447.00	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	117,808.00	1,308.00	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	941.16	1,233.67
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,818.00	2,379.00	NO CC/INVALID REV CODE	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	1,497.50	0.00			
			TOTAL ANCILLARY	243,917.96	7,764.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	243,917.96	7,764.67

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,244.95	ADJUSTMENTS	0.00
COVERED CHARGES	29,112.15	CONTRACTUAL ALLOW	28,709.37
NON-COVERD CHARGES	132.80	TOTAL MEDICAID LIAB	402.78
		LESS: COB	390.78
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:45:42
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PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA, GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	518.04	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	885.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,159.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,471.00	86.00
EKG/ECG	503.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,942.00	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	174.00	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	9,540.00	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	239.13	46.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,680.98	0.00			
			TOTAL ANCILLARY	29,112.15	132.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,112.15	132.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:45:43
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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER 000001504A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,784,602.70	ADJUSTMENTS	117,860.79
COVERED CHARGES	3,656,635.32	CONTRACTUAL ALLOW	3,308,455.88
NON-COVERD CHARGES	1,127,967.38	TOTAL MEDICAID LIAB	348,179.44
		LESS: COB	0.00
		LESS: COPAYMENT	171.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	348,008.44

TOTAL NUMBER OF CLAIMS 62

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA, GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	26,945.83	499.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	354,889.74	72,021.80	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,051.00	93,533.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,861.00	20,202.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	57,438.00	968.00
EKG/ECG	5,030.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,228.00	436.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	521,197.00	41,113.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,259.00	2,862.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	53,108.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,860.00	1,500.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	34,554.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	675,050.27	8,911.97
RADIOLOGY THERAPEUTIC	348,857.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	535.00	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	1,048,870.48	57,374.41
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,605.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,643.00	162.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	479,177.00	827,149.00			
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	6,011.00	700.00			
			TOTAL ANCILLARY	3,656,635.32	1,127,967.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,656,635.32	1,127,967.38

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA,GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,000.73	ADJUSTMENTS	0.00
COVERED CHARGES	48,966.01	CONTRACTUAL ALLOW	43,350.98
NON-COVERD CHARGES	12,034.72	TOTAL MEDICAID LIAB	5,615.03
		LESS: COB	5,609.03
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HOSPITAL
 1968 PEACHTREE RD NW
 ATLANTA,GA 30309-1281

PROVIDER NUMBER
 000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,787.35	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,645.35	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	797.00	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	535.00	FEE SCHEDULE LAB	1,218.00	86.00
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	14,622.75	4,874.25	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	2,622.00	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	3,061.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	811.72	899.47
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	18,400.84	5,640.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	48,966.01	12,034.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	48,966.01	12,034.72

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:26:04
 Page: 1

POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER 000001526A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,203.50	ADJUSTMENTS	0.00
COVERED CHARGES	22,203.50	CONTRACTUAL ALLOW	16,322.84
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	5,880.66
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,880.66

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	2,200.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	2,200.00		0.00
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	4		0	2,200.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:26:04
 Page: 2

POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	508.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,119.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,517.00	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	3,925.00	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	6,934.50	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	20,003.50	0.00
			TOTAL ACCOMODATIONS	2,200.00	0.00
			TOTAL CHARGES	22,203.50	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:26:05
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POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:26:05
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POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,200,106.53	ADJUSTMENTS	96,325.29
COVERED CHARGES	7,904,498.53	CONTRACTUAL ALLOW	6,863,529.96
NON-COVERD CHARGES	295,608.00	TOTAL MEDICAID LIAB	1,040,968.57
		LESS: COB	0.00
		LESS: COPAYMENT	1,476.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,039,492.57
		ALL OTHER	931,438.48
		FEE SCHEDULE-LAB	89,105.73
		INJECTABLE DRUGS	18,948.36
		TOTAL NUMBER OF CLAIMS	2,319

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:26:05
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POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	42,990.50	686.75	OTHER LAB	29,425.00	0.00
MED/SURG SUPPLY	408,886.28	2,378.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	65.00	EDUCATION & TRAINING	276.00	0.00
RADIOLOGY-DIAGNOSTIC	342,677.00	11,450.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	966,544.00	61,497.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,364,748.00	46,347.00
EKG/ECG	163,167.00	0.00	MRI SERVICES	33,980.00	0.00
IV THERAPY	408,059.00	32,360.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,216.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,365.00	4,637.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,084.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,327,541.00	46,659.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	978.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	377,363.50	51,643.25
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	74,620.00	7,406.00	TRAUMA RESPONSE	0.00	1,296.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,020.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	22,192.00	638.00	NO CC/INVALID REV CODE	0.00	705.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	440.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	80,111.00	9,564.00			
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	161,815.00	17,592.00			
			TOTAL ANCILLARY	7,904,498.53	294,924.00
			TOTAL ACCOMODATIONS	0.00	684.00
			TOTAL CHARGES	7,904,498.53	295,608.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:26:10
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POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER 000001526A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,099.50	ADJUSTMENTS	0.00
COVERED CHARGES	59,588.75	CONTRACTUAL ALLOW	52,847.06
NON-COVERD CHARGES	510.75	TOTAL MEDICAID LIAB	6,741.69
		LESS: COB	6,741.69
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 17

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	151.25	11.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,606.00	74.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,213.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,689.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,785.00	95.00
EKG/ECG	421.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,154.00	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	27,037.00	199.00	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	3,281.50	131.25
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	676.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	575.00	0.00			
			TOTAL ANCILLARY	59,588.75	510.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,588.75	510.75

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	187,551.00	ADJUSTMENTS	70.00
COVERED CHARGES	186,390.50	CONTRACTUAL ALLOW	181,350.50
NON-COVERD CHARGES	1,160.50	TOTAL MEDICAID LIAB	5,040.00
		LESS: COB	0.00
		LESS: COPAYMENT	87.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,953.00

TOTAL NUMBER OF CLAIMS 72

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:26:10
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POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	305.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,505.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,228.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,875.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	22,387.00	515.00
EKG/ECG	421.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,219.00	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	118,411.00	117.00	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	5,852.00	528.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,187.00	0.00	NO CC/INVALID REV CODE	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	186,390.50	1,160.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	186,390.50	1,160.50

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:26:11
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POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	59.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	727.00	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	6,625.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,202.00	88.00
EKG/ECG	421.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	762.00	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	5,847.00	630.00	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	1,532.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	19,175.75	718.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,175.75	718.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:26:11
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POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER 000001526A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	63,027.75	ADJUSTMENTS	0.00
COVERED CHARGES	62,225.25	CONTRACTUAL ALLOW	56,527.63
NON-COVERD CHARGES	802.50	TOTAL MEDICAID LIAB	5,697.62
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,697.62

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:26:11
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

POLK MEDICAL CENTER, INC
 2360 ROCKMART HWY
 CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
 000001526A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	998.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	820.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	260.00	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	6,205.00	247.00
EKG/ECG	421.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	33,516.00	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	3,885.00	68.00	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	3,505.00	420.00	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	5,325.25	67.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	7,290.00	0.00			
			TOTAL ANCILLARY	62,225.25	802.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	62,225.25	802.50

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

POLK MEDICAL CENTER, INC
2360 ROCKMART HWY
CEDARTOWN, GA 30125-6029

PROVIDER NUMBER
000001526A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:26:20
 Page: 1

PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER 000001537A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	121,919.26	ADJUSTMENTS	0.00
COVERED CHARGES	121,919.26	CONTRACTUAL ALLOW	40,282.32
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	81,636.94
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	81,636.94

TOTAL NUMBER OF ADMISSIONS 14

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	40		0	14,000.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	40		0	14,000.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	13		0	8,775.00		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	13		0	8,775.00		0.00
TOTAL ACCOMODATIONS	53		0	22,775.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:26:20
 Page: 2

PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER
 000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	15,391.00	0.00	OTHER LAB	594.52	0.00
MED/SURG SUPPLY	10,809.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	21,605.98	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,969.97	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,165.06	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	228.41	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,402.17	0.00	MRI SERVICES	3,133.60	0.00
IV THERAPY	844.18	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	4,998.57	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	10,122.53	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	12,569.25	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	618.26	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	41.38	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	650.00	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	99,144.26	0.00
			TOTAL ACCOMODATIONS	22,775.00	0.00
			TOTAL CHARGES	121,919.26	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:26:20
Page: 3

PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER
000001537A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:26:20
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PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER
000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	610,056.16	ADJUSTMENTS	40,479.61
COVERED CHARGES	555,322.90	CONTRACTUAL ALLOW	305,718.61
NON-COVERD CHARGES	54,733.26	TOTAL MEDICAID LIAB	249,604.29
		LESS: COB	0.00
		LESS: COPAYMENT	291.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	249,313.29
		ALL OTHER	228,034.06
		FEE SCHEDULE-LAB	18,329.70
		INJECTABLE DRUGS	2,949.53
		TOTAL NUMBER OF CLAIMS	539

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:26:20
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PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER
 000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	9,129.00	5,950.78	OTHER LAB	43,595.79	0.00
MED/SURG SUPPLY	21,850.05	1,328.62	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	660.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,246.74	2,991.53	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	131,032.30	14,182.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,877.52	1,535.05	FEE SCHEDULE LAB	90,353.42	10,334.96
EKG/ECG	13,227.39	605.65	MRI SERVICES	9,021.50	1,880.46
IV THERAPY	4,597.97	227.12	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,191.48	2,929.96	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,420.16	440.32	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	979.21	240.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	129,086.06	1,590.31	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,580.18	430.04	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	27,339.55	4,846.00
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	1,277.29	748.12	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,831.96	325.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	781.15	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	10,000.00	3,486.64			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,500.00	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	8,404.18	0.00			
			TOTAL ANCILLARY	555,322.90	54,733.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	555,322.90	54,733.26

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:26:21
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PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER
 000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	80.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	96.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	112.48	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	1,896.46	91.79
EKG/ECG	160.00	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	131.04	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	840.31	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	90.00	90.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,326.89	261.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,326.89	261.79

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:26:21
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PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER
000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	59,863.42	ADJUSTMENTS	510.74
COVERED CHARGES	51,566.44	CONTRACTUAL ALLOW	47,006.17
NON-COVERD CHARGES	8,296.98	TOTAL MEDICAID LIAB	4,560.27
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,485.27

TOTAL NUMBER OF CLAIMS 69

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:26:21
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PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER
 000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	337.00	439.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	547.73	21.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	610.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,168.58	333.15	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,566.42	5,441.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,871.26	1,093.75
EKG/ECG	1,600.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	217.47	56.78	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	44.56	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	24,526.52	21.43	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	1,920.00	280.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	338.50	0.00	NO CC/INVALID REV CODE	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	428.40	0.00			
			TOTAL ANCILLARY	51,566.44	8,296.98
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	51,566.44	8,296.98

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:26:22
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PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER
000001537A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:26:22
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PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER 000001537A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	83,537.95	ADJUSTMENTS	10,147.64
COVERED CHARGES	80,674.54	CONTRACTUAL ALLOW	60,379.26
NON-COVERD CHARGES	2,863.41	TOTAL MEDICAID LIAB	20,295.28
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	20,292.28

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:26:22
 Page: 12

PUTNAM GENERAL HOSPITAL
 101 LAKE OCONEE PARKWAY
 EATONTON, GA 31024-6054

PROVIDER NUMBER
 000001537A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	43,530.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,330.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	612.74	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,639.54	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,278.13	137.12
EKG/ECG	640.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	236.75	42.85	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	10,250.00	1,297.87	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,604.92	44.56	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	92.49	90.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,093.77	528.01	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	430.03	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,204.45	723.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,731.49	0.00			
			TOTAL ANCILLARY	80,674.54	2,863.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	80,674.54	2,863.41

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:26:22
Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PUTNAM GENERAL HOSPITAL
101 LAKE OCONEE PARKWAY
EATONTON, GA 31024-6054

PROVIDER NUMBER
000001537A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:17
 Page: 1

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER 000001548A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,324,117.89	ADJUSTMENTS	127,437.33
COVERED CHARGES	1,318,159.39	CONTRACTUAL ALLOW	582,885.45
NON-COVERED CHARGES	5,958.50	TOTAL MEDICAID LIAB	735,273.94
		LESS: COB	8,403.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	8,630.00
		REIMBURSEMENT	735,500.39

TOTAL NUMBER OF ADMISSIONS 106

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	234		0	177,180.00		0.00
ROUTINE NURSERY	26		0	18,980.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	260		0	196,160.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	62		0	91,326.00		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	62		0	91,326.00		0.00
TOTAL ACCOMODATIONS	322		0	287,486.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:17
 Page: 2

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	146,415.34	0.00	OTHER LAB	11,360.50	0.00
MED/SURG SUPPLY	57,076.09	90.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	137,683.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,649.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	66,581.50	5,299.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	17,488.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,730.00	0.00	MRI SERVICES	2,795.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	97,241.16	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,852.50	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	156,030.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	32,408.72	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	105,604.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,188.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,396.00	0.00	INJECTABLE DRUGS	39,186.50	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	648.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	9,363.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	50.00	242.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	54,204.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,692.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,564.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,016.50	327.00			
AUDIOLOGY	2,632.50	0.00			
CARDIOLOGY	18,720.00	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	17,095.08	0.00			
			TOTAL ANCILLARY	1,030,673.39	5,958.50
			TOTAL ACCOMODATIONS	287,486.00	0.00
			TOTAL CHARGES	1,318,159.39	5,958.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:18
 Page: 3

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER 000001548A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,547.82	ADJUSTMENTS	0.00
COVERED CHARGES	36,547.82	CONTRACTUAL ALLOW	23,168.74
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	13,379.08
		LESS: COB	13,379.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	1,460.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	1,460.00		0.00
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	2		0	1,460.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:18
 Page: 4

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	1,324.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,409.53	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	308.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	286.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	557.25	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	9,930.54	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	2,700.00	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	550.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	505.00	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	IMPL DEV CHARGE PATIENTS	15,400.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	406.50	0.00	NO CC/INVALID REV CODE	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	710.00	0.00			
			TOTAL ANCILLARY	35,087.82	0.00
			TOTAL ACCOMODATIONS	1,460.00	0.00
			TOTAL CHARGES	36,547.82	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:50:19
Page: 5

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,150,748.99	ADJUSTMENTS	117,975.29
COVERED CHARGES	2,086,765.77	CONTRACTUAL ALLOW	1,598,166.91
NON-COVERD CHARGES	63,983.22	TOTAL MEDICAID LIAB	488,598.86
		LESS: COB	1,895.84
		LESS: COPAYMENT	1,866.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	484,837.02
		ALL OTHER	431,178.35
		FEE SCHEDULE-LAB	46,968.41
		INJECTABLE DRUGS	6,690.26
		TOTAL NUMBER OF CLAIMS	1,676

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:50:19
 Page: 6

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	64,009.71	1,463.50	OTHER LAB	24,581.50	0.00
MED/SURG SUPPLY	48,212.06	310.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	92,147.00	610.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	216,786.00	4,443.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	22,510.75	1,720.50	FEE SCHEDULE LAB	339,582.04	10,176.00
EKG/ECG	18,209.00	139.00	MRI SERVICES	118,448.00	0.00
IV THERAPY	18,663.50	3,082.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	262,058.23	16,167.72	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,934.00	258.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,161.00	828.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	108,563.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	496,122.00	1,858.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	29,920.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	26,834.00	18,247.00
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	420.00	193.00	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	17,912.80	550.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	46,198.50	1,947.00	NO CC/INVALID REV CODE	0.00	59.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,428.50	369.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	37,702.50	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	34,198.00	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	36,163.68	1,562.00			
			TOTAL ANCILLARY	2,086,765.77	63,983.22
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,086,765.77	63,983.22

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:50:24
Page: 8

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,575.92	ADJUSTMENTS	0.00
COVERED CHARGES	11,331.92	CONTRACTUAL ALLOW	8,825.39
NON-COVERD CHARGES	1,244.00	TOTAL MEDICAID LIAB	2,506.53
		LESS: COB	2,506.53
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	14

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:50:24
 Page: 9

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	419.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	62.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	152.00	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	2,722.00	185.00
EKG/ECG	139.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	728.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	258.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	343.50	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	4,253.00	59.00	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	80.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	813.00	0.00	NO CC/INVALID REV CODE	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	1,309.00	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	52.50	1,000.00			
			TOTAL ANCILLARY	11,331.92	1,244.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,331.92	1,244.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:50:25
Page: 10

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,921.50	ADJUSTMENTS	225.96
COVERED CHARGES	26,264.00	CONTRACTUAL ALLOW	22,426.32
NON-COVERD CHARGES	657.50	TOTAL MEDICAID LIAB	3,837.68
		LESS: COB	0.00
		LESS: COPAYMENT	60.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,777.68

TOTAL NUMBER OF CLAIMS 49

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:50:25
 Page: 11

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	448.00	48.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	549.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,617.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	290.50	0.00	FEE SCHEDULE LAB	1,592.50	439.50
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	20,945.00	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	415.00	120.00
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	50.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	406.50	0.00	NO CC/INVALID REV CODE	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	26,264.00	657.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,264.00	657.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:50:25
Page: 12

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,119.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,119.00	CONTRACTUAL ALLOW	962.36
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	156.64
		LESS: COB	153.64
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:50:25
 Page: 13

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	96.00	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	1,023.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,119.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,119.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:50:25
Page: 14

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	39,856.24	ADJUSTMENTS	0.00
COVERED CHARGES	39,856.24	CONTRACTUAL ALLOW	34,573.97
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,282.27
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,279.27

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TAYLOR REGIONAL HOSPITAL
 222 PERRY HWY
 HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
 000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	36,020.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	57.03	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	3,059.21	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	500.00	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	220.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	39,856.24	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,856.24	0.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:50:26
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:36
 Page: 1

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER 000001559A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	394,415.01	ADJUSTMENTS	11,825.29
COVERED CHARGES	389,290.91	CONTRACTUAL ALLOW	235,255.10
NON-COVERED CHARGES	5,124.10	TOTAL MEDICAID LIAB	154,035.81
		LESS: COB	0.00
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	153,960.81

TOTAL NUMBER OF ADMISSIONS 27

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	61		0	74,738.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	61		0	74,738.00		0.00
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	61		0	74,738.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:36
 Page: 2

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER
 000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	44,640.49	4,721.34	OTHER LAB	2,162.75	0.00
MED/SURG SUPPLY	31,960.12	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	72,762.65	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,532.77	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,461.58	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	665.96	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,858.88	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	20,230.91	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	92.12	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,540.62	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	18,134.24	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	56,505.59	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	861.94	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	501.32	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,670.51	310.64			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,317.58	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	11,745.00	0.00			
			TOTAL ANCILLARY	314,552.91	5,124.10
			TOTAL ACCOMODATIONS	74,738.00	0.00
			TOTAL CHARGES	389,290.91	5,124.10

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:34:37
Page: 3

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON,GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:37
Page: 4

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON, GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	675,587.43	ADJUSTMENTS	78,035.11
COVERED CHARGES	554,164.15	CONTRACTUAL ALLOW	341,103.34
NON-COVERD CHARGES	121,423.28	TOTAL MEDICAID LIAB	213,060.81
		LESS: COB	0.00
		LESS: COPAYMENT	138.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	212,922.81
		ALL OTHER	199,603.75
		FEE SCHEDULE-LAB	12,389.99
		INJECTABLE DRUGS	929.07
		TOTAL NUMBER OF CLAIMS	432

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:34:37
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER
 000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	11,557.88	9,037.37	OTHER LAB	2,639.44	0.00
MED/SURG SUPPLY	27,079.67	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,969.94	2,844.03	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	77,425.68	47,601.27	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,022.56	0.00	FEE SCHEDULE LAB	114,371.96	16,093.44
EKG/ECG	9,196.64	2,742.24	MRI SERVICES	2,735.85	0.00
IV THERAPY	76,855.69	2,453.36	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	5,798.12	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,740.52	114.61	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	96,604.41	2,263.98	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,071.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	55,962.96	23,577.62
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	271.46	3,576.00	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	75.32	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,802.75	1,030.49	NO CC/INVALID REV CODE	0.00	1,453.08
BLOOD	0.00	732.35			
BLOOD STORAGE & PRO.	3,560.68	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	23,294.86	2,030.00			
			TOTAL ANCILLARY	554,164.15	121,423.28
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	554,164.15	121,423.28

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:38
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON,GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,116.19	ADJUSTMENTS	0.00
COVERED CHARGES	2.14	CONTRACTUAL ALLOW	1.00
NON-COVERD CHARGES	1,114.05	TOTAL MEDICAID LIAB	1.14
		LESS: COB	0.00
		LESS: COPAYMENT	1.14
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:34:38
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER
 000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2.14	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	1,114.05
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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2.14	1,114.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2.14	1,114.05

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON,GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	49,610.87	ADJUSTMENTS	688.00
COVERED CHARGES	44,705.83	CONTRACTUAL ALLOW	42,255.83
NON-COVERD CHARGES	4,905.04	TOTAL MEDICAID LIAB	2,450.00
		LESS: COB	0.00
		LESS: COPAYMENT	24.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,426.00

TOTAL NUMBER OF CLAIMS 35

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:34:38
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER
 000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	494.71	432.61	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,292.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,992.79	144.61	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,713.57	2,606.23	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,097.80	1,248.01
EKG/ECG	455.52	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,847.11	318.00	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	15,663.03	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	3,149.25	155.58
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	44,705.83	4,905.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	44,705.83	4,905.04

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON, GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON, GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,444.68	ADJUSTMENTS	16,296.72
COVERED CHARGES	58,661.98	CONTRACTUAL ALLOW	36,933.02
NON-COVERD CHARGES	11,782.70	TOTAL MEDICAID LIAB	21,728.96
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,728.96

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
 162 LEGACY POINT
 CLAYTON, GA 30525-0705

PROVIDER NUMBER
 000001559A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	4,271.84	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,868.06	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	409.20	136.04	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,606.23	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,195.90	906.30
EKG/ECG	151.84	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,848.42	720.05	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	213.68	72.84	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	2,763.68	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	2,963.13	2,552.47
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	15,370.00	7,395.00			
			TOTAL ANCILLARY	58,661.98	11,782.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	58,661.98	11,782.70

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PROFESSIONAL RESOURCES MANAGEMENT OF RABUN
162 LEGACY POINT
CLAYTON,GA 30525-0705

PROVIDER NUMBER
000001559A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:55
 Page: 1

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	72,876,504.41	ADJUSTMENTS	669,058.72
COVERED CHARGES	72,677,226.45	CONTRACTUAL ALLOW	63,712,811.84
NON-COVERED CHARGES	199,277.96	TOTAL MEDICAID LIAB	8,964,414.61
		LESS: COB	67,640.79
		LESS: COPAYMENT	637.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,896,136.32

TOTAL NUMBER OF ADMISSIONS 710

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,097		0	2,380,626.52		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,097		0	2,380,626.52		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2,566		0	5,604,674.14		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	2,566		0	5,604,674.14		0.00
TOTAL ACCOMODATIONS	4,663		0	7,985,300.66		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:55
 Page: 2

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,224,099.70	0.00	OTHER LAB	560,372.53	0.00
MED/SURG SUPPLY	2,649,395.32	486.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	14,778,061.26	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,585,339.68	1,152.64	OTHER THERAPEUTIC SVC	0.00	4,518.07
CT SCAN	6,400,477.53	39,733.08	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,331,266.91	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	705,503.08	0.00	MRI SERVICES	1,180,420.34	0.00
IV THERAPY	110,683.17	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,364,184.23	27,050.92	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,761,570.33	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	988,042.11	0.00	AMBULANCE	0.00	0.00
GI SERVICES	178,697.60	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,258,702.33	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	423,560.21	0.00	DRUG-SPECIFIC/HOME IV	0.00	11,552.40
LABORATORY PATHOLOGIC	430,078.31	0.00	INJECTABLE DRUGS	5,981,284.03	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,099,092.59	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	266,024.01	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	330,283.33	25,386.92	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,392.23	4,347.15	TRAUMA RESPONSE	0.00	59,895.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,824,426.90	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	733,769.25	10,446.54	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	469,316.86	14,709.24			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	463,175.96	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,325,178.66	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	95,068.20	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	172,459.13	0.00			
			TOTAL ANCILLARY	64,691,925.79	199,277.96
			TOTAL ACCOMODATIONS	7,985,300.66	0.00
			TOTAL CHARGES	72,677,226.45	199,277.96

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:58
 Page: 4

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER 000001581A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,345.17	ADJUSTMENTS	0.00
COVERED CHARGES	10,345.17	CONTRACTUAL ALLOW	3,751.32
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	6,593.85
		LESS: COB	6,593.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3		0	3,264.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3		0	3,264.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	2,852.00		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	2		0	2,852.00		0.00
TOTAL ACCOMODATIONS	5		0	6,116.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:46:58
 Page: 5

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	775.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	676.72	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	294.03	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	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	1,082.29	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,400.88	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	4,229.17	0.00
			TOTAL ACCOMODATIONS	6,116.00	0.00
			TOTAL CHARGES	10,345.17	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:46:59
Page: 6

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,077,900.83	ADJUSTMENTS	210,367.48
COVERED CHARGES	23,776,716.32	CONTRACTUAL ALLOW	22,221,413.84
NON-COVERD CHARGES	3,301,184.51	TOTAL MEDICAID LIAB	1,555,302.48
		LESS: COB	146.61
		LESS: COPAYMENT	2,646.13
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,552,509.74
		ALL OTHER	1,420,041.95
		FEE SCHEDULE-LAB	112,636.89
		INJECTABLE DRUGS	19,830.90
		TOTAL NUMBER OF CLAIMS	2,890

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:46:59
 Page: 7

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	195,525.71	29,360.97	OTHER LAB	217,859.78	0.00
MED/SURG SUPPLY	401,679.69	105,273.48	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,344,825.45	15,622.57	OTHER THERAPEUTIC SVC	0.00	850.32
CT SCAN	5,559,355.01	602,041.22	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	60,601.32	116,787.30	FEE SCHEDULE LAB	5,277,273.51	542,739.52
EKG/ECG	558,317.96	715.52	MRI SERVICES	328,739.68	114,303.46
IV THERAPY	686,091.10	58,951.34	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,683,187.55	291,728.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	51,750.99	3,120.96	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	491,181.64	0.00	AMBULANCE	0.00	0.00
GI SERVICES	89,142.54	69,367.58	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,506,575.49	50,855.49	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	303,991.88	0.00	DRUG-SPECIFIC/HOME IV	0.00	255.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	277,683.33	145,128.07
RADIOLOGY THERAPEUTIC	21,508.56	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	21,888.57	114,285.19	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,031.54	17,321.99	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	3,216.18	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	39,553.54	4,321.43	TRAUMA RESPONSE	0.00	131,769.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	265,114.00	177,797.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	131,185.04	28,907.25	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	44,790.79	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	433,579.80	189,880.38			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,549,572.10	481,543.72			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,329.29	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	223,380.46	5,040.91			
			TOTAL ANCILLARY	23,776,716.32	3,301,184.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,776,716.32	3,301,184.51

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:47:05
Page: 8

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	158,618.84	ADJUSTMENTS	0.00
COVERED CHARGES	93,341.95	CONTRACTUAL ALLOW	88,499.41
NON-COVERD CHARGES	65,276.89	TOTAL MEDICAID LIAB	4,842.54
		LESS: COB	4,806.54
		LESS: COPAYMENT	36.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	22

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:47:05
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,883.99	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,376.00	2,304.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,165.31	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	22,939.58	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,843.98	0.00
EKG/ECG	1,378.04	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,636.88	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	12,310.04	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	5,653.89	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,443.54	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,960.32	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	IMPL DEV CHARGE PATIENTS	0.00	1,059.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	3,489.14	NO CC/INVALID REV CODE	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	23,175.13			
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	93,341.95	65,276.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	93,341.95	65,276.89

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:47:06
Page: 10

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	963,265.25	ADJUSTMENTS	0.00
COVERED CHARGES	904,053.69	CONTRACTUAL ALLOW	890,829.08
NON-COVERD CHARGES	59,211.56	TOTAL MEDICAID LIAB	13,224.61
		LESS: COB	0.00
		LESS: COPAYMENT	303.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,921.61

TOTAL NUMBER OF CLAIMS 197

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:47:06
 Page: 11

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,580.70	510.05	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,520.24	170.24	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	65,509.60	4,546.52	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	265,202.03	36,028.99	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	230,288.23	8,907.41
EKG/ECG	12,614.36	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	25,171.54	612.22	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	860.31	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	286,125.73	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	7,268.00	6,691.56
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,912.95	1,744.57	NO CC/INVALID REV CODE	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	904,053.69	59,211.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	904,053.69	59,211.56

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:47:07
Page: 12

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,419.12	ADJUSTMENTS	0.00
COVERED CHARGES	2,419.12	CONTRACTUAL ALLOW	2,351.99
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	64.13
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:47:07
 Page: 13

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,849.92	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	569.20	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,419.12	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,419.12	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:47:07
Page: 14

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,282,979.92	ADJUSTMENTS	27,750.40
COVERED CHARGES	4,702,390.24	CONTRACTUAL ALLOW	4,541,905.00
NON-COVERD CHARGES	580,589.68	TOTAL MEDICAID LIAB	160,485.24
		LESS: COB	0.00
		LESS: COPAYMENT	126.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	160,359.24

TOTAL NUMBER OF CLAIMS 29

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:47:07
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

REDMOND REGIONAL MEDICAL CENTER
 501 REDMOND RD
 ROME, GA 30165-1415

PROVIDER NUMBER
 000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	17,849.21	2,939.88	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	51,602.38	97,796.68	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,707.28	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,817.63	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	61,774.50	4,610.50
EKG/ECG	11,024.32	715.52	MRI SERVICES	0.00	0.00
IV THERAPY	2,867.70	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,295,634.04	128,947.18	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	566.28	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	41,848.81	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,043.14	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	25,546.89	5,013.46
RADIOLOGY THERAPEUTIC	2,141.70	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	1,357,971.00	248,161.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,020.70	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,796.88	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	780,700.32	92,405.46			
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	17,477.46	0.00			
			TOTAL ANCILLARY	4,702,390.24	580,589.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,702,390.24	580,589.68

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:47:08
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

REDMOND REGIONAL MEDICAL CENTER
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:24:36
 Page: 1

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,198,042.99	ADJUSTMENTS	200,812.05
COVERED CHARGES	29,104,648.99	CONTRACTUAL ALLOW	23,717,532.68
NON-COVERD CHARGES	93,394.00	TOTAL MEDICAID LIAB	5,387,116.31
		LESS: COB	93,841.99
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	6,237.00
		REIMBURSEMENT	5,299,436.32

TOTAL NUMBER OF ADMISSIONS 612

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,011		0	2,761,796.00		0.00
ROUTINE NURSERY	513		0	974,833.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		34.00
TOTAL ROUTINE	2,524		0	3,736,629.00		34.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	351		0	1,427,997.00		0.00
NICU	64		0	258,920.00		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	415		0	1,686,917.00		0.00
TOTAL ACCOMODATIONS	2,939		0	5,423,546.00		34.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:24:36
 Page: 2

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,266,857.28	0.00	OTHER LAB	293,524.00	0.00
MED/SURG SUPPLY	944,139.45	598.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,268,234.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	373,734.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,492,226.00	13,853.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	163,911.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	297,716.00	0.00	MRI SERVICES	240,377.00	0.00
IV THERAPY	476,482.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,135,093.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	648,594.00	6,218.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,806,194.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	238,093.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	432,609.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,570,731.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	486,264.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	190,860.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	65,752.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	67,023.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,178,442.00	4,239.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	23,473.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	217,896.58	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	288,236.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	253,433.00	50,215.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	105,837.00	18,237.00			
AUDIOLOGY	496.00	0.00			
CARDIOLOGY	815,635.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	24,906.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	314,334.68	0.00			
			TOTAL ANCILLARY	23,681,102.99	93,360.00
			TOTAL ACCOMODATIONS	5,423,546.00	34.00
			TOTAL CHARGES	29,104,648.99	93,394.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:24:40
 Page: 3

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	579,395.61	ADJUSTMENTS	0.00
COVERED CHARGES	579,395.61	CONTRACTUAL ALLOW	478,494.82
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	100,900.79
		LESS: COB	101,089.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	23		0	31,510.00		0.00
ROUTINE NURSERY	86		0	173,770.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	109		0	205,280.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	3,427.00		0.00
NICU	5		0	19,795.00		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	6		0	23,222.00		0.00
TOTAL ACCOMODATIONS	115		0	228,502.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:24:40
 Page: 4

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	44,745.61	0.00	OTHER LAB	5,014.00	0.00
MED/SURG SUPPLY	991.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	61,047.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,897.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,182.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,454.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,012.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,361.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,105.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	52,686.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	64,171.00	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	7,860.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	25,568.00	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	2,760.00	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	1,124.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,685.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	462.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,088.00	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	36,681.00	0.00			
			TOTAL ANCILLARY	350,893.61	0.00
			TOTAL ACCOMODATIONS	228,502.00	0.00
			TOTAL CHARGES	579,395.61	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:24:41
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PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,198,010.37	ADJUSTMENTS	173,250.03
COVERED CHARGES	13,106,322.64	CONTRACTUAL ALLOW	11,581,876.43
NON-COVERD CHARGES	2,091,687.73	TOTAL MEDICAID LIAB	1,524,446.21
		LESS: COB	7,933.53
		LESS: COPAYMENT	2,262.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,514,250.68
		ALL OTHER	1,371,319.74
		FEE SCHEDULE-LAB	93,689.89
		INJECTABLE DRUGS	49,241.05
		TOTAL NUMBER OF CLAIMS	2,651

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:24:41
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PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	208,769.65	10,739.86	OTHER LAB	290,073.00	5,665.00
MED/SURG SUPPLY	257,470.64	21,133.78	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	548,220.00	8,526.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,017,424.00	250,198.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	83,649.00	15,405.00	FEE SCHEDULE LAB	1,816,172.00	206,318.00
EKG/ECG	281,177.00	6,539.00	MRI SERVICES	359,999.00	63,569.00
IV THERAPY	846,433.00	154,844.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	943,399.00	212,242.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,915.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	78,416.00	49,521.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	146,165.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	139,897.00	148,148.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,377,012.00	17,106.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	243,101.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	348,260.23	253,485.78
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	14,150.00	9,370.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	6,990.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	288,252.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	438.00	4,340.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	25,261.45	60,970.31
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	362,564.00	61,999.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	48,926.00	19,415.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	134,727.00	94,427.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	221,328.00	110,005.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	26,249.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	284,126.67	12,479.00			
			TOTAL ANCILLARY	13,106,322.64	2,091,687.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,106,322.64	2,091,687.73

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:24:47
Page: 7

PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	250,548.58	ADJUSTMENTS	0.00
COVERED CHARGES	181,381.66	CONTRACTUAL ALLOW	161,710.14
NON-COVERD CHARGES	69,166.92	TOTAL MEDICAID LIAB	19,671.52
		LESS: COB	19,650.52
		LESS: COPAYMENT	21.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 46

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,536.22	166.40	OTHER LAB	9,041.00	0.00
MED/SURG SUPPLY	7,159.70	66.31	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,821.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,951.00	19,613.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,312.00	0.00	FEE SCHEDULE LAB	27,969.00	7,538.00
EKG/ECG	2,515.00	0.00	MRI SERVICES	0.00	9,621.00
IV THERAPY	12,885.00	3,438.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,477.00	22,728.00	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	5,244.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	50,564.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,974.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,851.74	2,391.21
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	155.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,591.00	3,450.00	NO CC/INVALID REV CODE	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	3,490.00	0.00			
			TOTAL ANCILLARY	181,381.66	69,166.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	181,381.66	69,166.92

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:24:48
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PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	571,630.39	ADJUSTMENTS	268.52
COVERED CHARGES	521,441.09	CONTRACTUAL ALLOW	510,700.29
NON-COVERD CHARGES	50,189.30	TOTAL MEDICAID LIAB	10,740.80
		LESS: COB	0.00
		LESS: COPAYMENT	201.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,539.80

TOTAL NUMBER OF CLAIMS 160

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:24:48
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PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,652.25	298.19	OTHER LAB	12,505.00	0.00
MED/SURG SUPPLY	4,152.04	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,573.00	723.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	62,437.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	88,075.00	11,048.00
EKG/ECG	5,533.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	39,908.00	3,879.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	23,974.00	19,477.00	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	6,507.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	221,017.00	436.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,826.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,634.80	13,142.11
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	155.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,647.00	1,031.00	NO CC/INVALID REV CODE	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	521,441.09	50,189.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	521,441.09	50,189.30

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:24:49
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PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,077.43	ADJUSTMENTS	0.00
COVERED CHARGES	14,072.94	CONTRACTUAL ALLOW	13,804.42
NON-COVERD CHARGES	1,004.49	TOTAL MEDICAID LIAB	268.52
		LESS: COB	262.52
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:24:49
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PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,802.00	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	3,470.00	964.00
EKG/ECG	503.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,377.00	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	5,794.00	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	95.94	40.49
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,031.00	0.00	NO CC/INVALID REV CODE	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	14,072.94	1,004.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,072.94	1,004.49

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:24:49
Page: 13

PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER 000001603A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	636,011.47	ADJUSTMENTS	26,954.35
COVERED CHARGES	614,388.63	CONTRACTUAL ALLOW	560,473.93
NON-COVERD CHARGES	21,622.84	TOTAL MEDICAID LIAB	53,914.70
		LESS: COB	0.00
		LESS: COPAYMENT	66.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	53,848.70

TOTAL NUMBER OF CLAIMS 10

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:24:49
 Page: 14

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT ROCKDALE HOSPITAL INC
 1412 MILSTEAD AVENUE, NE
 CONYERS,GA 30012-3877

PROVIDER NUMBER
 000001603A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,902.72	499.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	77,755.52	2,176.05	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,833.00	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	10,752.00	0.00
EKG/ECG	1,006.00	503.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,912.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	283,234.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	447.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	27,146.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,620.00	2,228.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	28,269.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	70,941.48	3,508.75
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	85,915.91	10,759.84
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,284.00	0.00	NO CC/INVALID REV CODE	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	1,370.00	1,948.00			
			TOTAL ANCILLARY	614,388.63	21,622.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	614,388.63	21,622.84

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:24:50
Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER
000001603A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:05
 Page: 1

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER 000001625A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,619,256.55	ADJUSTMENTS	452,968.15
COVERED CHARGES	52,449,079.70	CONTRACTUAL ALLOW	46,772,667.10
NON-COVERED CHARGES	170,176.85	TOTAL MEDICAID LIAB	5,676,412.60
		LESS: COB	41,249.95
		LESS: COPAYMENT	225.00
		ADD: ADDON PYMT	5,040.00
		REIMBURSEMENT	5,639,977.65

TOTAL NUMBER OF ADMISSIONS 695

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,577		0	3,587,082.00		0.00
ROUTINE NURSERY	163		0	383,179.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,740		0	3,970,261.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,500		0	6,368,957.00		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	1,500		0	6,368,957.00		0.00
TOTAL ACCOMODATIONS	3,240		0	10,339,218.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:05
 Page: 2

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,135,107.68	0.00	OTHER LAB	287,646.00	0.00
MED/SURG SUPPLY	1,289,936.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,749,485.88	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,034,190.00	0.00	OTHER THERAPEUTIC SVC	0.00	6,969.00
CT SCAN	3,984,487.00	34,864.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	791,050.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	852,327.00	0.00	MRI SERVICES	559,652.00	0.00
IV THERAPY	108,117.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,250,146.00	10,787.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	487,323.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,785,860.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,340,809.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	117,357.00	8,979.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,984,751.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	436,314.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,472.00
LABORATORY PATHOLOGIC	205,230.00	0.00	INJECTABLE DRUGS	4,781,318.14	48,637.85
RADIOLOGY THERAPEUTIC	197,140.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	833,070.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	77,959.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	205,570.00	3,125.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,558.00	1,906.00	TRAUMA RESPONSE	0.00	11,777.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	317,898.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	255,958.00	17,716.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	262,459.00	3,591.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	477,427.00	0.00			
AUDIOLOGY	0.00	18,353.00			
CARDIOLOGY	2,195,361.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	11,340.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	86,015.00	0.00			
			TOTAL ANCILLARY	42,109,861.70	170,176.85
			TOTAL ACCOMODATIONS	10,339,218.00	0.00
			TOTAL CHARGES	52,449,079.70	170,176.85

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:09
 Page: 3

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER 000001625A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	188,137.13	ADJUSTMENTS	0.00
COVERED CHARGES	187,843.13	CONTRACTUAL ALLOW	160,321.56
NON-COVERED CHARGES	294.00	TOTAL MEDICAID LIAB	27,521.57
		LESS: COB	27,584.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	15		0	34,755.00		0.00
ROUTINE NURSERY	2		0	4,634.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	17		0	39,389.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	5,800.00		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	2		0	5,800.00		0.00
TOTAL ACCOMODATIONS	19		0	45,189.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:09
 Page: 4

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	2,785.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,584.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,373.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	105.00
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	1,070.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	203.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,801.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	66,503.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,423.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,233.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,390.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,164.88	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	124.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	189.00			
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	142,654.13	294.00
			TOTAL ACCOMODATIONS	45,189.00	0.00
			TOTAL CHARGES	187,843.13	294.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:10
Page: 5

CARTERSVILLE MEDICAL CENTER
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,443,405.89	ADJUSTMENTS	160,349.16
COVERED CHARGES	25,630,405.98	CONTRACTUAL ALLOW	24,099,452.36
NON-COVERD CHARGES	2,812,999.91	TOTAL MEDICAID LIAB	1,530,953.62
		LESS: COB	2,006.44
		LESS: COPAYMENT	1,993.02
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,526,954.16
		ALL OTHER	1,360,088.25
		FEE SCHEDULE-LAB	143,786.53
		INJECTABLE DRUGS	23,079.38
		TOTAL NUMBER OF CLAIMS	3,323

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:04:10
 Page: 6

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	334,977.83	41,863.74	OTHER LAB	219,874.00	0.00
MED/SURG SUPPLY	389,361.00	78,400.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,158,324.00	35,590.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,476,364.00	455,713.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	29,549.00	FEE SCHEDULE LAB	5,632,128.40	516,922.40
EKG/ECG	795,682.00	1,070.00	MRI SERVICES	448,864.00	177,724.00
IV THERAPY	715,480.00	26,555.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,698,171.42	339,605.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	34,051.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,021.00	471.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,191,168.00	7,490.00	AMBULANCE	0.00	0.00
GI SERVICES	238,331.50	104,380.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,474,068.00	9,333.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	415,411.00	13,523.00	DRUG-SPECIFIC/HOME IV	0.00	4,002.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	436,185.75	271,401.69
RADIOLOGY THERAPEUTIC	596,086.00	22,104.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	34,029.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,093.00	6,886.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	138,475.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	47,303.00	3,570.00	TRAUMA RESPONSE	0.00	72,803.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	66,312.00	3,209.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	740,856.00	79,087.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	88,512.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	319,051.00	32,164.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	753,692.00	205,159.00			
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	347,038.08	101,920.00			
			TOTAL ANCILLARY	25,630,405.98	2,812,999.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,630,405.98	2,812,999.91

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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CARTERSVILLE MEDICAL CENTER
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	156,937.00	ADJUSTMENTS	0.00
COVERED CHARGES	125,193.00	CONTRACTUAL ALLOW	119,205.14
NON-COVERD CHARGES	31,744.00	TOTAL MEDICAID LIAB	5,987.86
		LESS: COB	5,987.86
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 25

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,387.00	37.00	OTHER LAB	3,146.00	0.00
MED/SURG SUPPLY	483.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,176.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	30,217.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	45,287.00	1,490.00
EKG/ECG	6,420.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,123.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,420.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	362.00	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	39,856.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,039.00	0.00	NO CC/INVALID REV CODE	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	1,494.00	0.00			
			TOTAL ANCILLARY	125,193.00	31,744.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	125,193.00	31,744.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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CARTERSVILLE MEDICAL CENTER
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,986,178.61	ADJUSTMENTS	198.39
COVERED CHARGES	1,875,156.04	CONTRACTUAL ALLOW	1,848,572.56
NON-COVERD CHARGES	111,022.57	TOTAL MEDICAID LIAB	26,583.48
		LESS: COB	0.00
		LESS: COPAYMENT	441.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,142.48

TOTAL NUMBER OF CLAIMS 396

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:04:20
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CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	13,542.72	1,214.48	OTHER LAB	7,284.00	0.00
MED/SURG SUPPLY	1,803.00	169.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	122,675.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	366,555.00	27,828.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	495,868.80	39,220.00
EKG/ECG	53,548.00	0.00	MRI SERVICES	15,574.00	8,738.00
IV THERAPY	48,326.00	1,796.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,211.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	519.00	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	664,885.00	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	31,770.52	21,734.09
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	35,147.00	10,323.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,841.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,376.00	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	4,230.00	0.00			
			TOTAL ANCILLARY	1,875,156.04	111,022.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,875,156.04	111,022.57

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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CARTERSVILLE MEDICAL CENTER
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,666.90	ADJUSTMENTS	0.00
COVERED CHARGES	26,365.90	CONTRACTUAL ALLOW	25,895.99
NON-COVERED CHARGES	15,301.00	TOTAL MEDICAID LIAB	469.91
		LESS: COB	460.91
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:04:21
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CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,037.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	159.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,505.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	15,276.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,252.00	25.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	224.00	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	13,188.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	26,365.90	15,301.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,365.90	15,301.00

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	401,777.00	165.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	70,371.00	3,265.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,178.00	1,134.00	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	25,054.00	100.00
EKG/ECG	5,350.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,977.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	603,707.50	39,244.50	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	260,039.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,746.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	91,124.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,478.00	562.72
RADIOLOGY THERAPEUTIC	394,753.00	6,162.00	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	1,643.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	125.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	53,707.00	9,228.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,301.00	0.00	NO CC/INVALID REV CODE	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	4,042.00	0.00			
			TOTAL ANCILLARY	1,959,604.50	61,629.22
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,959,604.50	61,629.22

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CARTERSVILLE MEDICAL CENTER
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	378,860.00	ADJUSTMENTS	0.00
COVERED CHARGES	378,626.00	CONTRACTUAL ALLOW	362,756.75
NON-COVERD CHARGES	234.00	TOTAL MEDICAID LIAB	15,869.25
		LESS: COB	15,851.25
		LESS: COPAYMENT	18.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 21:04:23
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CARTERSVILLE MEDICAL CENTER
 960 JOE FRANK HARRIS PKWY SE
 CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
 000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	362,035.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,134.00	209.00	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	1,609.00	25.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,848.00	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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	378,626.00	234.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	378,626.00	234.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:05:04
 Page: 1

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER 000001636A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	171,507,679.96	ADJUSTMENTS	15,629,730.55
COVERED CHARGES	170,829,375.46	CONTRACTUAL ALLOW	123,401,819.51
NON-COVERED CHARGES	678,304.50	TOTAL MEDICAID LIAB	47,427,555.95
		LESS: COB	475,247.40
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	46,952,296.05

TOTAL NUMBER OF ADMISSIONS 1,999

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9,148		0	23,878,215.50		0.00
ROUTINE NURSERY	2,188		0	12,740,741.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11,336		0	36,618,957.00		0.00
SPECIAL CARE SERVICES						
CCU	5		0	53,832.50		0.00
ICU	5		0	12,505.00		0.00
NICU	202		0	2,010,203.00		0.00
PED ICU	2,970		0	20,456,827.50		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	3,182		0	22,533,368.00		0.00
TOTAL ACCOMODATIONS	14,518		0	59,152,325.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:05:04
 Page: 2

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	27,223,267.00	0.00	OTHER LAB	284,794.50	0.00
MED/SURG SUPPLY	2,843,764.79	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,691,818.62	0.00	EDUCATION & TRAINING	81.00	0.00
RADIOLOGY-DIAGNOSTIC	1,787,818.50	0.00	OTHER THERAPEUTIC SVC	47,515.50	118,159.50
CT SCAN	1,817,832.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	947,634.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	107,075.50	0.00	MRI SERVICES	1,813,296.00	0.00
IV THERAPY	786,936.50	0.00	PROFESSIONAL FEES	0.00	974.50
OPERATING ROOM	17,940,136.38	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,408,424.26	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,705,582.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,122.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,424,829.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	645,275.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	850,698.00	0.00	INJECTABLE DRUGS	2,958.50	0.00
RADIOLOGY THERAPEUTIC	242,438.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	539,643.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	358,771.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	65,331.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	90.00	12,934.50	TRAUMA RESPONSE	0.00	16,912.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,189,767.41	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	459,460.00	19,470.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,171,549.50	11,984.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	28,045.50	11,766.00			
AUDIOLOGY	38,252.00	0.00			
CARDIOLOGY	934,712.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,751,619.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,625,842.00	420,773.00			
			TOTAL ANCILLARY	111,677,050.46	678,304.50
			TOTAL ACCOMODATIONS	59,152,325.00	0.00
			TOTAL CHARGES	170,829,375.46	678,304.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:05:17
 Page: 3

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER 000001636A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,902,976.62	ADJUSTMENTS	0.00
COVERED CHARGES	3,901,245.62	CONTRACTUAL ALLOW	2,938,236.72
NON-COVERED CHARGES	1,731.00	TOTAL MEDICAID LIAB	963,008.90
		LESS: COB	963,008.90
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 52

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	168		0	413,014.00		0.00
ROUTINE NURSERY	30		0	221,434.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	198		0	634,448.50		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	13		0	129,369.50		0.00
PED ICU	22		0	154,605.00		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	35		0	283,974.50		0.00
TOTAL ACCOMODATIONS	233		0	918,423.00		0.00

Report : CLM-0802-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:05:17
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CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	598,512.00	0.00	OTHER LAB	16,020.50	0.00
MED/SURG SUPPLY	96,482.86	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	161,499.96	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,376.00	0.00	OTHER THERAPEUTIC SVC	0.00	1,731.00
CT SCAN	17,246.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,703.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	385.00	0.00	MRI SERVICES	62,136.50	0.00
IV THERAPY	3,217.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	722,808.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	108,264.90	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	254,849.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	55,213.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,827.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	6,387.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	3,221.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,768.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,907.50	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	457,410.40	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	769.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	42,664.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	805.50	0.00			
CARDIOLOGY	13,999.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	279,933.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,416.00	0.00			
			TOTAL ANCILLARY	2,982,822.62	1,731.00
			TOTAL ACCOMODATIONS	918,423.00	0.00
			TOTAL CHARGES	3,901,245.62	1,731.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:05:20
Page: 5

CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER
000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 64,929,630.40
COVERED CHARGES 59,960,917.00
NON-COVERD CHARGES 4,968,713.40

-----PAYMENTS-----
ADJUSTMENTS 596,287.47
CONTRACTUAL ALLOW 43,121,800.49
TOTAL MEDICAID LIAB 16,839,116.51
LESS: COB 123,392.68
LESS: COPAYMENT 42.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 16,715,681.83
ALL OTHER 11,247,713.30
FEE SCHEDULE-LAB 523,907.01
INJECTABLE DRUGS 4,944,061.52

TOTAL NUMBER OF CLAIMS 19,707

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:05:20
 Page: 6

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	988,849.86	3,688.40	OTHER LAB	433,944.50	4,523.00
MED/SURG SUPPLY	1,420,364.71	0.02	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	391.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,670,335.50	72,436.00	OTHER THERAPEUTIC SVC	0.00	3,701.50
CT SCAN	1,767,789.50	100,861.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	989,414.50	53,065.50	FEE SCHEDULE LAB	10,037,224.66	516,122.94
EKG/ECG	41,552.00	2,947.00	MRI SERVICES	5,030,474.50	239,173.50
IV THERAPY	1,436,891.50	162,789.00	PROFESSIONAL FEES	0.00	2,228.01
OPERATING ROOM	9,403,008.31	662,059.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	274,346.95	25,119.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,670,092.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	41,951.50	9,594.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,647,972.50	27,274.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	829,322.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,266,634.00	1,348,635.25
RADIOLOGY THERAPEUTIC	529,292.50	6,992.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	512,953.50	55,444.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	641,572.50	113,014.00	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	1,098,051.51	59,515.00	TRAUMA RESPONSE	0.00	39,482.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	347,810.00	72,709.61
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	806,212.00	70,707.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	879,813.00	4,429.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	81,262.00	64,036.00			
AUDIOLOGY	189,569.50	20,884.00			
CARDIOLOGY	73,409.50	45,602.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,379,853.50	236,210.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,470,949.00	945,079.00			
			TOTAL ANCILLARY	59,960,917.00	4,968,713.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,960,917.00	4,968,713.40

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:05:56
Page: 7

CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER 000001636A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,190,651.34	ADJUSTMENTS	0.00
COVERED CHARGES	4,416,868.12	CONTRACTUAL ALLOW	3,336,554.83
NON-COVERD CHARGES	773,783.22	TOTAL MEDICAID LIAB	1,080,313.29
		LESS: COB	1,080,301.29
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	1,197

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:05:56
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	105,441.00	0.00	OTHER LAB	19,272.50	0.00
MED/SURG SUPPLY	117,357.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	118,107.50	3,068.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	110,928.00	5,905.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	64,025.00	2,980.00	FEE SCHEDULE LAB	517,804.22	28,590.00
EKG/ECG	385.00	0.00	MRI SERVICES	532,840.50	79,552.00
IV THERAPY	50,483.00	7,001.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	807,176.00	86,205.64	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	15,328.60	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	409,538.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,848.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	38,288.50	958.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	85,526.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	492,218.75	380,998.00
RADIOLOGY THERAPEUTIC	352,612.00	1,520.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,880.00	233.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	23,364.50	10,984.50	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	85,744.00	4,786.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	32,121.44	13,716.08
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	58,532.50	3,663.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	59,587.00	25,981.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,925.00	25,831.50			
AUDIOLOGY	19,158.50	3,565.50			
CARDIOLOGY	8,574.50	6,543.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	145,900.00	49,960.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	118,900.50	31,741.50			
			TOTAL ANCILLARY	4,416,868.12	773,783.22
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,416,868.12	773,783.22

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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Page: 9

CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER
000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	671,884.71	ADJUSTMENTS	67.13
COVERED CHARGES	627,889.19	CONTRACTUAL ALLOW	601,775.62
NON-COVERD CHARGES	43,995.52	TOTAL MEDICAID LIAB	26,113.57
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,113.57

TOTAL NUMBER OF CLAIMS 389

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	8,898.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	20,790.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,239.50	4,872.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,768.50	17,940.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	105,384.21	13,922.02
EKG/ECG	1,925.00	0.00	MRI SERVICES	3,096.00	3,188.50
IV THERAPY	8,029.00	2,868.50	PROFESSIONAL FEES	0.00	190.50
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	414,600.00	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	5,780.25	245.00
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	84.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,293.50	769.00	NO CC/INVALID REV CODE	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	627,889.19	43,995.52
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	627,889.19	43,995.52

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 11

CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER
000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,253.11	ADJUSTMENTS	0.00
COVERED CHARGES	17,105.11	CONTRACTUAL ALLOW	16,635.20
NON-COVERD CHARGES	1,148.00	TOTAL MEDICAID LIAB	469.91
		LESS: COB	469.91
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	0.50	2.75	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	3,533.50	337.50	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	2,278.07	0.00
EKG/ECG	385.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	361.50	0.00	PROFESSIONAL FEES	0.00	559.00
OPERATING ROOM	1,835.00	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	8,507.00	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	81.00	248.75
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	123.54	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	17,105.11	1,148.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,105.11	1,148.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER 000001636A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,630,536.91	ADJUSTMENTS	96,764.56
COVERED CHARGES	6,465,691.64	CONTRACTUAL ALLOW	5,419,809.16
NON-COVERD CHARGES	164,845.27	TOTAL MEDICAID LIAB	1,045,882.48
		LESS: COB	949.28
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,044,933.20

TOTAL NUMBER OF CLAIMS 106

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	41,168.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	97,657.89	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,820.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,550.50	4,485.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,264.50	1,801.00	FEE SCHEDULE LAB	57,365.46	1,619.54
EKG/ECG	0.00	770.00	MRI SERVICES	30,427.50	0.00
IV THERAPY	111,882.00	5,721.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,516,714.97	78,620.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,060.00	2,420.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	630,198.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,863.00	334.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	55,444.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,858,951.25	29,828.50
RADIOLOGY THERAPEUTIC	29,174.00	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	14,980.00	2,996.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,780,946.07	85.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	769.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	33,368.50	824.00			
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	143,085.50	35,340.00			
			TOTAL ANCILLARY	6,465,691.64	164,845.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,465,691.64	164,845.27

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA
1001 JOHNSON FERRY RD NE
ATLANTA, GA 30342-1605

PROVIDER NUMBER
000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	448,957.41	ADJUSTMENTS	0.00
COVERED CHARGES	444,585.16	CONTRACTUAL ALLOW	386,537.17
NON-COVERD CHARGES	4,372.25	TOTAL MEDICAID LIAB	58,047.99
		LESS: COB	58,047.99
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 21:06:11
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA
 1001 JOHNSON FERRY RD NE
 ATLANTA, GA 30342-1605

PROVIDER NUMBER
 000001636A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,631.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	598.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	367.50	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	807.00	FEE SCHEDULE LAB	2,613.00	150.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	650.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	65,965.00	1,539.50	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	18,076.00	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	3,289.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	71,541.25	1,875.75
RADIOLOGY THERAPEUTIC	5,326.50	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	270,992.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,534.00	0.00			
			TOTAL ANCILLARY	444,585.16	4,372.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	444,585.16	4,372.25

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:23
 Page: 1

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER 000001647A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	145,830.29	ADJUSTMENTS	5,724.99
COVERED CHARGES	145,830.29	CONTRACTUAL ALLOW	104,355.67
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	41,474.62
		LESS: COB	1,452.13
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	40,009.99

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	26		0	78,000.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	26		0	78,000.00		0.00
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	26		0	78,000.00		0.00

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: 09/20/2021
 Run Time: 21:40:23
 Page: 2

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER
 000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	22,871.30	0.00	OTHER LAB	533.55	0.00
MED/SURG SUPPLY	10,106.51	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,936.24	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,782.96	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,487.30	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	862.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	670.18	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	9,347.26	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	3,757.60	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	1,470.25	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	619.55	0.00	NO CC/INVALID REV CODE	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	288.20	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	2,097.14	0.00			
			TOTAL ANCILLARY	67,830.29	0.00
			TOTAL ACCOMODATIONS	78,000.00	0.00
			TOTAL CHARGES	145,830.29	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER
000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:40:23
Page: 4

SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER
000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,096,653.01	ADJUSTMENTS	57,864.26
COVERED CHARGES	1,060,553.92	CONTRACTUAL ALLOW	770,124.22
NON-COVERD CHARGES	36,099.09	TOTAL MEDICAID LIAB	290,429.70
		LESS: COB	1,655.01
		LESS: COPAYMENT	246.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	288,528.69
		ALL OTHER	201,281.48
		FEE SCHEDULE-LAB	87,247.21
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	1,034

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

Run Date: 09/20/2021
 Run Time: 21:40:23
 Page: 5

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER
 000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	46,037.85	0.00	OTHER LAB	3,727.10	0.00
MED/SURG SUPPLY	825.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	47.72
RADIOLOGY-DIAGNOSTIC	29,598.19	472.80	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	70,854.98	6,440.35	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,553.52	5,886.33	FEE SCHEDULE LAB	507,420.00	8,441.52
EKG/ECG	14,313.35	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	32,612.34	2,915.15	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	146,983.77	5,265.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,863.45	1,206.53	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	123,476.16	3,620.14	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	463.20	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,502.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,801.90	354.35	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,092.00	985.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	873.70	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	13,018.00	0.00			
			TOTAL ANCILLARY	1,060,553.92	36,099.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,060,553.92	36,099.09

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER 000001647A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,855.09	ADJUSTMENTS	0.00
COVERED CHARGES	9,641.34	CONTRACTUAL ALLOW	8,224.85
NON-COVERD CHARGES	4,213.75	TOTAL MEDICAID LIAB	1,416.49
		LESS: COB	1,416.49
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER
 000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	490.86	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	480.78	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,970.85	3,479.15	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,031.12	341.90
EKG/ECG	862.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	510.84	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	2,116.40	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	364.00	392.70			
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	814.24	0.00			
			TOTAL ANCILLARY	9,641.34	4,213.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,641.34	4,213.75

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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Page: 8

SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER
000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,005.24	ADJUSTMENTS	341.00
COVERED CHARGES	42,845.23	CONTRACTUAL ALLOW	38,435.23
NON-COVERD CHARGES	2,160.01	TOTAL MEDICAID LIAB	4,410.00
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,371.00

TOTAL NUMBER OF CLAIMS 63

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:40:26
 Page: 9

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER
 000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	5,246.44	0.00	OTHER LAB	533.55	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	2,502.32	158.85	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,479.15	766.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,939.36	787.80
EKG/ECG	517.35	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,332.88	446.76	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	118.25	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	19,209.65	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	694.10	0.00	NO CC/INVALID REV CODE	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	1,272.18	0.00			
			TOTAL ANCILLARY	42,845.23	2,160.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	42,845.23	2,160.01

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:40:26
Page: 10

SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER
000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER 000001647A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,242.20	ADJUSTMENTS	5,268.89
COVERED CHARGES	11,242.20	CONTRACTUAL ALLOW	5,973.31
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,268.89
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,268.89

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:40:26
 Page: 12

SCREVEN COUNTY HOSPITAL, LLC
 215 MIMS RD
 SYLVANIA, GA 30467-1994

PROVIDER NUMBER
 000001647A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	11,242.20	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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,242.20	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,242.20	0.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:40:26
Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SCREVEN COUNTY HOSPITAL, LLC
215 MIMS RD
SYLVANIA, GA 30467-1994

PROVIDER NUMBER
000001647A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:55:04
 Page: 1

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	49,677,043.60	ADJUSTMENTS	830,113.14
COVERED CHARGES	49,406,857.30	CONTRACTUAL ALLOW	41,527,412.05
NON-COVERED CHARGES	270,186.30	TOTAL MEDICAID LIAB	7,879,445.25
		LESS: COB	128,078.18
		LESS: COPAYMENT	837.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,750,529.57

TOTAL NUMBER OF ADMISSIONS 665

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,725		0	3,351,999.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,725		0	3,351,999.00		0.00
SPECIAL CARE SERVICES						
CCU	1,564		0	6,335,323.00		0.00
ICU	1,534		0	6,765,519.00		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	3,098		0	13,100,842.00		0.00
TOTAL ACCOMODATIONS	4,823		0	16,452,841.00		0.00

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: 09/20/2021
 Run Time: 20:55:04
 Page: 2

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,524,170.51	0.00	OTHER LAB	242,720.00	0.00
MED/SURG SUPPLY	1,209,903.68	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,093,961.00	0.00	EDUCATION & TRAINING	576.00	0.00
RADIOLOGY-DIAGNOSTIC	854,100.00	0.00	OTHER THERAPEUTIC SVC	0.00	206,216.00
CT SCAN	2,046,793.00	7,600.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	248,087.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	335,778.00	0.00	MRI SERVICES	499,330.00	0.00
IV THERAPY	473,004.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,569,728.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	11,333.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,265,342.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	430,730.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	238,342.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,126,416.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	170,901.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	46,565.70
LABORATORY PATHOLOGIC	107,622.00	0.00	INJECTABLE DRUGS	825.60	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	174,111.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	134,252.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	810,513.00	4,054.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,612.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	634,648.00	0.00	IMPL DEV CHARGE PATIENTS	229,125.63	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	231,167.00	0.00	NO CC/INVALID REV CODE	0.00	197.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	436,006.02	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	413,811.10	5,553.60			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,000,668.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	34,363.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,399,076.36	0.00			
			TOTAL ANCILLARY	32,954,016.30	270,186.30
			TOTAL ACCOMODATIONS	16,452,841.00	0.00
			TOTAL CHARGES	49,406,857.30	270,186.30

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:55:08
 Page: 4

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,883.20	ADJUSTMENTS	0.00
COVERED CHARGES	20,883.20	CONTRACTUAL ALLOW	15,434.95
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,448.25
		LESS: COB	5,448.25
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	9,060.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	9,060.00		0.00
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	4		0	9,060.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:55:08
 Page: 5

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	386.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,129.00	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	1,802.00	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	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	7,506.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,823.20	0.00
			TOTAL ACCOMODATIONS	9,060.00	0.00
			TOTAL CHARGES	20,883.20	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:55:09
Page: 6

WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,560,660.53	ADJUSTMENTS	71,149.03
COVERED CHARGES	20,415,457.29	CONTRACTUAL ALLOW	18,497,171.75
NON-COVERD CHARGES	1,145,203.24	TOTAL MEDICAID LIAB	1,918,285.54
		LESS: COB	1,306.39
		LESS: COPAYMENT	1,184.65
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,915,794.50
		ALL OTHER	1,745,068.04
		FEE SCHEDULE-LAB	160,865.27
		INJECTABLE DRUGS	9,861.19
		TOTAL NUMBER OF CLAIMS	4,625

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:55:09
 Page: 7

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	284,600.33	0.00	OTHER LAB	454,060.00	4,727.00
MED/SURG SUPPLY	204,121.38	1,600.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	63.00	0.00
RADIOLOGY-DIAGNOSTIC	1,276,378.00	2,335.00	OTHER THERAPEUTIC SVC	0.00	35,200.00
CT SCAN	3,068,045.00	134,649.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,477.00	1,869.00	FEE SCHEDULE LAB	3,302,386.00	138,833.00
EKG/ECG	564,904.00	10,548.00	MRI SERVICES	489,499.00	47,021.00
IV THERAPY	1,098,087.00	63,090.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	382,741.00	78,528.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	106,606.00	167,402.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	254,933.00	1,215.00	AMBULANCE	0.00	0.00
GI SERVICES	128,640.17	18,667.83	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,482,008.00	25,070.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	163,287.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	116,969.10	114,236.41
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	798.00	399.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	653.00	1,306.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	25,020.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	5,483.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	24,800.00	132,800.00	IMPL DEV CHARGE PATIENTS	12,430.04	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	527,576.00	72,456.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	41,532.00	6,186.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	134,873.70	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	134,431.00	31,542.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,652.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	157,906.57	25,020.00			
			TOTAL ANCILLARY	20,415,457.29	1,145,203.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,415,457.29	1,145,203.24

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:55:21
Page: 8

WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	144,978.87	ADJUSTMENTS	0.00
COVERED CHARGES	135,527.47	CONTRACTUAL ALLOW	129,681.39
NON-COVERD CHARGES	9,451.40	TOTAL MEDICAID LIAB	5,846.08

LESS: COB	5,846.08
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 19

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:55:21
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,715.90	0.00	OTHER LAB	4,158.00	0.00
MED/SURG SUPPLY	1,380.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,822.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,426.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,954.00	2,511.00
EKG/ECG	4,688.00	586.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,261.00	232.00	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	3,401.00	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	53,874.00	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	1,354.30	477.40
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	800.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,168.00	1,444.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,774.00	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	2,952.27	0.00			
			TOTAL ANCILLARY	135,527.47	9,451.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	135,527.47	9,451.40

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:55:22
Page: 10

WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	963,373.40	ADJUSTMENTS	201.39
COVERED CHARGES	940,101.90	CONTRACTUAL ALLOW	911,437.39
NON-COVERD CHARGES	23,271.50	TOTAL MEDICAID LIAB	28,664.51
		LESS: COB	0.00
		LESS: COPAYMENT	708.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,956.51

TOTAL NUMBER OF CLAIMS 427

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:55:22
 Page: 11

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,589.20	0.00	OTHER LAB	14,170.00	0.00
MED/SURG SUPPLY	3,115.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	61,597.00	539.00	OTHER THERAPEUTIC SVC	0.00	1,600.00
CT SCAN	48,553.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	161,313.00	4,322.00
EKG/ECG	16,408.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	35,067.00	145.00	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	1,344.00	1,100.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,215.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	569,894.00	1,435.00	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	4,200.70	10,286.50
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	800.00	2,400.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,836.00	1,444.00	NO CC/INVALID REV CODE	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	940,101.90	23,271.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	940,101.90	23,271.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:55:24
Page: 12

WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,637.40	ADJUSTMENTS	0.00
COVERED CHARGES	10,193.40	CONTRACTUAL ALLOW	9,924.88
NON-COVERD CHARGES	1,444.00	TOTAL MEDICAID LIAB	268.52
		LESS: COB	262.52
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:55:24
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WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4.40	0.00	OTHER LAB	2,079.00	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	1,588.00	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	5,660.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	862.00	1,444.00	NO CC/INVALID REV CODE	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	10,193.40	1,444.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,193.40	1,444.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:55:25
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WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	72,289.82	ADJUSTMENTS	0.00
COVERED CHARGES	71,492.22	CONTRACTUAL ALLOW	52,122.00
NON-COVERD CHARGES	797.60	TOTAL MEDICAID LIAB	19,370.22
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	19,367.22

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR ATLANTA MEDICAL CENTER , INC
 1170 CLEVELAND AVE
 EAST POINT,GA 30344-3615

PROVIDER NUMBER
 000001713A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,735.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,923.28	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	1,533.00	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	37,776.00	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	16,170.00	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	4,270.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	345.50	797.60
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	739.04	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	71,492.22	797.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	71,492.22	797.60

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:55:26
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR ATLANTA MEDICAL CENTER , INC
1170 CLEVELAND AVE
EAST POINT,GA 30344-3615

PROVIDER NUMBER
000001713A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:45:16
 Page: 1

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER 000001724A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,093,287.70	ADJUSTMENTS	1,718,377.88
COVERED CHARGES	41,643,556.18	CONTRACTUAL ALLOW	30,512,182.17
NON-COVERED CHARGES	449,731.52	TOTAL MEDICAID LIAB	11,131,374.01
		LESS: COB	132,036.02
		LESS: COPAYMENT	212.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,999,125.49

TOTAL NUMBER OF ADMISSIONS 1,160

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,836		0	3,709,507.00		0.00
ROUTINE NURSERY	212		0	206,082.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,048		0	3,915,589.00		0.00
SPECIAL CARE SERVICES						
CCU	274		0	592,806.00		0.00
ICU	1,586		0	2,617,345.00		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	1,860		0	3,210,151.00		0.00
TOTAL ACCOMODATIONS	5,908		0	7,125,740.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:45:16
 Page: 2

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	11,917,232.35	0.00	OTHER LAB	216,979.56	0.00
MED/SURG SUPPLY	1,578,559.31	169.08	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,422,108.89	0.00	EDUCATION & TRAINING	53,926.00	0.00
RADIOLOGY-DIAGNOSTIC	462,419.21	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,281,941.00	10,913.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	203,908.11	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	223,648.00	0.00	MRI SERVICES	437,026.00	0.00
IV THERAPY	710,569.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,806,871.80	18,806.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	178,144.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,344,050.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	455,637.17	0.00	AMBULANCE	0.00	0.00
GI SERVICES	267,880.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	872,420.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	196,124.91	0.00	DRUG-SPECIFIC/HOME IV	0.00	73,741.25
LABORATORY PATHOLOGIC	81,579.39	0.00	INJECTABLE DRUGS	31.21	0.00
RADIOLOGY THERAPEUTIC	42,635.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	102,379.39	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	66,911.47	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	254,858.00	37,517.00	PATIENT CONVENIENCE	0.00	42.12
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,327.00	1,452.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,336,554.79	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	291,571.83	20,265.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	360,782.35	277,703.56			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	33,034.44	9,122.51			
AUDIOLOGY	36,954.00	0.00			
CARDIOLOGY	1,459,939.00	0.00			
AMBULATORY SURGERY	5,516.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	34,308.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	773,989.00	0.00			
			TOTAL ANCILLARY	34,517,816.18	449,731.52
			TOTAL ACCOMODATIONS	7,125,740.00	0.00
			TOTAL CHARGES	41,643,556.18	449,731.52

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:45:30
 Page: 3

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER 000001724A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	274,758.08	ADJUSTMENTS	0.00
COVERED CHARGES	273,625.08	CONTRACTUAL ALLOW	199,369.44
NON-COVERED CHARGES	1,133.00	TOTAL MEDICAID LIAB	74,255.64
		LESS: COB	74,255.64
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	29		0	27,985.00		0.00
ROUTINE NURSERY	5		0	6,508.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	34		0	34,493.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	10,047.00		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	6		0	10,047.00		0.00
TOTAL ACCOMODATIONS	40		0	44,540.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:45:30
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SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	102,114.50	0.00	OTHER LAB	359.00	0.00
MED/SURG SUPPLY	14,411.33	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	20,845.00	0.00	EDUCATION & TRAINING	129.00	0.00
RADIOLOGY-DIAGNOSTIC	7,275.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,807.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,301.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	404.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,489.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,583.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,756.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	22,288.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,348.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,236.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,015.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	194.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,033.00	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	23,585.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	854.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	564.00	1,133.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	742.00	0.00			
CARDIOLOGY	1,209.00	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	4,543.00	0.00			
			TOTAL ANCILLARY	229,085.08	1,133.00
			TOTAL ACCOMODATIONS	44,540.00	0.00
			TOTAL CHARGES	273,625.08	1,133.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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SOUTH GEORGIA MEDICAL CENTER
2501 N PATTERSON ST
VALDOSTA, GA 31602-1735

PROVIDER NUMBER
000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 16,985,782.52
COVERED CHARGES 15,232,485.50
NON-COVERD CHARGES 1,753,297.02

-----PAYMENTS-----
ADJUSTMENTS 1,003,555.08
CONTRACTUAL ALLOW 11,104,123.54
TOTAL MEDICAID LIAB 4,128,361.96
LESS: COB 4,253.10
LESS: COPAYMENT 5,272.88
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,118,835.98
ALL OTHER 3,248,732.49
FEE SCHEDULE-LAB 429,818.70
INJECTABLE DRUGS 440,284.79

TOTAL NUMBER OF CLAIMS 9,111

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	394,374.75	639.92	OTHER LAB	187,571.00	4,302.00
MED/SURG SUPPLY	217,844.25	3,596.80	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	250.00	EDUCATION & TRAINING	0.00	3,037.00
RADIOLOGY-DIAGNOSTIC	549,055.00	34,581.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,635,537.00	350,110.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	355.00	11,712.00	FEE SCHEDULE LAB	2,998,870.78	166,079.22
EKG/ECG	286,840.00	10,488.00	MRI SERVICES	187,434.00	62,260.00
IV THERAPY	856,583.00	135,038.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	451,288.60	87,709.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,306.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	83,051.00	78,636.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	201,493.00	2,976.00	AMBULANCE	0.00	0.00
GI SERVICES	72,203.00	21,888.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,800,902.00	17,152.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	237,795.00	1,395.00	DRUG-SPECIFIC/HOME IV	32,378.48	1,969.75
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,364,572.52	445,831.35
RADIOLOGY THERAPEUTIC	558,573.00	39,836.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	5,379.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,555.00	6,058.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,390.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	11,503.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	74,804.12	702.58
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	643,676.00	49,808.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	63,744.00	5,665.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	97,872.00	19,680.00			
AUDIOLOGY	998.00	0.00			
CARDIOLOGY	275,658.00	90,969.00			
AMBULATORY SURGERY	0.00	5,516.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	115,973.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	835,178.00	76,139.00			
			TOTAL ANCILLARY	15,232,485.50	1,753,297.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,232,485.50	1,753,297.02

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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SOUTH GEORGIA MEDICAL CENTER
2501 N PATTERSON ST
VALDOSTA, GA 31602-1735

PROVIDER NUMBER 000001724A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	254,188.86	ADJUSTMENTS	0.00
COVERED CHARGES	214,295.39	CONTRACTUAL ALLOW	163,352.56
NON-COVERD CHARGES	39,893.47	TOTAL MEDICAID LIAB	50,942.83
		LESS: COB	50,882.83
		LESS: COPAYMENT	60.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	111

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	8,333.16	0.00	OTHER LAB	2,816.00	0.00
MED/SURG SUPPLY	3,502.33	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,691.00	388.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	27,123.00	11,771.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	47,646.00	5,401.00
EKG/ECG	2,723.00	0.00	MRI SERVICES	3,777.00	0.00
IV THERAPY	9,884.00	1,383.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,796.00	3,033.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	476.00	714.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,806.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,441.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,603.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	47,832.90	14,056.47
RADIOLOGY THERAPEUTIC	2,325.00	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	294.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	606.00	913.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,293.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	738.00	269.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,671.00	1,671.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	640.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,572.00	0.00			
			TOTAL ANCILLARY	214,295.39	39,893.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	214,295.39	39,893.47

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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SOUTH GEORGIA MEDICAL CENTER
2501 N PATTERSON ST
VALDOSTA, GA 31602-1735

PROVIDER NUMBER 000001724A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	226,283.83	ADJUSTMENTS	457.91
COVERED CHARGES	212,809.72	CONTRACTUAL ALLOW	197,302.69
NON-COVERD CHARGES	13,474.11	TOTAL MEDICAID LIAB	15,507.03
		LESS: COB	51.05
		LESS: COPAYMENT	177.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,278.98

TOTAL NUMBER OF CLAIMS 231

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,050.04	0.00	OTHER LAB	1,771.00	0.00
MED/SURG SUPPLY	1,140.18	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,904.00	1,625.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	31,286.00	4,912.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	47,865.00	1,934.00
EKG/ECG	3,228.00	200.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,732.00	777.00	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	749.00	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	95,268.00	172.00	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	6,333.37	2,036.11
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	155.13	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,862.00	1,818.00	NO CC/INVALID REV CODE	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	466.00	0.00			
			TOTAL ANCILLARY	212,809.72	13,474.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	212,809.72	13,474.11

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:46:12
 Page: 12

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	112.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	25.00	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	371.00	23.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	549.00	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	1,839.00	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	319.00	34.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,215.00	57.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,215.00	57.75

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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SOUTH GEORGIA MEDICAL CENTER
2501 N PATTERSON ST
VALDOSTA, GA 31602-1735

PROVIDER NUMBER 000001724A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,876,877.05	ADJUSTMENTS	140,720.50
COVERED CHARGES	3,255,197.73	CONTRACTUAL ALLOW	2,497,705.36
NON-COVERD CHARGES	621,679.32	TOTAL MEDICAID LIAB	757,492.37
		LESS: COB	0.00
		LESS: COPAYMENT	435.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	757,057.37

TOTAL NUMBER OF CLAIMS 140

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	60,243.82	0.00	OTHER LAB	1,434.00	5,107.00
MED/SURG SUPPLY	162,389.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	250.00	EDUCATION & TRAINING	0.00	503.00
RADIOLOGY-DIAGNOSTIC	48,016.00	13,181.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	32,725.00	2,085.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	10,105.00	FEE SCHEDULE LAB	55,036.00	8,814.00
EKG/ECG	1,616.00	2,822.00	MRI SERVICES	17,878.00	2,392.00
IV THERAPY	58,141.00	5,143.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	209,922.93	181,713.07	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,189.00	4,736.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	87,515.00	792.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,332.00	1,133.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	71,722.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	780,938.19	74,021.65
RADIOLOGY THERAPEUTIC	224,890.00	17,743.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,741.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	794.00	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	102.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	970,099.89	92,451.60
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,984.00	498.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,880.00	1,030.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	327,738.00	36,091.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	640.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	120,867.00	156,431.00			
			TOTAL ANCILLARY	3,255,197.73	621,679.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,255,197.73	621,679.32

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTH GEORGIA MEDICAL CENTER
 2501 N PATTERSON ST
 VALDOSTA, GA 31602-1735

PROVIDER NUMBER
 000001724A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	23,832.24	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	390.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	222.00	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	440.00	50.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	887.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,853.00	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	1,676.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	373.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,419.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,155.15	203.25
RADIOLOGY THERAPEUTIC	520.00	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	112.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	110,750.94	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	223.00	0.00			
			TOTAL ANCILLARY	161,742.05	365.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	161,742.05	365.25

** END OF REPORT **

Report : CLM-0800-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:46:28
Page: 1

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:46:28
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:46:28
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,901,017.80	ADJUSTMENTS	86,542.13
COVERED CHARGES	1,644,336.96	CONTRACTUAL ALLOW	1,174,269.23
NON-COVERD CHARGES	256,680.84	TOTAL MEDICAID LIAB	470,067.73
		LESS: COB	1,375.91
		LESS: COPAYMENT	549.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	468,142.82
		ALL OTHER	423,035.35
		FEE SCHEDULE-LAB	43,951.48
		INJECTABLE DRUGS	1,155.99
		TOTAL NUMBER OF CLAIMS	1,020

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:46:28
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 4280 N VALDOSTA ROAD
 VALDOSTA, GA 31602-6814

PROVIDER NUMBER
 000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	40,503.68	0.00	OTHER LAB	14,591.00	5,350.00
MED/SURG SUPPLY	52,022.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	53,704.00	469.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	193,276.00	32,547.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	204,811.00	5,480.00
EKG/ECG	5,852.00	404.00	MRI SERVICES	37,550.00	18,125.00
IV THERAPY	6,516.00	457.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	396,753.25	54,140.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,743.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	157,588.00	240.00	AMBULANCE	0.00	0.00
GI SERVICES	169,086.00	48,254.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	504.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	186,492.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	31,345.11	86,148.09
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,314.00	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	112.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,642.31	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	68,679.00	1,098.00	NO CC/INVALID REV CODE	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	10,678.00	542.00			
			TOTAL ANCILLARY	1,644,336.96	256,680.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,644,336.96	256,680.84

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:46:31
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,655.65	ADJUSTMENTS	0.00
COVERED CHARGES	26,450.73	CONTRACTUAL ALLOW	19,609.77
NON-COVERD CHARGES	2,204.92	TOTAL MEDICAID LIAB	6,840.96
		LESS: COB	6,834.96
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:46:31
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 4280 N VALDOSTA ROAD
 VALDOSTA, GA 31602-6814

PROVIDER NUMBER
 000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	373.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	622.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,117.00	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	587.00	23.00
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	15,894.08	2,001.92	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	4,018.00	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	3,266.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	573.25	180.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	26,450.73	2,204.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,450.73	2,204.92

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:46:32
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:46:32
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HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	508,241.34	ADJUSTMENTS	0.00
COVERED CHARGES	467,488.14	CONTRACTUAL ALLOW	397,246.96
NON-COVERD CHARGES	40,753.20	TOTAL MEDICAID LIAB	70,241.18
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	70,226.18

TOTAL NUMBER OF CLAIMS 13

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
 4280 N VALDOSTA ROAD
 VALDOSTA, GA 31602-6814

PROVIDER NUMBER
 000001724G

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	5,010.26	0.00	OTHER LAB	0.00	8,025.00
MED/SURG SUPPLY	21,125.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,331.00	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	483.00	FEE SCHEDULE LAB	1,753.00	90.00
EKG/ECG	0.00	402.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,931.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	84,797.83	29,275.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	295.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	23,242.00	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	25,453.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	109,052.17	696.23
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	159,922.52	1,486.80
LITHOTRIPSY	33,870.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	467,488.14	40,753.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	467,488.14	40,753.20

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF VALDOSTA AND LOWNDES COUNTY
4280 N VALDOSTA ROAD
VALDOSTA, GA 31602-6814

PROVIDER NUMBER
000001724G

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:40
 Page: 1

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER 000001768A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,917,636.22	ADJUSTMENTS	138,466.05
COVERED CHARGES	20,556,279.92	CONTRACTUAL ALLOW	14,052,108.69
NON-COVERED CHARGES	361,356.30	TOTAL MEDICAID LIAB	6,504,171.23
		LESS: COB	130,369.54
		LESS: COPAYMENT	500.00
		ADD: ADDON PYMT	2,268.00
		REIMBURSEMENT	6,375,569.69

TOTAL NUMBER OF ADMISSIONS 851

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,292		0	5,002,511.53		0.00
ROUTINE NURSERY	88		0	58,872.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,380		0	5,061,383.53		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	385		0	614,555.00		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	385		0	614,555.00		0.00
TOTAL ACCOMODATIONS	4,765		0	5,675,938.53		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:40
 Page: 2

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,092,705.16	91.50	OTHER LAB	60,858.75	0.00
MED/SURG SUPPLY	1,687,226.83	8,105.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,730,921.50	3,515.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	359,038.85	1,537.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	545,315.75	6,390.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	373,316.72	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	135,176.75	0.00	MRI SERVICES	122,986.25	0.00
IV THERAPY	44,416.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,026,840.25	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	52,589.50	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	454,218.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	560,398.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	116,235.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	891,002.00	2,624.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	58,654.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	869.00
LABORATORY PATHOLOGIC	31,482.75	175.00	INJECTABLE DRUGS	2,268,990.33	240,932.30
RADIOLOGY THERAPEUTIC	1,586.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	189,171.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	55,656.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	124,359.00	4,140.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,850.50	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	795,381.75	0.00
LITHOTRIPSY	13,168.50	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	74,690.50	0.00	NO CC/INVALID REV CODE	0.00	29,636.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	88,703.50	43,425.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,399.75	7,071.50			
AUDIOLOGY	0.00	12,843.00			
CARDIOLOGY	684,179.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	20,536.75	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	197,284.00	0.00			
			TOTAL ANCILLARY	14,880,341.39	361,356.30
			TOTAL ACCOMODATIONS	5,675,938.53	0.00
			TOTAL CHARGES	20,556,279.92	361,356.30

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:49
 Page: 4

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER 000001768A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	54,658.40	ADJUSTMENTS	0.00
COVERED CHARGES	54,658.40	CONTRACTUAL ALLOW	38,430.47
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	16,227.93
		LESS: COB	16,227.93
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	20		0	23,178.50		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	20		0	23,178.50		0.00
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	20		0	23,178.50		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:49
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ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,179.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,215.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,497.25	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	960.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	160.00	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	14,332.50	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,469.25	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	127.75	0.00	INJECTABLE DRUGS	2,530.30	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	75.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	933.00	0.00			
			TOTAL ANCILLARY	31,479.90	0.00
			TOTAL ACCOMODATIONS	23,178.50	0.00
			TOTAL CHARGES	54,658.40	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:41:50
Page: 6

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER
000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,037,204.13	ADJUSTMENTS	312,041.99
COVERED CHARGES	7,410,680.45	CONTRACTUAL ALLOW	5,780,475.93
NON-COVERD CHARGES	1,626,523.68	TOTAL MEDICAID LIAB	1,630,204.52
		LESS: COB	6,056.50
		LESS: COPAYMENT	1,277.58
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,622,870.44
		ALL OTHER	1,439,662.96
		FEE SCHEDULE-LAB	166,262.97
		INJECTABLE DRUGS	16,944.51
		TOTAL NUMBER OF CLAIMS	3,329

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:41:50
 Page: 7

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	91,042.66	23,164.76	OTHER LAB	143,867.25	0.00
MED/SURG SUPPLY	373,988.74	17,083.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	5,520.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	309,541.00	25,433.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	640,748.50	50,318.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	154,072.25	36,339.00	FEE SCHEDULE LAB	1,107,122.70	87,175.93
EKG/ECG	115,619.50	16,000.00	MRI SERVICES	94,165.75	11,461.25
IV THERAPY	304,971.69	4,010.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	406,471.16	204,693.84	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,369.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,667.25	661.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	405,484.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	49,503.00	49,326.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,042,257.00	1,866.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	101,745.50	1,410.75	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	700.00	INJECTABLE DRUGS	275,552.25	772,999.90
RADIOLOGY THERAPEUTIC	12,606.50	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	27,238.75	13,500.75	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,452.00	958.00	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	8,948.18	2,649.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	118.00	IMPL DEV CHARGE PATIENTS	109,953.25	64,431.75
LITHOTRIPSY	39,505.50	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	115,583.75	14,704.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,187.50	3,474.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	30,061.50	15,216.75			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	157,156.57	196,330.75			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	83,470.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	175,327.25	6,975.00			
			TOTAL ANCILLARY	7,410,680.45	1,626,523.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,410,680.45	1,626,523.68

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:42:10
Page: 8

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER 000001768A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	111,986.85	ADJUSTMENTS	0.00
COVERED CHARGES	92,333.20	CONTRACTUAL ALLOW	77,893.87
NON-COVERD CHARGES	19,653.65	TOTAL MEDICAID LIAB	14,439.33
		LESS: COB	14,424.33
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	30

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	2,416.02	154.26	OTHER LAB	631.25	774.75
MED/SURG SUPPLY	4,175.25	1,264.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,050.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,533.00	1,533.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,442.00	778.00
EKG/ECG	160.00	160.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,128.75	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,771.25	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	17,035.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	6,560.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,660.75	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,708.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,129.75	2,044.00
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	153.18	335.64	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	4,484.00
LITHOTRIPSY	13,168.50	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,464.00	583.50	NO CC/INVALID REV CODE	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	704.75	982.25			
			TOTAL ANCILLARY	92,333.20	19,653.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	92,333.20	19,653.65

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:42:11
Page: 10

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER
000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	152,973.04	ADJUSTMENTS	268.52
COVERED CHARGES	149,315.79	CONTRACTUAL ALLOW	141,461.58
NON-COVERD CHARGES	3,657.25	TOTAL MEDICAID LIAB	7,854.21
		LESS: COB	0.00
		LESS: COPAYMENT	63.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,791.21

TOTAL NUMBER OF CLAIMS 117

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:42:11
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ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,162.04	61.00	OTHER LAB	1,262.50	0.00
MED/SURG SUPPLY	929.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	57.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,022.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,937.75	960.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,551.25	1,161.00
EKG/ECG	2,240.00	0.00	MRI SERVICES	2,292.25	0.00
IV THERAPY	7,068.00	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	90,308.75	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	4,261.50	351.25
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	291.75	0.00	NO CC/INVALID REV CODE	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	1,066.50			
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	1,987.50	0.00			
			TOTAL ANCILLARY	149,315.79	3,657.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	149,315.79	3,657.25

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:42:12
Page: 12

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER 000001768A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,392.00	ADJUSTMENTS	0.00
COVERED CHARGES	9,380.00	CONTRACTUAL ALLOW	9,111.48
NON-COVERD CHARGES	12.00	TOTAL MEDICAID LIAB	268.52
		LESS: COB	268.52
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:42:12
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ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	51.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	61.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	445.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,402.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,882.75	12.00
EKG/ECG	320.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	207.50	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	26.25	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	3,930.75	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	51.75	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	9,380.00	12.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,380.00	12.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:42:13
Page: 14

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER 000001768A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,623,401.50	ADJUSTMENTS	73,520.97
COVERED CHARGES	2,726,123.77	CONTRACTUAL ALLOW	2,423,616.83
NON-COVERD CHARGES	897,277.73	TOTAL MEDICAID LIAB	302,506.94
		LESS: COB	0.00
		LESS: COPAYMENT	49.05
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	302,457.89

TOTAL NUMBER OF CLAIMS 58

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST. FRANCIS HEALTH, LLC
 2122 MANCHESTER EXPY
 COLUMBUS, GA 31904-6878

PROVIDER NUMBER
 000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	31,585.41	6,211.14	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	506,103.25	9,166.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	287.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,660.00	9,056.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,800.75	3,694.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	29,983.50	2,436.00
EKG/ECG	3,360.00	160.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,264.25	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	397,757.66	82,145.59	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,956.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	205,878.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,332.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	42,601.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	628,392.45	64,159.00
RADIOLOGY THERAPEUTIC	8,525.50	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	763,743.00	76,187.25
LITHOTRIPSY	13,168.50	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,049.00	1,963.75	NO CC/INVALID REV CODE	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	64,348.75	641,809.75			
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	1,614.00	0.00			
			TOTAL ANCILLARY	2,726,123.77	897,277.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,726,123.77	897,277.73

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:42:14
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER
000001768A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:47:29
 Page: 1

ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER 000001801A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,739,166.24	ADJUSTMENTS	1,059,843.50
COVERED CHARGES	35,323,124.24	CONTRACTUAL ALLOW	27,778,727.45
NON-COVERED CHARGES	416,042.00	TOTAL MEDICAID LIAB	7,544,396.79
		LESS: COB	118,523.26
		LESS: COPAYMENT	225.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,425,648.53

TOTAL NUMBER OF ADMISSIONS 526

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,818		0	2,212,893.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,818		0	2,212,893.00		0.00
SPECIAL CARE SERVICES						
CCU	312		0	1,201,860.00		0.00
ICU	1,771		0	4,320,813.00		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	2,083		0	5,522,673.00		0.00
TOTAL ACCOMODATIONS	3,901		0	7,735,566.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

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ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,758,549.00	0.00	OTHER LAB	160,150.00	0.00
MED/SURG SUPPLY	918,624.00	1,269.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,411,811.24	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	824,245.00	0.00	OTHER THERAPEUTIC SVC	0.00	60,360.00
CT SCAN	1,534,841.00	18,259.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	433,640.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	139,051.00	0.00	MRI SERVICES	351,549.00	0.00
IV THERAPY	506,814.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,053,424.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,022,299.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	695,316.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	133,342.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	824,577.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	335,045.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	76,170.00	0.00	INJECTABLE DRUGS	3,398,741.00	155,241.00
RADIOLOGY THERAPEUTIC	2,712.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	122,331.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	150,443.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	352,916.00	6,171.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	186.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,160,063.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	152,872.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	486,801.00	10,360.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	327,340.00	164,382.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,136,157.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	83,987.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	33,562.00	0.00			
			TOTAL ANCILLARY	27,587,558.24	416,042.00
			TOTAL ACCOMODATIONS	7,735,566.00	0.00
			TOTAL CHARGES	35,323,124.24	416,042.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

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ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER 000001801A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	189,158.50	ADJUSTMENTS	0.00
COVERED CHARGES	189,158.50	CONTRACTUAL ALLOW	118,307.01
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	70,851.49
		LESS: COB	70,838.99
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	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	1		0	1,216.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1		0	1,216.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	14,280.00		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	6		0	14,280.00		0.00
TOTAL ACCOMODATIONS	7		0	15,496.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,913.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,541.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,774.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,452.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,176.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,575.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,146.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,397.00	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	10,994.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,423.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,225.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,870.00	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	IMPL DEV CHARGE PATIENTS	51,913.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,884.00	0.00	NO CC/INVALID REV CODE	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	35,379.00	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	173,662.50	0.00
			TOTAL ACCOMODATIONS	15,496.00	0.00
			TOTAL CHARGES	189,158.50	0.00

Report : CLM-0804-0
Process : CLMJO800
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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ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
SAVANNAH, GA 31419-1711

PROVIDER NUMBER
000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,161,458.24	ADJUSTMENTS	150,885.60
COVERED CHARGES	9,811,920.22	CONTRACTUAL ALLOW	8,335,993.08
NON-COVERD CHARGES	1,349,538.02	TOTAL MEDICAID LIAB	1,475,927.14
		LESS: COB	2,744.74
		LESS: COPAYMENT	2,499.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,470,683.40
		ALL OTHER	1,387,957.07
		FEE SCHEDULE-LAB	80,562.95
		INJECTABLE DRUGS	2,163.38
		TOTAL NUMBER OF CLAIMS	2,711

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	455,735.00	28,297.00	OTHER LAB	112,343.00	8,533.00
MED/SURG SUPPLY	219,887.00	4,727.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	199.02
RADIOLOGY-DIAGNOSTIC	440,716.00	81,508.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,306,060.00	120,146.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	65,758.00	29,899.00	FEE SCHEDULE LAB	761,633.76	54,219.44
EKG/ECG	91,350.00	9,450.00	MRI SERVICES	289,371.00	42,479.00
IV THERAPY	774,209.00	94,998.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,594,483.78	268,606.22	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	150,011.00	2,016.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	294,109.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	84,713.00	19,447.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,369,540.00	53,558.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	123,739.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	22,747.00	29,014.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,462.00	9,919.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,138.00	3,006.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,171.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,215.00	372.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	276,691.00	191,874.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	165,475.00	65,371.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	65,869.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	342,546.00	97,766.00			
AUDIOLOGY	92,665.00	10,494.00			
CARDIOLOGY	549,701.66	104,193.34			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	19,809.00	1,134.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	124,943.02	12,141.00			
			TOTAL ANCILLARY	9,811,920.22	1,349,538.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,811,920.22	1,349,538.02

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,790.00	758.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,341.00	1,148.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,974.00	1,119.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,088.00	37,994.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,841.00	2,163.00
EKG/ECG	675.00	225.00	MRI SERVICES	0.00	5,084.00
IV THERAPY	21,080.00	1,110.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,375.00	7,136.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	252.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,418.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,682.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	23,703.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,045.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,516.00	3,529.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	759.00	NO CC/INVALID REV CODE	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	6,876.00	2,835.00			
CARDIOLOGY	0.00	20,331.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,134.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	97,108.00	89,873.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	97,108.00	89,873.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
SAVANNAH, GA 31419-1711

PROVIDER NUMBER
000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	329,990.00	ADJUSTMENTS	0.00
COVERED CHARGES	318,952.00	CONTRACTUAL ALLOW	307,875.55
NON-COVERD CHARGES	11,038.00	TOTAL MEDICAID LIAB	11,076.45
		LESS: COB	0.00
		LESS: COPAYMENT	258.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,818.45

TOTAL NUMBER OF CLAIMS 165

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,103.00	601.00	OTHER LAB	7,494.00	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	24,187.00	978.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	56,310.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	34,898.00	1,334.00
EKG/ECG	1,800.00	0.00	MRI SERVICES	4,678.00	2,521.00
IV THERAPY	40,197.00	3,330.00	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	125,058.00	518.00	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	1,022.00	58.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	15,205.00	1,698.00	NO CC/INVALID REV CODE	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	318,952.00	11,038.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	318,952.00	11,038.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 11

ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
SAVANNAH, GA 31419-1711

PROVIDER NUMBER
000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,462.00	ADJUSTMENTS	0.00
COVERED CHARGES	7,262.00	CONTRACTUAL ALLOW	6,993.48
NON-COVERD CHARGES	1,200.00	TOTAL MEDICAID LIAB	268.52
		LESS: COB	259.52
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:47:51
 Page: 12

ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	116.00	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	1,165.00	1,160.00	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	1,095.00	40.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,652.00	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	3,118.00	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	116.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	7,262.00	1,200.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,262.00	1,200.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
SAVANNAH, GA 31419-1711

PROVIDER NUMBER 000001801A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,511,092.00	ADJUSTMENTS	40,239.72
COVERED CHARGES	1,357,674.30	CONTRACTUAL ALLOW	1,185,115.50
NON-COVERD CHARGES	153,417.70	TOTAL MEDICAID LIAB	172,558.80
		LESS: COB	0.00
		LESS: COPAYMENT	96.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	172,462.80

TOTAL NUMBER OF CLAIMS 30

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST JOSEPH'S HOSPITAL SAVANNAH
 11705 MERCY BLVD
 SAVANNAH, GA 31419-1711

PROVIDER NUMBER
 000001801A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	45,581.00	1,249.00	OTHER LAB	781.00	0.00
MED/SURG SUPPLY	57,431.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,457.00	5,594.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,015.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,734.00	FEE SCHEDULE LAB	10,579.00	20.00
EKG/ECG	2,475.00	900.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,594.00	1,107.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	223,040.00	26,567.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	252.00	504.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	71,562.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,648.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,718.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	464.00	290.00
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	IMPL DEV CHARGE PATIENTS	730,163.00	50,026.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,377.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	13,246.00	7,820.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	138,163.30	56,606.70			
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	1,128.00	0.00			
			TOTAL ANCILLARY	1,357,674.30	153,417.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,357,674.30	153,417.70

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
SAVANNAH, GA 31419-1711

PROVIDER NUMBER
000001801A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:01
 Page: 1

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,306,091.33	ADJUSTMENTS	2,158,315.26
COVERED CHARGES	35,334,590.88	CONTRACTUAL ALLOW	26,352,758.76
NON-COVERED CHARGES	971,500.45	TOTAL MEDICAID LIAB	8,981,832.12
		LESS: COB	242,918.15
		LESS: COPAYMENT	325.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,738,588.97

TOTAL NUMBER OF ADMISSIONS 541

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,360		0	5,468,477.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,360		0	5,468,477.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	988		0	5,952,312.00		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	988		0	5,952,312.00		0.00
TOTAL ACCOMODATIONS	4,348		0	11,420,789.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:01
 Page: 2

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,030,571.18	0.00	OTHER LAB	185,010.00	0.00
MED/SURG SUPPLY	1,120,233.45	511,882.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,985,405.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	520,422.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,051,430.00	6,516.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	232,865.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	112,655.00	0.00	MRI SERVICES	310,067.00	0.00
IV THERAPY	142,512.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,751,026.01	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,086,260.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	576,071.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	228,576.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	813,956.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	214,045.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	53,405.65
LABORATORY PATHOLOGIC	184,290.00	0.00	INJECTABLE DRUGS	3,063,744.64	212,773.80
RADIOLOGY THERAPEUTIC	25,870.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	170,778.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	93,027.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	465,120.00	44,410.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,795.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	758,103.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	106,214.00	0.00	NO CC/INVALID REV CODE	3,950.00	68,026.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	406,198.00	65,593.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	100,099.00	8,894.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,103,944.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	50,908.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,656.00	0.00			
			TOTAL ANCILLARY	23,913,801.88	971,500.45
			TOTAL ACCOMODATIONS	11,420,789.00	0.00
			TOTAL CHARGES	35,334,590.88	971,500.45

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:06
 Page: 4

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	165,897.49	ADJUSTMENTS	0.00
COVERED CHARGES	165,897.49	CONTRACTUAL ALLOW	130,177.32
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	35,720.17
		LESS: COB	35,707.67
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	28		0	45,472.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	28		0	45,472.00		0.00
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	28		0	45,472.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:06
 Page: 5

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	3,824.00	0.00	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	5,020.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,627.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,498.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,618.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,813.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	770.00	0.00	MRI SERVICES	3,480.00	0.00
IV THERAPY	1,830.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	35,880.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	964.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,475.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,048.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,925.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	286.00	0.00	INJECTABLE DRUGS	11,713.49	0.00
RADIOLOGY THERAPEUTIC	3,529.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,930.00	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	5,712.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,056.00	0.00	NO CC/INVALID REV CODE	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	953.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	120,425.49	0.00
			TOTAL ACCOMODATIONS	45,472.00	0.00
			TOTAL CHARGES	165,897.49	0.00

Report : CLM-0804-0
Process : CLMJO800
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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SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 6,033,940.16
COVERED CHARGES 4,388,759.04
NON-COVERD CHARGES 1,645,181.12

-----PAYMENTS-----
ADJUSTMENTS 52,102.98
CONTRACTUAL ALLOW 3,619,951.64
TOTAL MEDICAID LIAB 768,807.40
LESS: COB 1,272.60
LESS: COPAYMENT 1,495.18
ADD: ADDON PYMT 0.00
REIMBURSEMENT 766,039.62
ALL OTHER 690,001.49
FEE SCHEDULE-LAB 65,965.40
INJECTABLE DRUGS 10,072.73

TOTAL NUMBER OF CLAIMS 1,324

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	30,487.66	83,782.67	OTHER LAB	98,048.00	0.00
MED/SURG SUPPLY	128,812.00	1,400.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	157,967.00	59,403.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	432,679.00	221,260.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,033.00	FEE SCHEDULE LAB	553,000.00	38,785.00
EKG/ECG	38,346.00	308.00	MRI SERVICES	211,809.00	142,512.00
IV THERAPY	118,152.00	5,236.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	476,931.50	432,142.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,546.00	5,164.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	148,243.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	101,644.00	89,851.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	763,475.00	6,271.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	108,125.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	197,378.82	31,531.95
RADIOLOGY THERAPEUTIC	169,427.00	50,463.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,723.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,239.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	44,124.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	178.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	21,775.10	132,826.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	224,053.00	98,029.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,949.00	979.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	33,816.00	79,475.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	201,776.00	111,223.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	953.00	472.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	135,365.96	2,770.00			
			TOTAL ANCILLARY	4,388,759.04	1,645,181.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,388,759.04	1,645,181.12

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	300,264.76	ADJUSTMENTS	0.00
COVERED CHARGES	157,841.48	CONTRACTUAL ALLOW	130,065.11
NON-COVERD CHARGES	142,423.28	TOTAL MEDICAID LIAB	27,776.37
		LESS: COB	27,671.19
		LESS: COPAYMENT	105.18
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 53

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	2,254.12	8,407.86	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,802.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,607.00	3,220.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,672.00	17,074.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,955.00	2,656.00
EKG/ECG	462.00	154.00	MRI SERVICES	0.00	44,258.00
IV THERAPY	3,807.00	340.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,775.00	2,742.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	3,460.00
RESPIRATORY SERVICES	485.00	414.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,663.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	21,387.00	17,870.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,523.00	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	7,124.36	635.42
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	2,630.00	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	18,003.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	857.00	7,771.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,527.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	53,121.00	12,788.00			
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	1,820.00	0.00			
			TOTAL ANCILLARY	157,841.48	142,423.28
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	157,841.48	142,423.28

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	76,817.72	ADJUSTMENTS	67.13
COVERED CHARGES	74,098.34	CONTRACTUAL ALLOW	72,487.22
NON-COVERD CHARGES	2,719.38	TOTAL MEDICAID LIAB	1,611.12
		LESS: COB	0.00
		LESS: COPAYMENT	36.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,575.12

TOTAL NUMBER OF CLAIMS 24

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	65.77	279.82	OTHER LAB	1,237.00	0.00
MED/SURG SUPPLY	463.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,153.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,376.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,607.00	156.00
EKG/ECG	462.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,916.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,540.00	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	2,850.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,105.00	275.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,775.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,612.57	50.56
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,045.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,403.00	1,958.00			
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	4,488.00	0.00			
			TOTAL ANCILLARY	74,098.34	2,719.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	74,098.34	2,719.38

Report : CLM-0810-0
Process : CLMJO800
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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SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,766.67	ADJUSTMENTS	0.00
COVERED CHARGES	5,713.67	CONTRACTUAL ALLOW	5,512.28
NON-COVERD CHARGES	53.00	TOTAL MEDICAID LIAB	201.39
		LESS: COB	192.39
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

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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SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	16.00	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	1,873.00	53.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	479.00	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	3,065.00	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	8.67	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	272.00	0.00			
			TOTAL ANCILLARY	5,713.67	53.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,713.67	53.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:48:13
Page: 14

SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	624,555.38	ADJUSTMENTS	0.00
COVERED CHARGES	571,498.28	CONTRACTUAL ALLOW	490,373.08
NON-COVERD CHARGES	53,057.10	TOTAL MEDICAID LIAB	81,125.20
		LESS: COB	8,238.70
		LESS: COPAYMENT	165.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	72,721.50

TOTAL NUMBER OF CLAIMS 13

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 20:48:13
 Page: 15

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	3,087.50	2,824.67	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	35,615.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	260.00	1,217.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	426.00	FEE SCHEDULE LAB	14,647.00	338.00
EKG/ECG	308.00	0.00	MRI SERVICES	0.00	3,409.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	209,336.00	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	44,960.00	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	22,575.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,060.78	939.43
RADIOLOGY THERAPEUTIC	164,021.00	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	1,826.00	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	258.00	37,677.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	558.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	73,812.00	4,400.00			
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	571,498.28	53,057.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	571,498.28	53,057.10

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:48:13
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SAINT JOSEPH'S HOSPITAL OF ATLANTA
5665 PEACHTREE DUNWOODY RD NE
ATLANTA,GA 30342-1701

PROVIDER NUMBER
000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,157.66	ADJUSTMENTS	0.00
COVERED CHARGES	36,675.26	CONTRACTUAL ALLOW	30,436.54
NON-COVERD CHARGES	482.40	TOTAL MEDICAID LIAB	6,238.72
		LESS: COB	6,229.72
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 20:48:13
 Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SAINT JOSEPH'S HOSPITAL OF ATLANTA
 5665 PEACHTREE DUNWOODY RD NE
 ATLANTA,GA 30342-1701

PROVIDER NUMBER
 000001812A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	456.39	325.97	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,615.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	417.00	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	1,053.00	52.00
EKG/ECG	308.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,540.00	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	4,900.00	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	1,975.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	410.87	104.43
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	36,675.26	482.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,675.26	482.40

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:42:23
 Page: 1

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER 000001823A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,200,378.00	ADJUSTMENTS	158,974.73
COVERED CHARGES	18,210,108.50	CONTRACTUAL ALLOW	13,899,209.99
NON-COVERED CHARGES	990,269.50	TOTAL MEDICAID LIAB	4,310,898.51
		LESS: COB	109,817.08
		LESS: COPAYMENT	450.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,200,631.43

TOTAL NUMBER OF ADMISSIONS 449

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,504		0	2,024,001.12		0.00
ROUTINE NURSERY	221		0	358,735.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,725		0	2,382,736.12		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	740		0	1,824,681.00		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	740		0	1,824,681.00		0.00
TOTAL ACCOMODATIONS	2,465		0	4,207,417.12		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:42:23
 Page: 2

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,757,866.64	0.00	OTHER LAB	104,911.00	0.00
MED/SURG SUPPLY	779,722.65	6,256.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	896,528.80	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	267,110.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	809,788.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	161,960.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	140,772.00	0.00	MRI SERVICES	294,558.00	0.00
IV THERAPY	291,274.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,211,937.00	53,265.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	147,155.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,193,016.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	661,492.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	84,433.00	2,735.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	700,849.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	358,998.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	60,335.00	0.00	INJECTABLE DRUGS	648.83	169.50
RADIOLOGY THERAPEUTIC	7,508.21	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	107,897.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,028.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	103,614.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	117.00	330.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,763,545.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	84,436.00	0.00	NO CC/INVALID REV CODE	4,540.00	102,436.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	92,249.00	9,919.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	31,569.00	5,371.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	603,314.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	19,682.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,625.00	0.00			
			TOTAL ANCILLARY	14,002,691.38	990,269.50
			TOTAL ACCOMODATIONS	4,207,417.12	0.00
			TOTAL CHARGES	18,210,108.50	990,269.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:42:30
 Page: 4

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER 000001823A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	644,710.72	ADJUSTMENTS	0.00
COVERED CHARGES	623,056.72	CONTRACTUAL ALLOW	465,457.35
NON-COVERED CHARGES	21,654.00	TOTAL MEDICAID LIAB	157,599.37
		LESS: COB	157,586.87
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 12

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	68		0	91,188.00		0.00
ROUTINE NURSERY	3		0	2,700.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	71		0	93,888.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	28		0	72,303.00		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	28		0	72,303.00		0.00
TOTAL ACCOMODATIONS	99		0	166,191.00		0.00

Report : CLM-0802-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:42:30
 Page: 5

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	39,922.31	0.00	OTHER LAB	17,799.00	0.00
MED/SURG SUPPLY	14,678.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	29,264.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,582.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	14,375.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,755.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,950.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	73,593.00	1,642.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	52,298.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	88,200.55	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	37,939.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,296.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,144.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,516.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,524.00	0.00	INJECTABLE DRUGS	41,224.86	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,319.00	0.00	NO CC/INVALID REV CODE	0.00	5,637.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	681.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,180.00	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	456,865.72	21,654.00
			TOTAL ACCOMODATIONS	166,191.00	0.00
			TOTAL CHARGES	623,056.72	21,654.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:42:31
Page: 7

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS, GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 12,089,353.33
COVERED CHARGES 10,721,346.32
NON-COVERD CHARGES 1,368,007.01

-----PAYMENTS-----
ADJUSTMENTS 68,810.83
CONTRACTUAL ALLOW 8,804,858.30
TOTAL MEDICAID LIAB 1,916,488.02
LESS: COB 1,404.74
LESS: COPAYMENT 3,319.89
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,911,763.39
ALL OTHER 1,550,263.81
FEE SCHEDULE-LAB 156,951.00
INJECTABLE DRUGS 204,548.58

TOTAL NUMBER OF CLAIMS 4,063

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:42:31
 Page: 8

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	197,003.77	3.15	OTHER LAB	86,622.00	392.00
MED/SURG SUPPLY	129,422.60	75,019.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4,294.00	EDUCATION & TRAINING	2,048.00	0.00
RADIOLOGY-DIAGNOSTIC	553,510.00	9,865.00	OTHER THERAPEUTIC SVC	0.00	1,414.00
CT SCAN	1,097,434.00	155,776.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,584.00	18,110.00	FEE SCHEDULE LAB	847,848.00	70,071.00
EKG/ECG	236,222.00	15,896.00	MRI SERVICES	378,648.00	49,307.00
IV THERAPY	645,405.00	55,266.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,123,449.73	165,032.78	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	82,508.00	1,542.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	403,945.00	12,675.00	AMBULANCE	0.00	0.00
GI SERVICES	118,725.00	22,958.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,415,167.00	16,102.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	352,491.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	871,317.22	315,326.08
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	7,581.00	HOSPICE SERVICES	0.00	2,266.00
SPEECH PATHOLOGY	559.00	2,530.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	5,472.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	101,973.00	8,122.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	89,728.00
LITHOTRIPSY	94,520.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	216,710.00	51,249.00	NO CC/INVALID REV CODE	0.00	34,723.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,129.00	7,085.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	159,679.00	41,492.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	353,059.00	125,686.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	135,730.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	107,637.00	3,024.00			
			TOTAL ANCILLARY	10,721,346.32	1,368,007.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,721,346.32	1,368,007.01

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:42:51
Page: 10

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS, GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	219,970.64	ADJUSTMENTS	0.00
COVERED CHARGES	149,646.77	CONTRACTUAL ALLOW	124,950.86
NON-COVERD CHARGES	70,323.87	TOTAL MEDICAID LIAB	24,695.91
		LESS: COB	24,682.91
		LESS: COPAYMENT	13.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	70

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:42:51
 Page: 11

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	874.24	0.00	OTHER LAB	392.00	0.00
MED/SURG SUPPLY	3,517.00	734.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	398.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,657.00	4,891.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,932.00	9,510.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	18,052.00	1,199.00
EKG/ECG	2,457.00	702.00	MRI SERVICES	0.00	7,359.00
IV THERAPY	9,256.00	505.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	10,361.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,618.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,970.00	325.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,480.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	64,110.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,188.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,892.53	20,129.87
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,553.00	7,331.00	NO CC/INVALID REV CODE	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	4,399.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,568.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	994.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	616.00	0.00			
			TOTAL ANCILLARY	149,646.77	70,323.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	149,646.77	70,323.87

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:42:53
Page: 12

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS, GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	778,567.68	ADJUSTMENTS	195.39
COVERED CHARGES	752,172.73	CONTRACTUAL ALLOW	723,105.44
NON-COVERD CHARGES	26,394.95	TOTAL MEDICAID LIAB	29,067.29
		LESS: COB	0.00
		LESS: COPAYMENT	705.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	28,362.29

TOTAL NUMBER OF CLAIMS 433

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:42:53
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ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	11,090.45	0.00	OTHER LAB	5,601.00	0.00
MED/SURG SUPPLY	0.00	128.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	398.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	53,647.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	73,440.00	8,700.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	64,878.00	3,977.00
EKG/ECG	4,914.00	326.00	MRI SERVICES	13,875.00	3,175.00
IV THERAPY	88,934.00	1,340.00	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	888.00	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	379,283.00	773.00	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	34,227.28	1,135.95
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	117.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,163.00	6,325.00	NO CC/INVALID REV CODE	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	1,232.00	0.00			
			TOTAL ANCILLARY	752,172.73	26,394.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	752,172.73	26,394.95

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:42:55
Page: 14

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS, GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,678.30	ADJUSTMENTS	0.00
COVERED CHARGES	23,610.30	CONTRACTUAL ALLOW	22,801.74
NON-COVERD CHARGES	1,068.00	TOTAL MEDICAID LIAB	808.56
		LESS: COB	796.56
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 13

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:42:55
 Page: 15

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	19.05	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	1,644.00	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	3,341.00	321.00
EKG/ECG	702.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,993.00	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	11,864.00	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	1,465.25	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	582.00	747.00	NO CC/INVALID REV CODE	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	23,610.30	1,068.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,610.30	1,068.00

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 20:42:57
 Page: 17

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	35,334.12	0.00	OTHER LAB	10,640.00	9,361.00
MED/SURG SUPPLY	107,028.75	26,008.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	221.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,222.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,466.00	5,336.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,104.00	FEE SCHEDULE LAB	29,148.00	4,621.00
EKG/ECG	4,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,771.00	824.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	827,551.16	42,752.84	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,446.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	174,487.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,486.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	126,201.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	176,550.56	12,231.61
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,406.00	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	495.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	125,559.00	124,394.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,962.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,688.00	1,417.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,473.00	182.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	59,234.00	5,802.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	205.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,627.00	0.00			
			TOTAL ANCILLARY	1,739,086.59	237,360.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,739,086.59	237,360.45

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:42:58
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS, GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	134,753.16	ADJUSTMENTS	0.00
COVERED CHARGES	87,143.26	CONTRACTUAL ALLOW	76,955.28
NON-COVERD CHARGES	47,609.90	TOTAL MEDICAID LIAB	10,187.98
		LESS: COB	10,175.98
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 20:42:58
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS, GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,650.83	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,348.00	4,039.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	338.00	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	888.00	33.00
EKG/ECG	351.00	351.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,191.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	267.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,114.00	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	4,479.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,887.43	1,198.90
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	31,168.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	38,629.00	10,820.00			
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	87,143.26	47,609.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	87,143.26	47,609.90

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:56
 Page: 1

STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER 000001834A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,899,369.34	ADJUSTMENTS	3,621.72
COVERED CHARGES	1,873,091.51	CONTRACTUAL ALLOW	1,003,601.45
NON-COVERED CHARGES	26,277.83	TOTAL MEDICAID LIAB	869,490.06
		LESS: COB	3,524.92
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,189.00
		REIMBURSEMENT	867,154.14

TOTAL NUMBER OF ADMISSIONS 104

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	306		0	276,935.00		0.00
ROUTINE NURSERY	25		0	14,250.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	331		0	291,185.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	30		0	69,290.00		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	30		0	69,290.00		0.00
TOTAL ACCOMODATIONS	361		0	360,475.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:48:56
 Page: 2

STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER
 000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	140,025.97	0.00	OTHER LAB	6,694.25	0.00
MED/SURG SUPPLY	333,030.57	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	181,890.37	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,114.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	65,921.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	14,948.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	20,317.50	0.00	MRI SERVICES	4,988.25	0.00
IV THERAPY	56,064.75	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	67,212.00	310.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	292.00	0.00
RESPIRATORY SERVICES	265,921.34	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,807.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,232.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	123,038.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,983.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,518.25	0.00	INJECTABLE DRUGS	72,250.41	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,258.35	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	730.00	772.75	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	18,581.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,195.00	0.00	NO CC/INVALID REV CODE	0.00	171.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,714.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,084.75	114.33			
AUDIOLOGY	2,301.00	0.00			
CARDIOLOGY	20,670.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	647.75	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	22,182.00	24,909.25			
			TOTAL ANCILLARY	1,512,616.51	26,277.83
			TOTAL ACCOMODATIONS	360,475.00	0.00
			TOTAL CHARGES	1,873,091.51	26,277.83

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:48:58
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STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA,GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:48:58
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STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,654,723.98	ADJUSTMENTS	28,396.09
COVERED CHARGES	2,328,795.86	CONTRACTUAL ALLOW	1,627,928.88
NON-COVERD CHARGES	325,928.12	TOTAL MEDICAID LIAB	700,866.98
		LESS: COB	0.00
		LESS: COPAYMENT	1,389.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	699,477.98
		ALL OTHER	642,844.46
		FEE SCHEDULE-LAB	52,401.20
		INJECTABLE DRUGS	4,232.32
		TOTAL NUMBER OF CLAIMS	1,856

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:48:58
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STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER
 000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	49,579.76	14,040.80	OTHER LAB	32,041.50	0.00
MED/SURG SUPPLY	117,762.64	913.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	605.25	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	74,655.50	8,460.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	171,370.25	62,939.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	32,189.75	7,595.25	FEE SCHEDULE LAB	300,716.23	38,437.75
EKG/ECG	44,066.25	3,780.00	MRI SERVICES	58,970.50	5,549.25
IV THERAPY	266,452.00	16,240.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,265.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,756.01	12,401.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,708.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	25,277.00	12,464.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	692,711.00	3,801.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	18,882.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	24,322.63	9,327.07
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,476.85	2,032.00	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	34,083.25	5,208.75	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	6,359.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,050.00	3,079.75	NO CC/INVALID REV CODE	0.00	2,326.37
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,603.60	7,977.85			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,081.75	6,837.33			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,987.00	1,878.75			
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	225,786.14	93,672.00			
			TOTAL ANCILLARY	2,328,795.86	325,928.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,328,795.86	325,928.12

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:49:04
Page: 8

STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,258.95	ADJUSTMENTS	0.00
COVERED CHARGES	22,146.39	CONTRACTUAL ALLOW	16,740.82
NON-COVERD CHARGES	1,112.56	TOTAL MEDICAID LIAB	5,405.57
		LESS: COB	5,405.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:49:04
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER
 000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	317.31	11.55	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	350.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	481.50	380.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,569.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,206.50	236.75
EKG/ECG	945.00	236.25	MRI SERVICES	0.00	0.00
IV THERAPY	2,797.00	52.75	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	10,483.00	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	211.58	195.01
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	577.50	0.00	NO CC/INVALID REV CODE	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	207.75	0.00			
			TOTAL ANCILLARY	22,146.39	1,112.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	22,146.39	1,112.56

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:49:05
Page: 10

STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	156,665.97	ADJUSTMENTS	231.96
COVERED CHARGES	148,866.78	CONTRACTUAL ALLOW	140,956.46
NON-COVERD CHARGES	7,799.19	TOTAL MEDICAID LIAB	7,910.32
		LESS: COB	0.00
		LESS: COPAYMENT	108.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,802.32

TOTAL NUMBER OF CLAIMS 101

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:49:05
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STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER
 000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,825.17	697.69	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,473.75	42.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,301.25	628.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,817.50	784.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,649.25	2,891.00
EKG/ECG	2,126.25	472.50	MRI SERVICES	0.00	0.00
IV THERAPY	15,621.75	705.75	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,532.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,411.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	998.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	78,808.25	21.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	803.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	696.86	770.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	784.50	NO CC/INVALID REV CODE	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	801.25	0.00			
			TOTAL ANCILLARY	148,866.78	7,799.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	148,866.78	7,799.19

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:49:06
Page: 12

STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:49:06
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STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER 000001834A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	227,739.61	ADJUSTMENTS	5,305.83
COVERED CHARGES	169,847.32	CONTRACTUAL ALLOW	132,706.51
NON-COVERD CHARGES	57,892.29	TOTAL MEDICAID LIAB	37,140.81
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	37,125.81

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 20:49:06
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

STEPHENS COUNTY HOSPITAL
 163 HOSPITAL DR
 TOCCOA, GA 30577-6820

PROVIDER NUMBER
 000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	5,334.07	711.63	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	55,301.09	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	899.50	363.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,304.00	FEE SCHEDULE LAB	1,368.00	703.25
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,337.50	580.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	54,386.25	7,403.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	482.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	18,622.00	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	6,829.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	781.41	1,524.41
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	2,130.00	16,481.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,398.50	2,535.50			
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	18,977.00	26,284.75			
			TOTAL ANCILLARY	169,847.32	57,892.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	169,847.32	57,892.29

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:49:06
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:51
 Page: 1

WELLSTAR SYLVAN GROVE HOSPITAL, INC
 1050 MCDONOUGH RD
 JACKSON, GA 30233-1524

PROVIDER NUMBER 000001856A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,509.10	ADJUSTMENTS	0.00
COVERED CHARGES	24,509.10	CONTRACTUAL ALLOW	19,761.45
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	4,747.65
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,747.65

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	8,220.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	8,220.00		0.00
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	6		0	8,220.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:58:51
 Page: 2

WELLSTAR SYLVAN GROVE HOSPITAL, INC
 1050 MCDONOUGH RD
 JACKSON,GA 30233-1524

PROVIDER NUMBER
 000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,795.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	34.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,488.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,693.00	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	3,279.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	16,289.10	0.00
			TOTAL ACCOMODATIONS	8,220.00	0.00
			TOTAL CHARGES	24,509.10	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:58:52
Page: 3

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON,GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:58:52
Page: 4

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON, GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 2,282,770.55
COVERED CHARGES 2,213,187.95
NON-COVERED CHARGES 69,582.60

-----PAYMENTS-----
ADJUSTMENTS 10,603.83
CONTRACTUAL ALLOW 1,944,740.39
TOTAL MEDICAID LIAB 268,447.56
LESS: COB 271.94
LESS: COPAYMENT 147.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 268,028.62
ALL OTHER 252,114.28
FEE SCHEDULE-LAB 14,875.40
INJECTABLE DRUGS 1,038.94

TOTAL NUMBER OF CLAIMS 769

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:58:52
 Page: 5

WELLSTAR SYLVAN GROVE HOSPITAL, INC
 1050 MCDONOUGH RD
 JACKSON,GA 30233-1524

PROVIDER NUMBER
 000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	26,339.30	0.00	OTHER LAB	2,079.00	0.00
MED/SURG SUPPLY	8,434.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	155,716.00	654.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	374,491.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	26,756.00	652.00	FEE SCHEDULE LAB	347,270.00	12,112.00
EKG/ECG	45,122.00	1,172.00	MRI SERVICES	0.00	0.00
IV THERAPY	140,476.00	6,556.00	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	22,223.00	6,763.00	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	1,039,632.00	5,778.00	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	18,876.52	29,091.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	399.00	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	1,160.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,374.00	1,646.00	NO CC/INVALID REV CODE	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	2,213,187.95	69,582.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,213,187.95	69,582.60

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:58:53
Page: 6

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON, GA 30233-1524

PROVIDER NUMBER 000001856A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,518.70	ADJUSTMENTS	0.00
COVERED CHARGES	18,467.90	CONTRACTUAL ALLOW	16,076.67
NON-COVERD CHARGES	5,050.80	TOTAL MEDICAID LIAB	2,391.23
		LESS: COB	2,391.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:58:53
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR SYLVAN GROVE HOSPITAL, INC
 1050 MCDONOUGH RD
 JACKSON,GA 30233-1524

PROVIDER NUMBER
 000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	58.80	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	2,334.00	1,014.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,505.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,696.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,465.00	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	8,226.00	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	183.10	38.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	18,467.90	5,050.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,467.90	5,050.80

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:58:53
Page: 8

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON, GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	114,133.80	ADJUSTMENTS	0.00
COVERED CHARGES	108,966.20	CONTRACTUAL ALLOW	104,066.20
NON-COVERD CHARGES	5,167.60	TOTAL MEDICAID LIAB	4,900.00
		LESS: COB	0.00
		LESS: COPAYMENT	120.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,780.00

TOTAL NUMBER OF CLAIMS 70

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:58:53
 Page: 9

WELLSTAR SYLVAN GROVE HOSPITAL, INC
 1050 MCDONOUGH RD
 JACKSON, GA 30233-1524

PROVIDER NUMBER
 000001856A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	897.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	52.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,974.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,035.00	0.00
EKG/ECG	586.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,093.00	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	448.00	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	82,594.00	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	1,286.40	1,169.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	108,966.20	5,167.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	108,966.20	5,167.60

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:58:54
Page: 10

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON, GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:58:54
Page: 11

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON,GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR SYLVAN GROVE HOSPITAL, INC
1050 MCDONOUGH RD
JACKSON,GA 30233-1524

PROVIDER NUMBER
000001856A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:14
 Page: 1

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER 000001867A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,313,445.88	ADJUSTMENTS	537,681.09
COVERED CHARGES	20,190,084.31	CONTRACTUAL ALLOW	15,203,412.97
NON-COVERED CHARGES	123,361.57	TOTAL MEDICAID LIAB	4,986,671.34
		LESS: COB	45,763.01
		LESS: COPAYMENT	287.50
		ADD: ADDON PYMT	4,095.00
		REIMBURSEMENT	4,944,715.83

TOTAL NUMBER OF ADMISSIONS 519

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	1,104	0	1,625,920.00	0.00
ROUTINE NURSERY	293	0	409,171.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.12
TOTAL ROUTINE	1,397	0	2,035,091.00	0.12
SPECIAL CARE SERVICES				
CCU	1,063	0	2,351,261.00	0.00
ICU	183	0	608,553.00	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	1,246	0	2,959,814.00	0.00
TOTAL ACCOMODATIONS	2,643	0	4,994,905.00	0.12

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:14
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TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,274,738.68	0.00	OTHER LAB	94,938.00	0.00
MED/SURG SUPPLY	898,641.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,669,773.05	0.00	EDUCATION & TRAINING	7,402.00	0.00
RADIOLOGY-DIAGNOSTIC	256,250.40	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	937,842.00	6,696.03	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	155,334.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	220,686.00	0.00	MRI SERVICES	213,275.12	0.00
IV THERAPY	418,479.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,386,157.03	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	189,797.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	918,213.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	248,142.66	0.00	AMBULANCE	0.00	0.00
GI SERVICES	247,770.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	763,510.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	42,464.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	11,558.36
LABORATORY PATHOLOGIC	47,451.00	0.00	INJECTABLE DRUGS	356,841.89	0.00
RADIOLOGY THERAPEUTIC	75,409.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	33,138.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	31,742.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	50,616.00	37,962.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,216.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,052,655.70	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	73,820.00	0.00	NO CC/INVALID REV CODE	12,578.02	43,416.06
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	206,005.00	17,527.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	161,453.04	6,202.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	942,645.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,999.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	189,196.00	0.00			
			TOTAL ANCILLARY	15,195,179.31	123,361.45
			TOTAL ACCOMODATIONS	4,994,905.00	0.12
			TOTAL CHARGES	20,190,084.31	123,361.57

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:19
 Page: 4

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	72,577.01	ADJUSTMENTS	0.00
COVERED CHARGES	72,577.01	CONTRACTUAL ALLOW	50,156.27
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	22,420.74
		LESS: COB	22,420.74
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8		0	11,820.00		0.00
ROUTINE NURSERY	2		0	1,668.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10		0	13,488.00		0.00
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	10		0	13,488.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:19
 Page: 5

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,641.69	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,820.26	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,965.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	363.00	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	483.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,631.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	18,367.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,686.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,150.06	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,278.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	464.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	440.00	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	86.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,136.00	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	578.00	0.00			
			TOTAL ANCILLARY	59,089.01	0.00
			TOTAL ACCOMODATIONS	13,488.00	0.00
			TOTAL CHARGES	72,577.01	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:49:20
Page: 6

TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,476,816.25	ADJUSTMENTS	175,104.61
COVERED CHARGES	14,289,894.33	CONTRACTUAL ALLOW	11,628,215.40
NON-COVERD CHARGES	2,186,921.92	TOTAL MEDICAID LIAB	2,661,678.93
		LESS: COB	967.86
		LESS: COPAYMENT	5,886.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,654,825.07
		ALL OTHER	2,405,734.22
		FEE SCHEDULE-LAB	118,839.96
		INJECTABLE DRUGS	130,250.89
		TOTAL NUMBER OF CLAIMS	4,578

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:49:20
 Page: 7

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	325,343.28	69,920.49	OTHER LAB	131,710.00	6,679.00
MED/SURG SUPPLY	127,030.33	36,785.57	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	845.00
RADIOLOGY-DIAGNOSTIC	441,610.00	14,941.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,773,822.00	303,297.98	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,456.00	7,505.00	FEE SCHEDULE LAB	1,403,397.00	115,582.00
EKG/ECG	216,307.00	7,625.00	MRI SERVICES	416,736.00	43,605.27
IV THERAPY	975,511.00	150,095.32	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,155,440.27	128,894.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	191.00
RESPIRATORY SERVICES	149,421.00	45,572.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	232,971.16	0.00	AMBULANCE	0.00	0.00
GI SERVICES	204,675.50	33,164.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,349,586.00	6,371.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	52,009.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	902,675.76	550,032.62
RADIOLOGY THERAPEUTIC	991,841.00	18,706.52	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,038.00	1,954.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,652.00	5,968.00	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	83,429.00	13,798.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	304,673.00	0.00	IMPL DEV CHARGE PATIENTS	34,387.03	175,900.55
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	427,223.00	97,960.06	NO CC/INVALID REV CODE	3,535.00	23,234.04
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	39,377.00	3,093.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	338,383.00	78,657.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	459,984.00	118,284.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	212,911.00	1,118.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	525,760.00	127,141.00			
			TOTAL ANCILLARY	14,289,894.33	2,186,921.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,289,894.33	2,186,921.92

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	421,995.71	ADJUSTMENTS	0.00
COVERED CHARGES	277,151.87	CONTRACTUAL ALLOW	223,267.28
NON-COVERD CHARGES	144,843.84	TOTAL MEDICAID LIAB	53,884.59
		LESS: COB	53,821.59
		LESS: COPAYMENT	63.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	84

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	11,187.32	3,159.80	OTHER LAB	574.00	4,269.00
MED/SURG SUPPLY	4,634.63	514.71	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,735.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	29,768.06	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	19,075.00	1,395.00
EKG/ECG	1,830.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	20,298.00	7,021.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	30,727.50	29,445.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,118.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,722.95	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,438.00	4,140.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	44,374.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,795.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	77,006.47	5,174.39
RADIOLOGY THERAPEUTIC	6,955.00	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	664.00	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	50,775.38
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,826.00	2,271.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,994.00	293.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,453.00	1,808.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,702.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,706.00	4,145.00			
			TOTAL ANCILLARY	277,151.87	144,843.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	277,151.87	144,843.84

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:49:35
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TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,183,953.71	ADJUSTMENTS	982.95
COVERED CHARGES	1,127,295.82	CONTRACTUAL ALLOW	1,087,420.60
NON-COVERD CHARGES	56,657.89	TOTAL MEDICAID LIAB	39,875.22
		LESS: COB	0.00
		LESS: COPAYMENT	1,104.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	38,771.22

TOTAL NUMBER OF CLAIMS 594

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:49:35
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TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,479.52	5,304.92	OTHER LAB	4,488.00	0.00
MED/SURG SUPPLY	716.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	63,761.00	680.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	129,555.00	16,457.11	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	159,481.00	12,699.00
EKG/ECG	26,535.00	0.00	MRI SERVICES	3,584.00	0.01
IV THERAPY	120,283.00	7,012.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,691.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,800.00	435.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,841.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	530,969.00	215.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	368.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	26,760.72	11,024.85
RADIOLOGY THERAPEUTIC	23,261.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,047.00	2,830.00	NO CC/INVALID REV CODE	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	675.00	0.00			
			TOTAL ANCILLARY	1,127,295.82	56,657.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,127,295.82	56,657.89

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,284.83	ADJUSTMENTS	0.00
COVERED CHARGES	11,034.82	CONTRACTUAL ALLOW	10,632.04
NON-COVERD CHARGES	5,250.01	TOTAL MEDICAID LIAB	402.78
		LESS: COB	390.78
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:49:37
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TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON, GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	75.00	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	1,451.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,860.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,404.00	294.00
EKG/ECG	305.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	957.00	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	6,588.00	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	329.82	21.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,034.82	5,250.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,034.82	5,250.01

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:49:38
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TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,481,045.19	ADJUSTMENTS	27,997.35
COVERED CHARGES	3,995,004.28	CONTRACTUAL ALLOW	3,442,434.22
NON-COVERD CHARGES	486,040.91	TOTAL MEDICAID LIAB	552,570.06
		LESS: COB	0.00
		LESS: COPAYMENT	780.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	551,790.06

TOTAL NUMBER OF CLAIMS 98

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TANNER MEDICAL CENTER - CARROLLTON
 705 DIXIE ST
 CARROLLTON,GA 30117-3818

PROVIDER NUMBER
 000001867A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	74,476.35	14,594.52	OTHER LAB	3,382.00	2,138.00
MED/SURG SUPPLY	76,987.22	32,472.96	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,711.00	1,432.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,005.00	15,987.02	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,739.00	5,108.00	FEE SCHEDULE LAB	51,412.00	4,782.00
EKG/ECG	9,455.00	2,135.00	MRI SERVICES	0.00	0.00
IV THERAPY	105,897.00	20,522.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	417,326.46	11,232.54	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	67,190.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	46,441.48	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,275.00	964.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,791.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,095,143.73	167,997.09
RADIOLOGY THERAPEUTIC	498,060.00	5,257.66	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	447.00	938.00	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	130.00	151.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	154,329.04	129,344.12
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,422.00	6,224.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	274,671.00	16,244.00			
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	76,713.00	48,517.00			
			TOTAL ANCILLARY	3,995,004.28	486,040.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,995,004.28	486,040.91

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:49:39
Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER
000001867A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:34
 Page: 1

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER 000001878A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,456,510.64	ADJUSTMENTS	17,502.09
COVERED CHARGES	3,456,510.64	CONTRACTUAL ALLOW	3,141,944.97
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	314,565.67
		LESS: COB	11,608.21
		LESS: COPAYMENT	100.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	302,857.46

TOTAL NUMBER OF ADMISSIONS 32

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	61		0	186,932.32		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	61		0	186,932.32		0.00
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	61		0	186,932.32		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:34
 Page: 2

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE, GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	70,906.94	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,386.07	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	33,627.20	0.00	EDUCATION & TRAINING	620.36	0.00
RADIOLOGY-DIAGNOSTIC	4,124.02	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,775.33	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,654.55	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,586.75	0.00	MRI SERVICES	13,936.72	0.00
IV THERAPY	2,409.39	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,087,362.88	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,180.91	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	6,963.28	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	458.16	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,809.44	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	981,002.68	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,048.44	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	725.20	0.00			
			TOTAL ANCILLARY	3,269,578.32	0.00
			TOTAL ACCOMODATIONS	186,932.32	0.00
			TOTAL CHARGES	3,456,510.64	0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:35
 Page: 3

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER 000001878A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	162,508.39	ADJUSTMENTS	0.00
COVERED CHARGES	162,508.39	CONTRACTUAL ALLOW	149,463.15
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	13,045.24
		LESS: COB	13,045.24
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	6,000.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	6,000.00		0.00
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	2		0	6,000.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:40:35
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DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE, GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	4,970.14	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,154.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	683.52	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	643.41	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	104,659.20	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	920.51	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	237.21	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	43,240.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	156,508.39	0.00
			TOTAL ACCOMODATIONS	6,000.00	0.00
			TOTAL CHARGES	162,508.39	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:40:35
Page: 5

DOCTORS HOSPITAL OF TATNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,020,323.80	ADJUSTMENTS	109,943.92
COVERED CHARGES	2,612,802.86	CONTRACTUAL ALLOW	2,279,787.67
NON-COVERD CHARGES	407,520.94	TOTAL MEDICAID LIAB	333,015.19
		LESS: COB	3,638.34
		LESS: COPAYMENT	474.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	328,902.85
		ALL OTHER	285,011.95
		FEE SCHEDULE-LAB	43,888.74
		INJECTABLE DRUGS	2.16
		TOTAL NUMBER OF CLAIMS	1,264

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:40:35
 Page: 6

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	77,482.10	0.00	OTHER LAB	33,713.44	1,000.00
MED/SURG SUPPLY	7,499.60	500.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	143.16
RADIOLOGY-DIAGNOSTIC	81,294.46	983.70	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	173,377.27	46,046.63	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,102.46	16,738.18	FEE SCHEDULE LAB	415,914.62	15,542.32
EKG/ECG	32,937.95	1,207.15	MRI SERVICES	116,765.88	0.00
IV THERAPY	41,653.43	9,684.12	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,298,782.08	297,982.12	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,907.63	1,482.91	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	216,714.59	3,170.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,553.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13.36	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,835.45	9,018.22	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	38,757.84	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	14,648.28	1,789.74	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,912.00	1,178.10			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,290.64	0.00			
AMBULATORY SURGERY	11,628.80	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	13,017.73	1,053.84			
			TOTAL ANCILLARY	2,612,802.86	407,520.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,612,802.86	407,520.94

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:40:38
Page: 7

DOCTORS HOSPITAL OF TATTNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,752.10	ADJUSTMENTS	0.00
COVERED CHARGES	65,850.38	CONTRACTUAL ALLOW	56,872.71
NON-COVERD CHARGES	43,901.72	TOTAL MEDICAID LIAB	8,977.67
		LESS: COB	8,962.67
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 15

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:40:38
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	10,406.46	0.00	OTHER LAB	1,318.39	0.00
MED/SURG SUPPLY	357.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	514.62	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	498.76	FEE SCHEDULE LAB	2,329.52	96.00
EKG/ECG	517.35	0.00	MRI SERVICES	1,948.38	0.00
IV THERAPY	190.56	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,998.40	43,306.96	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	30.70	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	860.20	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,378.20	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	65,850.38	43,901.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	65,850.38	43,901.72

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:40:38
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DOCTORS HOSPITAL OF TATTNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	81,598.66	ADJUSTMENTS	414.00
COVERED CHARGES	72,609.84	CONTRACTUAL ALLOW	65,189.84
NON-COVERD CHARGES	8,988.82	TOTAL MEDICAID LIAB	7,420.00
		LESS: COB	22.15
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,307.85

TOTAL NUMBER OF CLAIMS 106

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:40:38
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DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,328.66	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	5,219.82	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,492.46	7,494.76	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,619.02	470.48
EKG/ECG	689.80	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,553.48	307.96	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	399.48	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	32,711.28	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	19.06	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	576.78	715.62	NO CC/INVALID REV CODE	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	72,609.84	8,988.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	72,609.84	8,988.82

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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DOCTORS HOSPITAL OF TATTNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	319.55	ADJUSTMENTS	0.00
COVERED CHARGES	319.55	CONTRACTUAL ALLOW	249.55
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	319.55	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	319.55	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	319.55	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:40:38
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DOCTORS HOSPITAL OF TATTNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,362,723.27	ADJUSTMENTS	15,445.41
COVERED CHARGES	1,343,037.53	CONTRACTUAL ALLOW	1,260,630.01
NON-COVERD CHARGES	19,685.74	TOTAL MEDICAID LIAB	82,407.52
		LESS: COB	0.00
		LESS: COPAYMENT	24.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	82,383.52

TOTAL NUMBER OF CLAIMS 16

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	17,193.52	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,166.57	500.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	132.18	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	815.34	FEE SCHEDULE LAB	754.40	48.00
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	780,392.80	17,822.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	233.58	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	500.00	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	5,139.12	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	IMPL DEV CHARGE PATIENTS	536,025.36	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,343,037.53	19,685.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,343,037.53	19,685.74

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DOCTORS HOSPITAL OF TATTNALL
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,171.28	ADJUSTMENTS	0.00
COVERED CHARGES	37,171.28	CONTRACTUAL ALLOW	32,020.81
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,150.47
		LESS: COB	5,150.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DOCTORS HOSPITAL OF TATTNALL
 247 S MAIN ST
 REIDSVILLE, GA 30453-4605

PROVIDER NUMBER
 000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,209.28	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	500.00	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	29,072.00	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	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	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	IMPL DEV CHARGE PATIENTS	6,390.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	37,171.28	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,171.28	0.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:34
 Page: 1

TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER 000001922A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,348,883.35	ADJUSTMENTS	563,429.48
COVERED CHARGES	35,945,376.13	CONTRACTUAL ALLOW	28,992,784.67
NON-COVERED CHARGES	403,507.22	TOTAL MEDICAID LIAB	6,952,591.46
		LESS: COB	56,266.17
		LESS: COPAYMENT	187.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,896,137.79

TOTAL NUMBER OF ADMISSIONS 731

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,102		0	3,112,090.03		0.00
ROUTINE NURSERY	188		0	187,530.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,290		0	3,299,620.03		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,162		0	2,517,640.00		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	1,162		0	2,517,640.00		0.00
TOTAL ACCOMODATIONS	4,452		0	5,817,260.03		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:34
 Page: 2

TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	10,341,963.77	195.00	OTHER LAB	124,626.42	0.00
MED/SURG SUPPLY	1,528,613.98	8,848.05	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,100,762.56	0.00	EDUCATION & TRAINING	1,032.13	0.00
RADIOLOGY-DIAGNOSTIC	914,237.02	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,671,387.14	32,839.80	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	237,119.76	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	223,992.51	0.00	MRI SERVICES	173,875.96	0.00
IV THERAPY	95,882.89	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,230,168.65	0.00	DURABLE MED. EQUIP.	0.00	83.67
LABOR/DELIVERY ROOM	156,094.92	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,966,748.12	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	274,405.21	0.00	AMBULANCE	0.00	0.00
GI SERVICES	191,938.62	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	958,399.77	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	164,323.19	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	123,809.63	0.00	INJECTABLE DRUGS	120,545.82	156.25
RADIOLOGY THERAPEUTIC	13,066.21	1,152.01	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	62,316.33	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	48,638.92	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	235,581.90	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,160.82	2,606.03	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	771,616.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	147,743.10	0.00	NO CC/INVALID REV CODE	0.00	260.55
BLOOD	4,022.68	0.00			
BLOOD STORAGE & PRO.	347,052.39	198,116.99			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	95,555.73	1,420.37			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	609,090.94	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	18,182.40	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,171,160.16	157,828.50			
			TOTAL ANCILLARY	30,128,116.10	403,507.22
			TOTAL ACCOMODATIONS	5,817,260.03	0.00
			TOTAL CHARGES	35,945,376.13	403,507.22

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:41
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TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER 000001922A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	393,439.11	ADJUSTMENTS	0.00
COVERED CHARGES	388,572.52	CONTRACTUAL ALLOW	328,949.16
NON-COVERED CHARGES	4,866.59	TOTAL MEDICAID LIAB	59,623.36
		LESS: COB	59,623.36
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 10

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	74		0	81,450.00		0.00
ROUTINE NURSERY	4		0	3,040.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	78		0	84,490.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	4,680.00		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	2		0	4,680.00		0.00
TOTAL ACCOMODATIONS	80		0	89,170.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:50:41
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TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON,GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	96,199.68	0.00	OTHER LAB	2,305.68	0.00
MED/SURG SUPPLY	32,775.49	137.32	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	54,680.19	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,289.20	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,736.48	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,092.84	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	996.36	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	197.92	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,215.86	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,484.85	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,218.94	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,061.32	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,489.99	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,260.24	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	539.75	0.00	INJECTABLE DRUGS	1,932.54	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,676.89	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,058.70	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	134.22	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	235.61	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,739.48	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,962.03	1,084.27			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,725.27	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	7,392.99	3,645.00			
			TOTAL ANCILLARY	299,402.52	4,866.59
			TOTAL ACCOMODATIONS	89,170.00	0.00
			TOTAL CHARGES	388,572.52	4,866.59

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON,GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,380,197.23	ADJUSTMENTS	482,134.59
COVERED CHARGES	24,511,375.14	CONTRACTUAL ALLOW	21,105,808.19
NON-COVERD CHARGES	4,868,822.09	TOTAL MEDICAID LIAB	3,405,566.95
		LESS: COB	1,226.58
		LESS: COPAYMENT	6,322.46
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,398,017.91
		ALL OTHER	2,722,505.71
		FEE SCHEDULE-LAB	419,376.10
		INJECTABLE DRUGS	256,136.10
		TOTAL NUMBER OF CLAIMS	7,944

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,336,519.79	61,078.50	OTHER LAB	760,776.11	9,661.44
MED/SURG SUPPLY	540,227.93	62,201.88	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	24,737.63	EDUCATION & TRAINING	0.00	422.04
RADIOLOGY-DIAGNOSTIC	929,221.55	63,647.10	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,774,891.53	308,518.46	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	400.50	26,634.53	FEE SCHEDULE LAB	5,064,162.36	292,769.84
EKG/ECG	228,765.28	15,692.67	MRI SERVICES	487,877.26	51,711.59
IV THERAPY	526,379.40	45,598.92	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,376,285.51	510,425.36	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	243.00
RESPIRATORY SERVICES	218,375.51	48,468.14	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	364,550.48	0.00	AMBULANCE	0.00	0.00
GI SERVICES	364,160.73	71,162.51	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,897,359.10	56,691.93	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	282,381.24	0.00	DRUG-SPECIFIC/HOME IV	0.00	29,300.25
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,173,738.14	1,912,954.21
RADIOLOGY THERAPEUTIC	475,230.28	340,285.19	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	389.00	6,125.47	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,010.16	6,523.55	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	126,643.80	21,842.01	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,868.34	513,770.88
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	558,779.68	68,296.85	NO CC/INVALID REV CODE	300.00	4,444.16
BLOOD	2,916.43	1,810.18			
BLOOD STORAGE & PRO.	88,119.54	38,013.91			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	391,014.89	33,578.90			
AUDIOLOGY	6,284.62	0.00			
CARDIOLOGY	484,431.17	109,327.06			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	28,692.06	1,652.40			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,018,622.75	131,231.53			
			TOTAL ANCILLARY	24,511,375.14	4,868,822.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,511,375.14	4,868,822.09

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON,GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	563,949.15	ADJUSTMENTS	0.00
COVERED CHARGES	255,685.78	CONTRACTUAL ALLOW	224,857.59
NON-COVERD CHARGES	308,263.37	TOTAL MEDICAID LIAB	30,828.19
		LESS: COB	30,794.17
		LESS: COPAYMENT	34.02
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	103

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON,GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	10,038.31	2,322.90	OTHER LAB	6,204.12	0.00
MED/SURG SUPPLY	3,188.79	444.57	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	36.77	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,839.94	935.15	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,195.94	21,553.98	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	48,284.06	5,573.53
EKG/ECG	996.36	0.00	MRI SERVICES	2,822.71	0.00
IV THERAPY	8,178.67	1,191.05	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,152.14	6,776.07	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,000.83	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	728.57	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,851.94	694.60	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	456.98	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	72,058.39	260,784.37
RADIOLOGY THERAPEUTIC	20,952.18	4,323.43	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	6,098.28	1,001.97	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	399.92	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,767.97	348.22	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,071.15	905.09			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,175.81	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	2,222.72	1,371.67			
			TOTAL ANCILLARY	255,685.78	308,263.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	255,685.78	308,263.37

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON, GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	991,637.68	ADJUSTMENTS	1,150.70
COVERED CHARGES	922,916.48	CONTRACTUAL ALLOW	892,737.38
NON-COVERED CHARGES	68,721.20	TOTAL MEDICAID LIAB	30,179.10
		LESS: COB	23.33
		LESS: COPAYMENT	504.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	29,651.77

TOTAL NUMBER OF CLAIMS 387

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	25,909.80	2,155.44	OTHER LAB	2,085.82	0.00
MED/SURG SUPPLY	11,462.35	177.15	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	36.77	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	65,244.26	6,280.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	199,974.80	31,142.55	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	265,214.76	9,288.41
EKG/ECG	9,963.60	249.09	MRI SERVICES	0.00	2,822.71
IV THERAPY	8,201.99	66.07	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	3,708.40	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	268,493.76	4,123.25	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	39,759.61	9,609.53
RADIOLOGY THERAPEUTIC	1,803.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,151.09	1,834.68	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,277.40	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	6,665.34	935.05			
			TOTAL ANCILLARY	922,916.48	68,721.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	922,916.48	68,721.20

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON, GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,145.80	ADJUSTMENTS	0.00
COVERED CHARGES	10,568.73	CONTRACTUAL ALLOW	10,174.13
NON-COVERD CHARGES	5,577.07	TOTAL MEDICAID LIAB	394.60
		LESS: COB	382.60
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:51:10
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TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	0.70	241.27	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	97.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,146.89	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,189.32	5,335.80	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,101.18	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	3,849.62	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	183.37	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,568.73	5,577.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,568.73	5,577.07

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON,GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,949,490.05	ADJUSTMENTS	116,284.50
COVERED CHARGES	8,775,531.58	CONTRACTUAL ALLOW	8,061,415.36
NON-COVERD CHARGES	173,958.47	TOTAL MEDICAID LIAB	714,116.22
		LESS: COB	0.00
		LESS: COPAYMENT	420.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	713,696.22

TOTAL NUMBER OF CLAIMS 135

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	90,599.17	7,636.55	OTHER LAB	795.89	0.00
MED/SURG SUPPLY	29,656.43	12,324.21	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	97.00
RADIOLOGY-DIAGNOSTIC	8,421.01	1,306.44	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,276.88	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	971.43	FEE SCHEDULE LAB	73,367.80	6,372.08
EKG/ECG	2,490.90	498.18	MRI SERVICES	4,009.12	2,822.71
IV THERAPY	93,920.86	1,848.84	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,156.36	6,627.32	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,188.09	2,679.54	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,392.32	0.00	AMBULANCE	0.00	0.00
GI SERVICES	14,907.54	1,685.31	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,680.87	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,983.72	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,075,858.14	68,751.21
RADIOLOGY THERAPEUTIC	133,946.73	21,298.08	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	304.02	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	15,327.73	4,977.35	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,349.10	12,806.10
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,756.48	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,071.15	905.09			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,362.87	524.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	39,429.92	10,943.79			
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	96,582.50	8,578.97			
			TOTAL ANCILLARY	8,775,531.58	173,958.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,775,531.58	173,958.47

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TIFT REGIONAL MEDICAL CENTER
901 18TH ST E
TIFTON,GA 31794-3648

PROVIDER NUMBER
000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,969.57	ADJUSTMENTS	0.00
COVERED CHARGES	36,885.80	CONTRACTUAL ALLOW	31,596.05
NON-COVERD CHARGES	83.77	TOTAL MEDICAID LIAB	5,289.75
		LESS: COB	5,289.75
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TIFT REGIONAL MEDICAL CENTER
 901 18TH ST E
 TIFTON, GA 31794-3648

PROVIDER NUMBER
 000001922A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	47.00	47.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	103.90	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	534.70	36.77
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	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	35,438.87	0.00
RADIOLOGY THERAPEUTIC	620.93	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	140.40	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	36,885.80	83.77
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,885.80	83.77

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:40
 Page: 1

CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER 000001933A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,271.94	ADJUSTMENTS	2,670.99
COVERED CHARGES	78,271.94	CONTRACTUAL ALLOW	38,347.20
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	39,924.74
		LESS: COB	0.00
		LESS: COPAYMENT	37.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	39,887.24

TOTAL NUMBER OF ADMISSIONS 9

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	37		0	33,400.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	37		0	33,400.00		0.00
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	37		0	33,400.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:40
 Page: 2

CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
 000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	12,950.00	0.00	OTHER LAB	500.00	0.00
MED/SURG SUPPLY	830.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,854.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,610.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,300.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,590.00	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	3,783.00	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	7,245.94	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	834.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,375.00	0.00			
			TOTAL ANCILLARY	44,871.94	0.00
			TOTAL ACCOMODATIONS	33,400.00	0.00
			TOTAL CHARGES	78,271.94	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:04:41
Page: 3

CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:41
Page: 4

CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 471,284.84
COVERED CHARGES 388,418.42
NON-COVERD CHARGES 82,866.42

-----PAYMENTS-----
ADJUSTMENTS 2,571.09
CONTRACTUAL ALLOW 261,510.21
TOTAL MEDICAID LIAB 126,908.21
LESS: COB 487.42
LESS: COPAYMENT 375.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 126,045.79
ALL OTHER 108,356.28
FEE SCHEDULE-LAB 16,544.24
INJECTABLE DRUGS 1,145.27

TOTAL NUMBER OF CLAIMS 330

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:04:41
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CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
 000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	12,337.00	1,669.00	OTHER LAB	9,015.00	0.00
MED/SURG SUPPLY	481.44	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	34,275.00	2,375.00	OTHER THERAPEUTIC SVC	0.00	166.00
CT SCAN	56,175.00	6,150.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	101,253.00	3,519.00
EKG/ECG	3,135.00	0.00	MRI SERVICES	10,175.00	0.00
IV THERAPY	14,940.00	2,280.00	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	1,793.00	800.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,100.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	71,633.03	1,068.42	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	21,261.01	6,874.00
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	25,584.60	57,235.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	594.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,313.00	480.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,200.00	250.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	11,162.00	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	5,991.34	0.00			
			TOTAL ANCILLARY	388,418.42	82,866.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	388,418.42	82,866.42

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:42
Page: 6

CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 7,320.42
COVERED CHARGES 5,212.42
NON-COVERD CHARGES 2,108.00

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 3,365.98
TOTAL MEDICAID LIAB 1,846.44
LESS: COB 1,840.10
LESS: COPAYMENT 6.34
ADD: ADDON PYMT 0.00
REIMBURSEMENT 0.00
ALL OTHER 0.00
FEE SCHEDULE-LAB 0.00
INJECTABLE DRUGS 0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:04:42
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CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
 000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	280.00	0.00	OTHER LAB	1,820.00	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	1,750.00	2,100.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	517.00	8.00
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	595.42	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	250.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,212.42	2,108.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,212.42	2,108.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:04:42
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CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,723.62	ADJUSTMENTS	0.00
COVERED CHARGES	25,352.62	CONTRACTUAL ALLOW	24,372.62
NON-COVERD CHARGES	1,371.00	TOTAL MEDICAID LIAB	980.00
		LESS: COB	0.00
		LESS: COPAYMENT	18.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	962.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
 000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	1,050.50	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	105.00	275.00	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	7,577.00	758.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,500.00	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	12,188.12	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	2,932.00	338.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	25,352.62	1,371.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,352.62	1,371.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:04:42
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CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHATUGE REGIONAL HOSPITAL
 110 SOUTH MAIN STREET
 HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
 000001933A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	23,256.00	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	363.00	8.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,680.00	90.00	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	490.66	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	27,857.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	59,646.66	98.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,646.66	98.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:04:42
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHATUGE REGIONAL HOSPITAL
110 SOUTH MAIN STREET
HIAWASSEE, GA 30546-3408

PROVIDER NUMBER
000001933A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:24
 Page: 1

UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER 000001966A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,444,625.65	ADJUSTMENTS	130,617.94
COVERED CHARGES	1,426,442.96	CONTRACTUAL ALLOW	961,377.04
NON-COVERD CHARGES	18,182.69	TOTAL MEDICAID LIAB	465,065.92
		LESS: COB	5,993.62
		LESS: COPAYMENT	75.00
		ADD: ADDON PYMT	9,000.00
		REIMBURSEMENT	467,997.30

TOTAL NUMBER OF ADMISSIONS 73

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	218		0	197,440.00		0.00
ROUTINE NURSERY	26		0	16,250.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	244		0	213,690.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	25		0	32,500.00		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	25		0	32,500.00		0.00
TOTAL ACCOMODATIONS	269		0	246,190.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:24
 Page: 2

UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE, GA 30512-3139

PROVIDER NUMBER
 000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	275,248.72	0.00	OTHER LAB	3,920.00	0.00
MED/SURG SUPPLY	43,652.55	687.69	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	157,530.65	0.00	EDUCATION & TRAINING	567.00	0.00
RADIOLOGY-DIAGNOSTIC	64,202.00	0.00	OTHER THERAPEUTIC SVC	0.00	5,165.00
CT SCAN	17,700.00	4,020.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,985.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,460.00	0.00	MRI SERVICES	0.00	2,160.00
IV THERAPY	3,780.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	200,397.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	17,505.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	126,274.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,400.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	1,100.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	76,266.66	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,065.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,034.60	0.00	INJECTABLE DRUGS	19,938.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,690.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	450.00	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	635.00	300.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	81,543.04	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,240.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,090.00	4,320.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,590.00	430.00			
AUDIOLOGY	3,430.00	0.00			
CARDIOLOGY	15,501.60	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	14,156.64	0.00			
			TOTAL ANCILLARY	1,180,252.96	18,182.69
			TOTAL ACCOMODATIONS	246,190.00	0.00
			TOTAL CHARGES	1,426,442.96	18,182.69

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER 000001966A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,581.42	ADJUSTMENTS	0.00
COVERED CHARGES	13,781.42	CONTRACTUAL ALLOW	7,791.04
NON-COVERD CHARGES	1,800.00	TOTAL MEDICAID LIAB	5,990.38
		LESS: COB	5,990.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	3,800.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	3,800.00		0.00
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	4		0	3,800.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE, GA 30512-3139

PROVIDER NUMBER
 000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	4,044.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,043.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	105.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,800.00	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	60.00	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	461.00	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	1,428.42	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	840.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	9,981.42	1,800.00
			TOTAL ACCOMODATIONS	3,800.00	0.00
			TOTAL CHARGES	13,781.42	1,800.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,677,456.75	ADJUSTMENTS	42,270.76
COVERED CHARGES	2,447,399.68	CONTRACTUAL ALLOW	1,917,698.19
NON-COVERD CHARGES	230,057.07	TOTAL MEDICAID LIAB	529,701.49
		LESS: COB	940.67
		LESS: COPAYMENT	1,698.56
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	527,062.26
		ALL OTHER	449,901.38
		FEE SCHEDULE-LAB	47,341.48
		INJECTABLE DRUGS	29,819.40
		TOTAL NUMBER OF CLAIMS	1,453

Report : CLM-0804-0
 Process : CLMJO800
 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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UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE, GA 30512-3139

PROVIDER NUMBER
 000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	110,355.58	1,570.00	OTHER LAB	41,815.00	0.00
MED/SURG SUPPLY	13,014.29	473.97	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	126,879.00	1,612.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	369,180.00	21,210.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,565.00	1,800.00	FEE SCHEDULE LAB	333,399.55	10,550.00
EKG/ECG	4,048.00	0.00	MRI SERVICES	16,230.00	3,690.00
IV THERAPY	179,280.00	28,410.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	131,751.00	15,021.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,100.00	0.00	REHAB THERAPY	0.00	2,808.00
RESPIRATORY SERVICES	14,829.00	22,549.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,190.00	2,880.00	AMBULANCE	0.00	0.00
GI SERVICES	15,400.00	2,200.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	421,100.53	6,510.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,775.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	331,267.80	75,011.40
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,095.00	300.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	578.00	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	47,150.00	2,456.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	15,257.65	6,533.70
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	64,142.40	6,019.00	NO CC/INVALID REV CODE	1,900.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	830.00	540.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	27,720.00	3,168.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,580.80	6,708.00			
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	130,966.08	8,037.00			
			TOTAL ANCILLARY	2,447,399.68	230,057.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,447,399.68	230,057.07

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,193.01	ADJUSTMENTS	0.00
COVERED CHARGES	24,833.01	CONTRACTUAL ALLOW	19,663.96
NON-COVERD CHARGES	9,360.00	TOTAL MEDICAID LIAB	5,169.05
		LESS: COB	5,158.23
		LESS: COPAYMENT	10.82
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 19

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE, GA 30512-3139

PROVIDER NUMBER
 000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	1,805.25	0.00	OTHER LAB	500.00	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	615.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,320.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,796.00	8.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	2,370.00
IV THERAPY	2,700.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,285.00	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	805.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,046.76	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	250.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	735.00	1,395.00
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	1,927.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	570.00	330.00	NO CC/INVALID REV CODE	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	1,500.00			
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	725.00	510.00			
			TOTAL ANCILLARY	24,833.01	9,360.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,833.01	9,360.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	121,500.85	ADJUSTMENTS	0.00
COVERED CHARGES	112,387.85	CONTRACTUAL ALLOW	104,477.53
NON-COVERD CHARGES	9,113.00	TOTAL MEDICAID LIAB	7,910.32
		LESS: COB	0.00
		LESS: COPAYMENT	153.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,757.32

TOTAL NUMBER OF CLAIMS 101

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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UNION COUNTY HOSPITAL AUTHORITY
 35 HOSPITAL RD
 BLAIRSVILLE, GA 30512-3139

PROVIDER NUMBER
 000001966A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	4,858.00	250.00	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	7,497.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,620.00	3,600.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,282.00	920.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,860.00	1,080.00	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	49,734.05	1,080.00	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	3,630.00	1,643.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,406.80	540.00	NO CC/INVALID REV CODE	300.00	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	200.00	0.00			
			TOTAL ANCILLARY	112,387.85	9,113.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	112,387.85	9,113.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:51:31
Page: 13

UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:51:31
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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
000001966A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:39
 Page: 1

UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER 000001977A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,519,859.55	ADJUSTMENTS	409,075.77
COVERED CHARGES	53,399,928.59	CONTRACTUAL ALLOW	39,383,760.65
NON-COVERED CHARGES	119,930.96	TOTAL MEDICAID LIAB	14,016,167.94
		LESS: COB	274,279.61
		LESS: COPAYMENT	312.50
		ADD: ADDON PYMT	3,339.00
		REIMBURSEMENT	13,744,914.83

TOTAL NUMBER OF ADMISSIONS 1,403

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,070		0	1,780,600.00		0.00
ROUTINE NURSERY	305		0	297,260.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		6,529.84
TOTAL ROUTINE	3,375		0	2,077,860.00		6,529.84
SPECIAL CARE SERVICES						
CCU	180		0	292,500.00		0.00
ICU	5,951		0	6,231,457.00		0.00
NICU	45		0	73,125.00		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	6,176		0	6,597,082.00		0.00
TOTAL ACCOMODATIONS	9,551		0	8,674,942.00		6,529.84

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:39
 Page: 2

UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	12,161,180.58	0.00	OTHER LAB	287,309.00	0.00
MED/SURG SUPPLY	8,641,900.06	3,514.82	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,238,675.78	0.00	EDUCATION & TRAINING	41,729.00	0.00
RADIOLOGY-DIAGNOSTIC	1,045,010.00	0.00	OTHER THERAPEUTIC SVC	147,970.00	34,125.00
CT SCAN	3,011,948.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	451,169.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	326,280.00	0.00	MRI SERVICES	724,953.00	0.00
IV THERAPY	305,204.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,670,037.20	2,515.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	43,287.00	0.00	REHAB THERAPY	4,470.00	0.00
RESPIRATORY SERVICES	2,387,301.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	208,946.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	237,768.00	0.00	CAST ROOM	460.00	0.00
EMERGENCY ROOM	1,286,863.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	170,029.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	240,491.55	0.00	INJECTABLE DRUGS	10,004.57	227.30
RADIOLOGY THERAPEUTIC	29,759.13	0.00	HOME HEALTH SERVICES	0.00	1,321.00
OCCUPATIONAL THERAPY	242,209.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	85,635.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	564,570.00	20,250.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22,491.00	7,337.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	580,632.76	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	226,532.00	0.00	NO CC/INVALID REV CODE	0.00	7,839.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	622,187.96	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	233,446.00	36,272.00			
AUDIOLOGY	6,936.00	0.00			
CARDIOLOGY	1,884,104.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	48,776.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	534,722.00	0.00			
			TOTAL ANCILLARY	44,724,986.59	113,401.12
			TOTAL ACCOMODATIONS	8,674,942.00	6,529.84
			TOTAL CHARGES	53,399,928.59	119,930.96

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:48
 Page: 4

UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER 000001977A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	422,672.51	ADJUSTMENTS	0.00
COVERED CHARGES	422,672.51	CONTRACTUAL ALLOW	278,008.82
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	144,663.69
		LESS: COB	144,915.69
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 22

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	53		0	30,740.00		0.00
ROUTINE NURSERY	16		0	16,140.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	69		0	46,880.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	12		0	11,676.00		0.00
NICU	4		0	6,500.00		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	16		0	18,176.00		0.00
TOTAL ACCOMODATIONS	85		0	65,056.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:51:48
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UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	75,847.42	0.00	OTHER LAB	316.00	0.00
MED/SURG SUPPLY	107,898.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	37,110.48	0.00	EDUCATION & TRAINING	680.00	0.00
RADIOLOGY-DIAGNOSTIC	4,468.00	0.00	OTHER THERAPEUTIC SVC	1,131.00	0.00
CT SCAN	18,930.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,108.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,572.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,397.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	46,822.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,775.00	0.00	REHAB THERAPY	15.00	0.00
RESPIRATORY SERVICES	10,236.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,390.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,242.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,320.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,168.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,917.10	0.00	INJECTABLE DRUGS	798.82	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,104.00	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	756.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,731.31	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,172.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,685.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	520.00	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	506.00	0.00			
			TOTAL ANCILLARY	357,616.51	0.00
			TOTAL ACCOMODATIONS	65,056.00	0.00
			TOTAL CHARGES	422,672.51	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:51:50
Page: 6

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,565,061.25	ADJUSTMENTS	756,142.42
COVERED CHARGES	14,643,847.43	CONTRACTUAL ALLOW	11,941,186.39
NON-COVERD CHARGES	921,213.82	TOTAL MEDICAID LIAB	2,702,661.04
		LESS: COB	3,563.09
		LESS: COPAYMENT	3,708.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,695,389.95
		ALL OTHER	2,280,522.15
		FEE SCHEDULE-LAB	303,346.22
		INJECTABLE DRUGS	111,521.58
		TOTAL NUMBER OF CLAIMS	8,986

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:51:50
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UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	600,277.61	455.20	OTHER LAB	404,049.00	532.00
MED/SURG SUPPLY	1,505,171.53	11,913.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	277.52	EDUCATION & TRAINING	20.00	2,087.00
RADIOLOGY-DIAGNOSTIC	625,794.00	14,027.00	OTHER THERAPEUTIC SVC	174.00	213.00
CT SCAN	2,230,967.00	258,827.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,050.00	10,018.00	FEE SCHEDULE LAB	2,055,883.62	61,376.99
EKG/ECG	285,100.00	1,048.00	MRI SERVICES	701,833.00	64,152.00
IV THERAPY	634,864.00	15,952.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,016,459.79	69,432.27	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	12,387.00	0.00	REHAB THERAPY	0.00	90.00
RESPIRATORY SERVICES	41,201.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	71,815.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	151,770.00	11,205.00	CAST ROOM	6,984.00	0.00
EMERGENCY ROOM	1,597,837.00	2,546.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	93,787.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	599,753.20	154,216.68
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,519.00	5,410.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,905.00	2,071.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	810.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	274,161.50	24,414.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	30,611.94	15,339.16
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	478,592.00	33,008.00	NO CC/INVALID REV CODE	1,753.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	44,050.24	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	384,686.00	32,142.00			
AUDIOLOGY	488.00	0.00			
CARDIOLOGY	606,878.00	128,202.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,576.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	150,449.00	1,449.00			
			TOTAL ANCILLARY	14,643,847.43	921,213.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,643,847.43	921,213.82

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:52:16
Page: 9

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	170,447.04	ADJUSTMENTS	0.00
COVERED CHARGES	143,936.74	CONTRACTUAL ALLOW	127,937.72
NON-COVERD CHARGES	26,510.30	TOTAL MEDICAID LIAB	15,999.02

LESS: COB	15,942.02
LESS: COPAYMENT	57.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 92

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:52:16
 Page: 10

UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	8,940.99	0.00	OTHER LAB	4,917.00	0.00
MED/SURG SUPPLY	22,356.49	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,678.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,522.00	7,688.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	219.00	FEE SCHEDULE LAB	14,432.25	1,097.76
EKG/ECG	1,310.00	0.00	MRI SERVICES	2,722.00	0.00
IV THERAPY	11,920.00	63.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,409.00	6,349.00	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	1,701.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	773.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,190.00	341.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,394.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,906.53	1,568.54
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	446.00	747.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,907.02	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,167.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,173.46	588.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	5,884.00			
AUDIOLOGY	244.00	256.00			
CARDIOLOGY	3,369.00	1,709.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,144.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,314.00	0.00			
			TOTAL ANCILLARY	143,936.74	26,510.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	143,936.74	26,510.30

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	186,663.51	ADJUSTMENTS	134.26
COVERED CHARGES	182,658.81	CONTRACTUAL ALLOW	165,070.75
NON-COVERD CHARGES	4,004.70	TOTAL MEDICAID LIAB	17,588.06
		LESS: COB	0.00
		LESS: COPAYMENT	213.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,375.06

TOTAL NUMBER OF CLAIMS 262

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,420.55	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,830.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,475.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,731.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	44,687.93	192.86
EKG/ECG	6,812.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,575.00	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	80,757.00	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	3,753.12	2,919.84
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,597.00	892.00	NO CC/INVALID REV CODE	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	20.00	0.00			
			TOTAL ANCILLARY	182,658.81	4,004.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	182,658.81	4,004.70

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,331.68	ADJUSTMENTS	0.00
COVERED CHARGES	1,206.03	CONTRACTUAL ALLOW	1,071.77
NON-COVERD CHARGES	125.65	TOTAL MEDICAID LIAB	134.26
		LESS: COB	134.26
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	51.51	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	301.52	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	189.00	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	664.00	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	0.00	125.65
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	1,206.03	125.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,206.03	125.65

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:52:23
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UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,652,858.40	ADJUSTMENTS	146,557.95
COVERED CHARGES	1,849,688.19	CONTRACTUAL ALLOW	1,644,967.54
NON-COVERD CHARGES	803,170.21	TOTAL MEDICAID LIAB	204,720.65
		LESS: COB	0.00
		LESS: COPAYMENT	47.28
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	204,673.37

TOTAL NUMBER OF CLAIMS 39

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNIVERSITY HOSPITAL
 1350 WALTON WAY
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER
 000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	51,614.62	0.00	OTHER LAB	1,022.00	0.00
MED/SURG SUPPLY	612,412.18	111,943.24	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	156.00	83.00
RADIOLOGY-DIAGNOSTIC	30,439.00	36,379.00	OTHER THERAPEUTIC SVC	0.00	34.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,826.00	FEE SCHEDULE LAB	22,867.54	3,690.00
EKG/ECG	3,406.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,162.00	819.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	618,533.20	330,455.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	495.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,692.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,080.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,896.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	42,493.17	3,855.69
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	804.00	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	215,369.48	234,002.48
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	533.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,901.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	2,942.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	201,766.00	73,273.00			
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	850.00	63.00			
			TOTAL ANCILLARY	1,849,688.19	803,170.21
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,849,688.19	803,170.21

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:52:48
 Page: 1

UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER 000001988A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,309,586.73	ADJUSTMENTS	139,625.05
COVERED CHARGES	14,252,945.18	CONTRACTUAL ALLOW	10,558,485.48
NON-COVERED CHARGES	56,641.55	TOTAL MEDICAID LIAB	3,694,459.70
		LESS: COB	97,887.15
		LESS: COPAYMENT	50.00
		ADD: ADDON PYMT	8,945.00
		REIMBURSEMENT	3,605,467.55

TOTAL NUMBER OF ADMISSIONS 400

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,459		0	2,031,098.00		0.00
ROUTINE NURSERY	32		0	26,464.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		10,098.00
TOTAL ROUTINE	1,491		0	2,057,562.00		10,098.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	471		0	1,051,719.00		0.00
NICU	15		0	23,565.00		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	486		0	1,075,284.00		0.00
TOTAL ACCOMODATIONS	1,977		0	3,132,846.00		10,098.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:52:48
 Page: 2

UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	815,700.10	0.00	OTHER LAB	17,508.00	0.00
MED/SURG SUPPLY	456,642.32	1,127.72	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,380,899.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	420,347.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	989,654.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	168,318.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	212,588.00	0.00	MRI SERVICES	57,604.00	0.00
IV THERAPY	239,037.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,041,893.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	40,559.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,205,893.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	132,289.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	63,658.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	818,404.00	4,547.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	323,961.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,554.50
LABORATORY PATHOLOGIC	35,910.00	0.00	INJECTABLE DRUGS	632,013.44	21,492.30
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	7,122.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	187,452.00	12,416.00	PATIENT CONVENIENCE	0.00	36.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,061.80	75.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	507,983.02	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	31,830.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	567.00	0.00			
BLOOD STORAGE & PRO.	112,433.00	1,882.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,670.00	914.00			
AUDIOLOGY	3,094.00	499.03			
CARDIOLOGY	151,991.00	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	49,017.00	0.00			
			TOTAL ANCILLARY	11,120,099.18	46,543.55
			TOTAL ACCOMODATIONS	3,132,846.00	10,098.00
			TOTAL CHARGES	14,252,945.18	56,641.55

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER 000001988A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,426.00	ADJUSTMENTS	0.00
COVERED CHARGES	22,426.00	CONTRACTUAL ALLOW	13,148.41
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	9,277.59
		LESS: COB	9,277.59
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	2,244.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	2,244.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2		0	4,042.00		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	2		0	4,042.00		0.00
TOTAL ACCOMODATIONS	4		0	6,286.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,262.17	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,355.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	603.00	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	1,106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	453.00	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	1,260.00	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	2,150.00	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	1,402.83	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,149.00	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	1,380.00	0.00			
			TOTAL ANCILLARY	16,140.00	0.00
			TOTAL ACCOMODATIONS	6,286.00	0.00
			TOTAL CHARGES	22,426.00	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER
000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,348,613.36	ADJUSTMENTS	400,045.20
COVERED CHARGES	12,022,153.77	CONTRACTUAL ALLOW	10,308,176.20
NON-COVERD CHARGES	326,459.59	TOTAL MEDICAID LIAB	1,713,977.57
		LESS: COB	455.86
		LESS: COPAYMENT	1,355.24
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,712,166.47
		ALL OTHER	1,541,444.01
		FEE SCHEDULE-LAB	146,609.52
		INJECTABLE DRUGS	24,112.94
		TOTAL NUMBER OF CLAIMS	3,631

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

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	162,877.64	1,124.90	OTHER LAB	101,279.00	0.00
MED/SURG SUPPLY	124,579.41	3,031.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	100.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	549,296.00	14,663.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,777,378.00	31,286.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	375,898.00	18,035.00	FEE SCHEDULE LAB	1,635,343.00	26,445.00
EKG/ECG	306,563.00	4,977.00	MRI SERVICES	233,044.00	19,580.00
IV THERAPY	627,063.00	45,511.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,247,008.43	73,273.82	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,725.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	197,278.00	11,618.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	102,655.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	141,714.84	3,789.16	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,018,827.00	6,881.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	243,165.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	87.25
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	195,121.97	43,579.95
RADIOLOGY THERAPEUTIC	846.00	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	1,731.01	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,600.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	175.00	6,090.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	81,038.48	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	169,850.00	10,146.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	21,817.00	941.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	98,292.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	69,172.00	330.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	117,578.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	410,569.00	639.00			
			TOTAL ANCILLARY	12,022,153.77	326,459.59
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,022,153.77	326,459.59

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	538.30	120.10	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	147.33	502.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,220.00	350.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,039.00	5,828.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,757.00	1,909.00
EKG/ECG	2,765.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,814.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	18,279.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	915.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,531.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,547.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,461.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,682.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	945.75	737.90
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,098.00	1,548.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	136.00	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	7,894.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,306.00	5,622.00			
			TOTAL ANCILLARY	69,796.38	34,896.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,796.38	34,896.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER 000001988A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	139,931.16	ADJUSTMENTS	623.56
COVERED CHARGES	139,632.06	CONTRACTUAL ALLOW	132,896.54
NON-COVERD CHARGES	299.10	TOTAL MEDICAID LIAB	6,735.52
		LESS: COB	0.00
		LESS: COPAYMENT	63.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,672.52

TOTAL NUMBER OF CLAIMS 86

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	667.55	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	47.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,669.00	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	13,766.00	181.00
EKG/ECG	2,765.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,388.00	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	494.00	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	105,322.00	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	1,112.67	118.10
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,400.00	0.00	NO CC/INVALID REV CODE	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	139,632.06	299.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	139,632.06	299.10

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER
000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,426.15	ADJUSTMENTS	0.00
COVERED CHARGES	17,290.50	CONTRACTUAL ALLOW	16,898.90
NON-COVERD CHARGES	135.65	TOTAL MEDICAID LIAB	391.60
		LESS: COB	385.60
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:53:05
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UPSON REGIONAL MEDICAL CENTER
 801 W GORDON ST
 THOMASTON, GA 30286-3426

PROVIDER NUMBER
 000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	74.50	3.90	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	454.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,960.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,830.00	91.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,002.00	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	7,984.00	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	54.00	40.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	932.00	0.00	NO CC/INVALID REV CODE	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	17,290.50	135.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,290.50	135.65

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:53:06
Page: 13

UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER 000001988A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	571,296.74	ADJUSTMENTS	38,430.93
COVERED CHARGES	538,231.66	CONTRACTUAL ALLOW	472,339.78
NON-COVERD CHARGES	33,065.08	TOTAL MEDICAID LIAB	65,891.88
		LESS: COB	0.00
		LESS: COPAYMENT	18.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	65,873.88

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0812-0
Process : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:53:06
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UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER
000001988A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
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	6,230.39	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	24,051.79	262.33	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,400.00	7,042.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	540.00	FEE SCHEDULE LAB	5,088.00	0.00
EKG/ECG	4,977.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,636.00	856.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	245,100.50	16,673.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,260.00	2,248.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,751.00	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	41,095.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,110.99	4,890.75
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	76,023.09	0.00
LITHOTRIPSY	105,839.90	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	408.00	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	1,260.00	0.00			
			TOTAL ANCILLARY	538,231.66	33,065.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	538,231.66	33,065.08

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
THOMASTON, GA 30286-3426

PROVIDER NUMBER
000001988A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:59:28
Page: 1

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:59:29
Page: 2

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:29
Page: 3

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,445,000.15	ADJUSTMENTS	40,293.92
COVERED CHARGES	6,033,973.35	CONTRACTUAL ALLOW	4,991,858.59
NON-COVERD CHARGES	411,026.80	TOTAL MEDICAID LIAB	1,042,114.76
		LESS: COB	9,242.85
		LESS: COPAYMENT	9,534.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,023,337.91
		ALL OTHER	945,895.25
		FEE SCHEDULE-LAB	247.02
		INJECTABLE DRUGS	77,195.64
		TOTAL NUMBER OF CLAIMS	1,320

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:59:29
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WELLSTAR WINDY HILL HOSPITAL
 2540 WINDY HILL RD SE
 MARIETTA, GA 30067-8605

PROVIDER NUMBER
 000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	11,033.90	0.00	OTHER LAB	11,390.00	0.00
MED/SURG SUPPLY	32,214.97	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	60,841.00	741.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	143,254.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,920,894.00	143,150.00	FEE SCHEDULE LAB	5,116.00	404.00
EKG/ECG	1,162.00	0.00	MRI SERVICES	120,767.00	27,132.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	418,906.50	171,993.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	224.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	216,376.00	1,215.00	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	107,769.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	541,752.80	39,198.50
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	32,312.28	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	45,585.00	1,444.00	NO CC/INVALID REV CODE	0.00	1,000.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,949.90	20,608.80			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,636.00	3,916.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	343,780.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,233.00	0.00			
			TOTAL ANCILLARY	6,033,973.35	411,026.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,033,973.35	411,026.80

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:32
Page: 6

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER 000001999A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	137,803.00	ADJUSTMENTS	0.00
COVERED CHARGES	118,808.30	CONTRACTUAL ALLOW	100,926.61
NON-COVERD CHARGES	18,994.70	TOTAL MEDICAID LIAB	17,881.69
		LESS: COB	17,866.69
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:59:32
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR WINDY HILL HOSPITAL
 2540 WINDY HILL RD SE
 MARIETTA, GA 30067-8605

PROVIDER NUMBER
 000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	884.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,750.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,341.00	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	264.00	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	29,906.00	18,888.00	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	18,186.00	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	8,801.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	50,951.10	106.70
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,655.00	0.00	NO CC/INVALID REV CODE	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	4,070.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	118,808.30	18,994.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	118,808.30	18,994.70

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:59:32
Page: 8

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:59:32
Page: 9

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:59:32
Page: 10

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER 000001999A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,616.02	ADJUSTMENTS	0.00
COVERED CHARGES	37,577.12	CONTRACTUAL ALLOW	31,613.39
NON-COVERD CHARGES	38.90	TOTAL MEDICAID LIAB	5,963.73
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,963.73

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 20:59:32
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR WINDY HILL HOSPITAL
 2540 WINDY HILL RD SE
 MARIETTA, GA 30067-8605

PROVIDER NUMBER
 000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	304.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,007.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,482.00	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	1,772.00	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	14,166.00	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	6,064.00	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	2,152.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	122.80	38.90
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	10,506.72	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	37,577.12	38.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	37,577.12	38.90

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:59:33
Page: 12

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR WINDY HILL HOSPITAL
2540 WINDY HILL RD SE
MARIETTA, GA 30067-8605

PROVIDER NUMBER
000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	39,295.65	ADJUSTMENTS	0.00
COVERED CHARGES	39,235.65	CONTRACTUAL ALLOW	33,271.92
NON-COVERD CHARGES	60.00	TOTAL MEDICAID LIAB	5,963.73
		LESS: COB	5,963.73
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 20:59:33
 Page: 13

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR WINDY HILL HOSPITAL
 2540 WINDY HILL RD SE
 MARIETTA, GA 30067-8605

PROVIDER NUMBER
 000001999A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	277.70	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,254.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	629.00	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	15,740.00	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	6,738.00	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	2,152.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	108.30	60.00
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	IMPL DEV CHARGE PATIENTS	10,336.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	39,235.65	60.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,235.65	60.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:04
 Page: 1

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER 000002021A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,089,343.17	ADJUSTMENTS	323,798.09
COVERED CHARGES	17,968,220.17	CONTRACTUAL ALLOW	13,471,131.84
NON-COVERED CHARGES	121,123.00	TOTAL MEDICAID LIAB	4,497,088.33
		LESS: COB	149,327.35
		LESS: COPAYMENT	212.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,347,548.48

TOTAL NUMBER OF ADMISSIONS 622

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,161		0	936,256.00		0.00
ROUTINE NURSERY	215		0	141,101.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,376		0	1,077,357.00		0.00
SPECIAL CARE SERVICES						
CCU	965		0	1,170,116.00		0.00
ICU	641		0	1,003,729.00		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	1,606		0	2,173,845.00		0.00
TOTAL ACCOMODATIONS	2,982		0	3,251,202.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:04
 Page: 2

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,027,270.49	0.00	OTHER LAB	69,810.00	0.00
MED/SURG SUPPLY	1,617,259.28	1,543.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,196,079.00	0.00	EDUCATION & TRAINING	2,774.00	0.00
RADIOLOGY-DIAGNOSTIC	266,696.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	804,008.00	5,593.00	SPECIAL CHARGES	155,465.00	0.00
PHYSICAL THERAPY	103,400.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	140,202.00	0.00	MRI SERVICES	102,162.00	0.00
IV THERAPY	880,796.80	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	701,153.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	200,450.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	820,275.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	120,496.00	0.00	AMBULANCE	0.00	938.00
GI SERVICES	86,153.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	676,477.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	74,533.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	21,750.00	0.00	INJECTABLE DRUGS	895.10	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	43,326.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	47,090.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	297,087.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	50.00	18,445.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	299,131.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	137,838.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	151,107.00	79,210.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	174,504.00	15,394.00			
AUDIOLOGY	15,678.00	0.00			
CARDIOLOGY	260,963.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,982.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	212,157.00	0.00			
			TOTAL ANCILLARY	14,717,018.17	121,123.00
			TOTAL ACCOMODATIONS	3,251,202.00	0.00
			TOTAL CHARGES	17,968,220.17	121,123.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:09
 Page: 3

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER 000002021A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,932.65	ADJUSTMENTS	0.00
COVERED CHARGES	40,522.65	CONTRACTUAL ALLOW	25,445.90
NON-COVERD CHARGES	1,410.00	TOTAL MEDICAID LIAB	15,076.75
		LESS: COB	15,076.75
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5		0	4,043.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5		0	4,043.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	3,273.00		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	3		0	3,273.00		0.00
TOTAL ACCOMODATIONS	8		0	7,316.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:09:09
 Page: 4

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	4,454.65	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,202.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,888.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	617.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,256.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	712.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	759.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	906.00	0.00	PROFESSIONAL FEES	0.00	1,410.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,535.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,500.00	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	3,107.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	270.00	0.00			
			TOTAL ANCILLARY	33,206.65	1,410.00
			TOTAL ACCOMODATIONS	7,316.00	0.00
			TOTAL CHARGES	40,522.65	1,410.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:09:10
Page: 5

COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
MOULTRIE, GA 31776-0040

PROVIDER NUMBER
000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,999,521.58	ADJUSTMENTS	564,581.26
COVERED CHARGES	10,318,280.12	CONTRACTUAL ALLOW	8,013,192.43
NON-COVERD CHARGES	681,241.46	TOTAL MEDICAID LIAB	2,305,087.69
		LESS: COB	2,071.58
		LESS: COPAYMENT	4,077.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,298,939.11
		ALL OTHER	1,616,768.39
		FEE SCHEDULE-LAB	214,109.83
		INJECTABLE DRUGS	468,060.89
		TOTAL NUMBER OF CLAIMS	5,672

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:09:10
 Page: 6

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	308,608.89	1,128.21	OTHER LAB	85,058.00	2,168.00
MED/SURG SUPPLY	431,912.72	2,491.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	362.00	EDUCATION & TRAINING	0.00	1,080.00
RADIOLOGY-DIAGNOSTIC	343,138.00	9,989.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,433,983.00	52,768.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	75,316.00	32,769.00	FEE SCHEDULE LAB	1,703,995.00	100,299.00
EKG/ECG	132,878.00	506.00	MRI SERVICES	317,532.00	6,109.00
IV THERAPY	394,393.00	18,335.00	PROFESSIONAL FEES	0.00	5,989.00
OPERATING ROOM	610,330.00	61,488.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	160,677.00	882.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	116,141.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	114,105.33	29,074.67	CAST ROOM	0.00	0.00
EMERGENCY ROOM	892,512.00	3,378.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	89,489.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,251,426.18	87,929.58
RADIOLOGY THERAPEUTIC	26,508.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	19,368.00	12,016.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,992.00	826.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	8,283.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	495,503.00	30,308.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	46,244.00	118,257.00
LITHOTRIPSY	12,632.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	225,927.00	10,741.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,213.00	6,728.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	308,858.00	62,013.00			
AUDIOLOGY	938.00	0.00			
CARDIOLOGY	341,665.00	9,120.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	118,336.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	249,601.00	6,204.00			
			TOTAL ANCILLARY	10,318,280.12	681,241.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,318,280.12	681,241.46

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:09:23
 Page: 8

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	3,292.02	789.79	OTHER LAB	1,831.00	0.00
MED/SURG SUPPLY	4,607.00	7,170.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,272.00	879.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,686.00	5,439.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,484.50	921.00
EKG/ECG	1,012.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,353.00	0.00	PROFESSIONAL FEES	0.00	11,706.00
OPERATING ROOM	4,585.00	5,025.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,181.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,758.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,609.00	141.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,342.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	792.68	34,410.88
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	13,929.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,330.00	1,985.00	NO CC/INVALID REV CODE	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	1,472.00	44,748.00			
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	621.00	386.00			
			TOTAL ANCILLARY	88,228.20	127,529.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	88,228.20	127,529.67

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:09:24
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COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
MOULTRIE, GA 31776-0040

PROVIDER NUMBER
000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	223,441.45	ADJUSTMENTS	153.64
COVERED CHARGES	220,923.21	CONTRACTUAL ALLOW	206,199.05
NON-COVERD CHARGES	2,518.24	TOTAL MEDICAID LIAB	14,724.16
		LESS: COB	37.39
		LESS: COPAYMENT	222.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,464.77

TOTAL NUMBER OF CLAIMS 188

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:09:24
 Page: 10

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	5,323.78	0.00	OTHER LAB	1,954.00	0.00
MED/SURG SUPPLY	8,036.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	16.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,823.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,536.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	53,968.00	1,097.00
EKG/ECG	3,542.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,292.00	0.00	PROFESSIONAL FEES	0.00	800.00
OPERATING ROOM	5,883.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	126.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,102.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	69,794.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	970.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,975.43	549.24
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	56.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,090.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,508.00	0.00	NO CC/INVALID REV CODE	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	220,923.21	2,518.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	220,923.21	2,518.24

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:09:26
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COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	429.41	124.22	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	427.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	264.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,439.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,053.00	32.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	906.00	0.00	PROFESSIONAL FEES	0.00	3,140.00
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	1,239.00	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	29.10	47.76
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	304.00	NO CC/INVALID REV CODE	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	5,347.51	9,086.98
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,347.51	9,086.98

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
MOULTRIE, GA 31776-0040

PROVIDER NUMBER 000002021A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,429,912.57	ADJUSTMENTS	127,665.09
COVERED CHARGES	3,065,956.93	CONTRACTUAL ALLOW	2,672,064.08
NON-COVERD CHARGES	363,955.64	TOTAL MEDICAID LIAB	393,892.85
		LESS: COB	0.00
		LESS: COPAYMENT	186.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	393,706.85

TOTAL NUMBER OF CLAIMS 83

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:09:27
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COLQUITT REGIONAL MEDICAL CTR
 3131 SOUTH MAIN ST
 MOULTRIE, GA 31776-0040

PROVIDER NUMBER
 000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	39,873.61	288.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	115,306.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,794.00	12,940.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,439.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	891.00	FEE SCHEDULE LAB	9,183.00	858.00
EKG/ECG	1,452.00	253.00	MRI SERVICES	3,462.00	0.00
IV THERAPY	46,342.00	1,843.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	129,104.30	14,305.70	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,483.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,252.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,889.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,206.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,158,768.81	202,710.94
RADIOLOGY THERAPEUTIC	19,854.00	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	1,636.00	572.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	149,903.00	63,135.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,296.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	13,668.00	1,044.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,067.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,971.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	291,007.00	65,115.00			
			TOTAL ANCILLARY	3,065,956.93	363,955.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,065,956.93	363,955.64

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:09:28
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
MOULTRIE, GA 31776-0040

PROVIDER NUMBER
000002021A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:48
 Page: 1

TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA,GA 30180-1202

PROVIDER NUMBER 000002032A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,224,306.23	ADJUSTMENTS	449,997.09
COVERED CHARGES	23,139,399.57	CONTRACTUAL ALLOW	15,168,531.13
NON-COVERED CHARGES	84,906.66	TOTAL MEDICAID LIAB	7,970,868.44
		LESS: COB	6,518.85
		LESS: COPAYMENT	137.50
		ADD: ADDON PYMT	1,449.00
		REIMBURSEMENT	7,965,661.09

TOTAL NUMBER OF ADMISSIONS 1,580

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9,115		0	12,252,369.00		0.00
ROUTINE NURSERY	96		0	92,608.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.38
TOTAL ROUTINE	9,211		0	12,344,977.00		0.38
SPECIAL CARE SERVICES						
CCU	492		0	1,090,489.00		0.00
ICU	103		0	340,314.00		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	595		0	1,430,803.00		0.00
TOTAL ACCOMODATIONS	9,806		0	13,775,780.00		0.38

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:48
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TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA,GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,763,388.96	0.00	OTHER LAB	37,180.00	0.00
MED/SURG SUPPLY	347,587.44	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,462,420.78	0.00	EDUCATION & TRAINING	5,236.00	0.00
RADIOLOGY-DIAGNOSTIC	133,393.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	538,722.51	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	49,015.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	120,780.00	0.00	MRI SERVICES	69,279.08	0.00
IV THERAPY	257,004.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	449,824.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	84,406.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	395,668.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	98,523.89	0.00	AMBULANCE	0.00	172.12
GI SERVICES	89,435.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	764,537.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,514.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	9,877.14
LABORATORY PATHOLOGIC	28,336.00	0.00	INJECTABLE DRUGS	456,425.68	0.00
RADIOLOGY THERAPEUTIC	14,413.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,608.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,341.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	25,308.00	8,436.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,719.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	4,246.00	40,548.00	IMPL DEV CHARGE PATIENTS	172,360.22	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	46,244.00	0.00	NO CC/INVALID REV CODE	0.00	16,356.02
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	92,199.00	7,217.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	124,932.01	2,300.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	546,898.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,607.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	142,068.00	0.00			
			TOTAL ANCILLARY	9,363,619.57	84,906.28
			TOTAL ACCOMODATIONS	13,775,780.00	0.38
			TOTAL CHARGES	23,139,399.57	84,906.66

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:53
 Page: 4

TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA,GA 30180-1202

PROVIDER NUMBER 000002032A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	285,795.18	ADJUSTMENTS	0.00
COVERED CHARGES	285,795.18	CONTRACTUAL ALLOW	265,380.60
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	20,414.58
		LESS: COB	20,414.58
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	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	10		0	13,482.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10		0	13,482.00		0.00
SPECIAL CARE SERVICES						
CCU	18		0	40,374.00		0.00
ICU	6		0	20,142.00		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	24		0	60,516.00		0.00
TOTAL ACCOMODATIONS	34		0	73,998.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:49:53
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TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA,GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	120,775.74	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,861.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	24,128.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,528.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,546.02	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,163.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	305.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	656.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,470.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,165.00	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	1,885.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	412.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	440.00	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	89.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	722.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,913.00	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	738.00	0.00			
			TOTAL ANCILLARY	211,797.18	0.00
			TOTAL ACCOMODATIONS	73,998.00	0.00
			TOTAL CHARGES	285,795.18	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 9,310,097.71
COVERED CHARGES 8,167,436.74
NON-COVERD CHARGES 1,142,660.97

-----PAYMENTS-----
ADJUSTMENTS 129,856.77
CONTRACTUAL ALLOW 6,410,548.41
TOTAL MEDICAID LIAB 1,756,888.33
LESS: COB 1,194.83
LESS: COPAYMENT 2,709.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,752,984.50
ALL OTHER 1,632,483.93
FEE SCHEDULE-LAB 73,236.18
INJECTABLE DRUGS 47,264.39

TOTAL NUMBER OF CLAIMS 2,570

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	108,047.61	36,096.59	OTHER LAB	54,514.00	0.00
MED/SURG SUPPLY	42,626.66	20,292.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,428.00
RADIOLOGY-DIAGNOSTIC	318,622.00	11,216.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,055,160.00	158,313.27	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,907.00	3,950.00	FEE SCHEDULE LAB	913,090.00	66,573.00
EKG/ECG	132,570.00	6,315.00	MRI SERVICES	215,036.00	15,028.12
IV THERAPY	654,255.00	64,389.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	454,717.67	40,518.33	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	87,593.50	3,345.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	135,082.29	0.00	AMBULANCE	0.00	0.00
GI SERVICES	171,738.50	37,877.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,751,723.00	3,407.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,964.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	328,104.51	421,914.38
RADIOLOGY THERAPEUTIC	32,805.00	569.22	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,489.00	2,986.00	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	1,590.00	3,121.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	591,170.00	9,327.00	IMPL DEV CHARGE PATIENTS	4,550.00	44,444.71
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	125,996.00	30,112.00	NO CC/INVALID REV CODE	13,542.00	3,255.03
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	14,871.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	211,413.00	30,754.02			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	285,201.00	49,949.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	136,324.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	297,734.00	77,479.00			
			TOTAL ANCILLARY	8,167,436.74	1,142,660.97
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,167,436.74	1,142,660.97

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	196,636.21	ADJUSTMENTS	0.00
COVERED CHARGES	131,569.02	CONTRACTUAL ALLOW	104,967.59
NON-COVERD CHARGES	65,067.19	TOTAL MEDICAID LIAB	26,601.43

LESS: COB	26,595.43
LESS: COPAYMENT	6.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 51

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	915.62	622.44	OTHER LAB	914.00	0.00
MED/SURG SUPPLY	1,560.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,396.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,602.00	39,975.04	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,947.00	1,633.00
EKG/ECG	1,830.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,173.00	821.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	5,089.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,200.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,924.00	420.00	AMBULANCE	0.00	0.00
GI SERVICES	5,694.00	2,526.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	51,099.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	411.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,576.40	400.71
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	7,600.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,729.00	623.00	NO CC/INVALID REV CODE	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	2,136.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,603.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,259.00	12,957.00			
			TOTAL ANCILLARY	131,569.02	65,067.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	131,569.02	65,067.19

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:50:03
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TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	795,473.48	ADJUSTMENTS	589.17
COVERED CHARGES	760,366.22	CONTRACTUAL ALLOW	732,775.79
NON-COVERD CHARGES	35,107.26	TOTAL MEDICAID LIAB	27,590.43
		LESS: COB	25.20
		LESS: COPAYMENT	681.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,884.23

TOTAL NUMBER OF CLAIMS 411

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:50:03
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TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	7,147.93	2,154.92	OTHER LAB	1,330.00	0.00
MED/SURG SUPPLY	894.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	43,649.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	126,720.00	13,705.08	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	103,939.00	7,041.00
EKG/ECG	11,590.00	305.00	MRI SERVICES	0.00	0.00
IV THERAPY	70,193.00	3,714.00	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	6,000.00	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	367,133.00	1,092.00	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	13,026.45	5,849.26
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,511.00	1,246.00	NO CC/INVALID REV CODE	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	2,232.00	0.00			
			TOTAL ANCILLARY	760,366.22	35,107.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	760,366.22	35,107.26

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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Page: 13

TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,484.63	ADJUSTMENTS	0.00
COVERED CHARGES	19,076.63	CONTRACTUAL ALLOW	18,539.59
NON-COVERD CHARGES	5,408.00	TOTAL MEDICAID LIAB	537.04
		LESS: COB	525.04
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 8

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:50:05
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TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	75.00	75.00	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	1,791.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,005.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,222.00	307.00
EKG/ECG	610.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,323.00	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	9,505.00	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	550.63	21.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	19,076.63	5,408.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,076.63	5,408.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:50:06
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TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,757,302.70	ADJUSTMENTS	36,977.07
COVERED CHARGES	3,673,173.60	CONTRACTUAL ALLOW	2,748,296.84
NON-COVERD CHARGES	84,129.10	TOTAL MEDICAID LIAB	924,876.76
		LESS: COB	5,716.94
		LESS: COPAYMENT	522.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	918,637.82

TOTAL NUMBER OF CLAIMS 175

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	24,663.34	5,519.88	OTHER LAB	1,367.00	0.00
MED/SURG SUPPLY	10,632.80	1,907.96	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	56.00
RADIOLOGY-DIAGNOSTIC	2,313.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,875.00	5,005.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	721.00	FEE SCHEDULE LAB	30,888.00	3,405.00
EKG/ECG	2,745.00	305.00	MRI SERVICES	0.00	0.00
IV THERAPY	163,589.00	18,207.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	126,070.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,275.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	14,118.97	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,959.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,449.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,974,101.38	5,609.71
RADIOLOGY THERAPEUTIC	158,710.00	1,049.00	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	390.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	24,101.00	0.00	IMPL DEV CHARGE PATIENTS	24,322.11	4,618.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,759.00	826.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,998.00	1,031.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	10,844.00	802.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	17,000.00	15,185.00			
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	38,003.00	19,881.00			
			TOTAL ANCILLARY	3,673,173.60	84,129.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,673,173.60	84,129.10

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER
000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	136,965.84	ADJUSTMENTS	0.00
COVERED CHARGES	136,740.84	CONTRACTUAL ALLOW	83,890.74
NON-COVERD CHARGES	225.00	TOTAL MEDICAID LIAB	52,850.10
		LESS: COB	52,826.10
		LESS: COPAYMENT	24.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 10

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TANNER MEDICAL CENTER VILLA RICA
 601 DALLAS HWY
 VILLA RICA, GA 30180-1202

PROVIDER NUMBER
 000002032A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	375.00	225.00	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	1,449.00	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	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	129,870.84	0.00
RADIOLOGY THERAPEUTIC	5,046.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	136,740.84	225.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	136,740.84	225.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:53:46
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,921,548.33	ADJUSTMENTS	61,252.84
COVERED CHARGES	5,910,224.04	CONTRACTUAL ALLOW	4,455,643.93
NON-COVERED CHARGES	11,324.29	TOTAL MEDICAID LIAB	1,454,580.11
		LESS: COB	35,028.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	15,000.00
		REIMBURSEMENT	1,434,551.71

TOTAL NUMBER OF ADMISSIONS 208

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	774		0	510,328.10		0.00
ROUTINE NURSERY	50		0	19,545.34		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	824		0	529,873.44		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	220		0	337,048.80		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	220		0	337,048.80		0.00
TOTAL ACCOMODATIONS	1,044		0	866,922.24		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:53:46
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,096,783.72	0.00	OTHER LAB	9,151.00	0.00
MED/SURG SUPPLY	641,555.41	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	495,702.57	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	65,441.79	0.00	OTHER THERAPEUTIC SVC	0.00	12.00
CT SCAN	193,036.02	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	33,214.16	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	21,614.40	0.00	MRI SERVICES	31,042.68	0.00
IV THERAPY	135,320.77	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	540,784.07	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	14,789.88	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	341,088.13	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	119,141.10	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	471,720.76	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	25,606.08	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,020.39	0.00	INJECTABLE DRUGS	7,546.00	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	205.78	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	15,904.20	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	415,591.46	0.00
LITHOTRIPSY	45,900.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,425.35	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	28,118.37	4,828.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	38,298.28	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	64,368.99	0.00			
AMBULATORY SURGERY	6,327.24	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	174,603.20	6,483.79			
			TOTAL ANCILLARY	5,043,301.80	11,324.29
			TOTAL ACCOMODATIONS	866,922.24	0.00
			TOTAL CHARGES	5,910,224.04	11,324.29

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:53:50
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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 9,650,295.15
COVERED CHARGES 7,526,783.10
NON-COVERD CHARGES 2,123,512.05

-----PAYMENTS-----
ADJUSTMENTS 567,954.93
CONTRACTUAL ALLOW 6,220,708.69
TOTAL MEDICAID LIAB 1,306,074.41
LESS: COB 892.33
LESS: COPAYMENT 3,235.03
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,301,947.05
ALL OTHER 1,037,710.24
FEE SCHEDULE-LAB 73,843.48
INJECTABLE DRUGS 190,393.33

TOTAL NUMBER OF CLAIMS 2,473

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	287,368.20	2,746.00	OTHER LAB	10,018.46	0.00
MED/SURG SUPPLY	663,010.56	1,278.82	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	86,602.91	4,756.46	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	356,248.00	393,314.04	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	51,131.34	8,791.81	FEE SCHEDULE LAB	524,317.14	53,303.83
EKG/ECG	40,049.20	4,240.28	MRI SERVICES	89,994.60	42,192.30
IV THERAPY	487,072.18	159,260.85	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	476,579.19	59,157.21	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,003.93	1,034.43	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	47,538.05	13,351.69	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	131,592.24	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,983,964.84	22,940.84	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,579.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,341,498.60	1,045,969.68
RADIOLOGY THERAPEUTIC	303,357.00	782.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	205.78	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	3,180.84	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,437.50	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	35,252.22	163,884.75
LITHOTRIPSY	205,214.71	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	40,589.68	12,258.22	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	804.75	0.00			
BLOOD STORAGE & PRO.	6,255.17	3,219.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	42,936.62	33,546.37			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	44,291.80	40,932.72			
AMBULATORY SURGERY	2,109.08	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	221,965.93	53,164.13			
			TOTAL ANCILLARY	7,526,783.10	2,123,512.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,526,783.10	2,123,512.05

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	117,091.31	ADJUSTMENTS	0.00
COVERED CHARGES	81,364.79	CONTRACTUAL ALLOW	67,564.56
NON-COVERD CHARGES	35,726.52	TOTAL MEDICAID LIAB	13,800.23

LESS: COB	13,794.66
LESS: COPAYMENT	5.57
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 36

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,094.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,700.58	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,066.32	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,014.32	14,973.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,008.43	876.66
EKG/ECG	360.24	0.00	MRI SERVICES	0.00	2,417.40
IV THERAPY	3,802.20	4,100.10	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,768.27	3,870.11	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,724.05	344.81	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,849.77	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,613.13	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	367.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,856.00	821.00
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	IMPL DEV CHARGE PATIENTS	224.40	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,227.95	245.59	NO CC/INVALID REV CODE	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	1,463.06			
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	1,687.93	6,614.19			
			TOTAL ANCILLARY	81,364.79	35,726.52
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	81,364.79	35,726.52

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,438,735.93	ADJUSTMENTS	11,556.00
COVERED CHARGES	1,272,667.80	CONTRACTUAL ALLOW	1,227,085.56
NON-COVERD CHARGES	166,068.13	TOTAL MEDICAID LIAB	45,582.24
		LESS: COB	10.50
		LESS: COPAYMENT	996.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	44,575.74

TOTAL NUMBER OF CLAIMS 582

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	27,631.00	170.00	OTHER LAB	1,922.21	0.00
MED/SURG SUPPLY	43,533.16	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,028.54	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	44,039.52	102,907.80	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	93,513.62	6,878.03
EKG/ECG	7,925.28	120.08	MRI SERVICES	0.00	2,488.80
IV THERAPY	56,437.83	27,217.20	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	1,599.56	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	898,070.93	2,958.00	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	58,457.00	8,543.64
RADIOLOGY THERAPEUTIC	922.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,929.44	2,947.08	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	972.14	5,160.98			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,067.78	5,789.52			
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	10,617.79	887.00			
			TOTAL ANCILLARY	1,272,667.80	166,068.13
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,272,667.80	166,068.13

Report : CLM-0810-0
Process : CLMJO800
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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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	62,146.51	ADJUSTMENTS	0.00
COVERED CHARGES	55,112.28	CONTRACTUAL ALLOW	53,856.16
NON-COVERD CHARGES	7,034.23	TOTAL MEDICAID LIAB	1,256.12
		LESS: COB	1,238.12
		LESS: COPAYMENT	18.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 17

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
 JESUP,GA 31545-0210

PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,754.66	452.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,033.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	399.87	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,692.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,866.98	360.30
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,398.95	1,024.34	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,726.55	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	1,571.31	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,174.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	367.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,360.00	260.00
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	IMPL DEV CHARGE PATIENTS	1,095.48	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	245.59	245.59	NO CC/INVALID REV CODE	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	1,118.04	0.00			
			TOTAL ANCILLARY	55,112.28	7,034.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	55,112.28	7,034.23

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,360,092.84	ADJUSTMENTS	150,904.15
COVERED CHARGES	2,157,912.82	CONTRACTUAL ALLOW	1,845,207.57
NON-COVERD CHARGES	202,180.02	TOTAL MEDICAID LIAB	312,705.25
		LESS: COB	0.00
		LESS: COPAYMENT	141.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	312,564.25

TOTAL NUMBER OF CLAIMS 58

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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WAYNE MEMORIAL HOSPITAL
 865 S 1ST ST
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PROVIDER NUMBER
 000002054A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	33,001.86	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	67,000.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,695.91	799.74	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,085.51	FEE SCHEDULE LAB	14,681.66	1,028.16
EKG/ECG	960.64	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,828.00	10,926.46	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	162,317.29	956.41	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,599.01	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	34,548.93	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	5,361.12	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,733,937.00	128,892.00
RADIOLOGY THERAPEUTIC	66,737.00	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	10,323.42	58,491.74
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,920.78	0.00			
			TOTAL ANCILLARY	2,157,912.82	202,180.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,157,912.82	202,180.02

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WAYNE MEMORIAL HOSPITAL
865 S 1ST ST
JESUP,GA 31545-0210

PROVIDER NUMBER
000002054A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:01
 Page: 1

WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,926,943.86	ADJUSTMENTS	1,170,188.65
COVERED CHARGES	34,888,190.36	CONTRACTUAL ALLOW	28,802,303.90
NON-COVERED CHARGES	38,753.50	TOTAL MEDICAID LIAB	6,085,886.46
		LESS: COB	89,409.13
		LESS: COPAYMENT	212.50
		ADD: ADDON PYMT	3,339.00
		REIMBURSEMENT	5,999,603.83

TOTAL NUMBER OF ADMISSIONS 702

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	960	0	1,319,040.00	0.00
ROUTINE NURSERY	142	0	372,676.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	1,102	0	1,691,716.00	0.00
SPECIAL CARE SERVICES				
CCU	1,325	0	5,341,809.00	0.00
ICU	601	0	2,583,951.00	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	1,926	0	7,925,760.00	0.00
TOTAL ACCOMODATIONS	3,028	0	9,617,476.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:01
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WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,537,672.64	1,762.90	OTHER LAB	333,275.00	0.00
MED/SURG SUPPLY	897,043.24	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,212,633.93	0.00	EDUCATION & TRAINING	2,693.00	0.00
RADIOLOGY-DIAGNOSTIC	624,252.00	0.00	OTHER THERAPEUTIC SVC	0.00	350.00
CT SCAN	2,358,427.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	188,193.02	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	497,346.00	0.00	MRI SERVICES	285,589.00	0.00
IV THERAPY	373,085.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,697,353.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	487,863.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,711,128.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	481,768.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	175,788.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,920,394.90	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	234,107.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,451.60
LABORATORY PATHOLOGIC	173,333.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	208,078.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	14,676.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	49,780.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	612,990.00	22,071.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15,990.00	1,336.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	227,788.09	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	193,775.00	9,974.50	NO CC/INVALID REV CODE	0.00	92.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	532,457.07	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	275,932.80	1,715.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,420,928.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	29,914.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	496,460.67	0.00			
			TOTAL ANCILLARY	25,270,714.36	38,753.50
			TOTAL ACCOMODATIONS	9,617,476.00	0.00
			TOTAL CHARGES	34,888,190.36	38,753.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:05
 Page: 4

WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	399,831.23	ADJUSTMENTS	0.00
COVERED CHARGES	399,257.23	CONTRACTUAL ALLOW	342,080.41
NON-COVERED CHARGES	574.00	TOTAL MEDICAID LIAB	57,176.82
		LESS: COB	57,164.32
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 10

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	11		0	15,070.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11		0	15,070.00		0.00
SPECIAL CARE SERVICES						
CCU	10		0	40,220.00		0.00
ICU	1		0	4,525.00		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	11		0	44,745.00		0.00
TOTAL ACCOMODATIONS	22		0	59,815.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:05
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WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	20,639.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,531.87	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	46,149.00	0.00	EDUCATION & TRAINING	192.00	0.00
RADIOLOGY-DIAGNOSTIC	2,781.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,280.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	587.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,446.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,549.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	40,111.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	27,306.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,804.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,797.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	13,985.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	9,744.00	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	348.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	84,097.76	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,774.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,539.00	574.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,929.00	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	852.00	0.00			
			TOTAL ANCILLARY	339,442.23	574.00
			TOTAL ACCOMODATIONS	59,815.00	0.00
			TOTAL CHARGES	399,257.23	574.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:06
Page: 6

WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,539,646.24	ADJUSTMENTS	170,417.93
COVERED CHARGES	21,806,726.85	CONTRACTUAL ALLOW	19,244,059.82
NON-COVERD CHARGES	1,732,919.39	TOTAL MEDICAID LIAB	2,562,667.03
		LESS: COB	4,077.77
		LESS: COPAYMENT	3,783.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,554,806.26
		ALL OTHER	2,242,359.77
		FEE SCHEDULE-LAB	215,661.02
		INJECTABLE DRUGS	96,785.47
		TOTAL NUMBER OF CLAIMS	4,971

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:59:06
 Page: 7

WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	228,305.14	0.00	OTHER LAB	204,101.00	13,911.00
MED/SURG SUPPLY	342,492.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	886,341.00	9,048.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,972,292.00	159,627.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,919.00	7,910.00	FEE SCHEDULE LAB	4,374,220.15	152,425.00
EKG/ECG	407,105.00	43,317.00	MRI SERVICES	311,499.00	29,760.00
IV THERAPY	894,705.00	42,504.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,066,873.21	217,822.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	128,760.00	21,894.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	592,285.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	235,787.20	84,355.80	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,424,130.00	24,128.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	287,858.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,047,672.21	327,002.80
RADIOLOGY THERAPEUTIC	1,005,602.00	364,633.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	29,586.00	9,553.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,420.00	7,567.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,255.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	58,259.00	17,989.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	44,897.68	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	465,635.50	24,955.00	NO CC/INVALID REV CODE	292.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	63,114.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	336,317.40	8,672.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	650,841.00	139,817.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	326,622.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	368,794.56	19,773.00			
			TOTAL ANCILLARY	21,806,726.85	1,732,919.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,806,726.85	1,732,919.39

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:16
Page: 9

WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	452,166.01	ADJUSTMENTS	0.00
COVERED CHARGES	298,396.11	CONTRACTUAL ALLOW	265,136.11
NON-COVERD CHARGES	153,769.90	TOTAL MEDICAID LIAB	33,260.00

LESS: COB	33,239.00
LESS: COPAYMENT	21.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 58

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:59:16
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,799.10	0.00	OTHER LAB	11,742.00	0.00
MED/SURG SUPPLY	8,336.35	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,694.00	1,482.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,594.00	53,923.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	59,522.00	1,870.00
EKG/ECG	10,548.00	586.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,466.00	1,262.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,444.00	14,166.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	824.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,523.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,187.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	70,015.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,084.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,016.30	4,451.90
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	1,682.00	495.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,521.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,444.00	2,757.00	NO CC/INVALID REV CODE	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	2,746.00	67,590.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,822.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,572.76	0.00			
			TOTAL ANCILLARY	298,396.11	153,769.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	298,396.11	153,769.90

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	644,917.30	ADJUSTMENTS	128.26
COVERED CHARGES	629,436.30	CONTRACTUAL ALLOW	612,586.67
NON-COVERD CHARGES	15,481.00	TOTAL MEDICAID LIAB	16,849.63
		LESS: COB	64.11
		LESS: COPAYMENT	366.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,419.52

TOTAL NUMBER OF CLAIMS 251

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:59:17
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WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,289.80	0.00	OTHER LAB	2,079.00	0.00
MED/SURG SUPPLY	1,711.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	49,979.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	46,014.00	3,998.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	130,564.00	4,880.00
EKG/ECG	14,650.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	20,469.00	798.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,219.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	857.00	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	349,694.00	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	4,125.50	2,846.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,785.00	2,959.00	NO CC/INVALID REV CODE	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	629,436.30	15,481.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	629,436.30	15,481.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,155.10	ADJUSTMENTS	0.00
COVERED CHARGES	20,741.20	CONTRACTUAL ALLOW	20,405.55
NON-COVERD CHARGES	413.90	TOTAL MEDICAID LIAB	335.65
		LESS: COB	332.65
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	97.40	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	1,473.00	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	7,248.00	247.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,451.00	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	9,010.00	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	17.80	166.90
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,444.00	0.00	NO CC/INVALID REV CODE	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	20,741.20	413.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,741.20	413.90

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,266,856.97	ADJUSTMENTS	43,023.75
COVERED CHARGES	3,192,362.56	CONTRACTUAL ALLOW	2,922,789.09
NON-COVERED CHARGES	74,494.41	TOTAL MEDICAID LIAB	269,573.47
		LESS: COB	0.00
		LESS: COPAYMENT	531.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	269,042.47

TOTAL NUMBER OF CLAIMS 50

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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WELLSTAR WEST GEORGIA MEDICAL CENTER
 1514 VERNON RD
 LAGRANGE, GA 30240-4131

PROVIDER NUMBER
 000002065A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	10,471.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	48,211.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,480.00	728.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,025.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	809.00	FEE SCHEDULE LAB	51,687.00	8,212.00
EKG/ECG	4,102.00	1,758.00	MRI SERVICES	5,598.00	0.00
IV THERAPY	66,743.00	696.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	284,867.00	2,184.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	40,392.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	55,150.00	1,755.00	AMBULANCE	0.00	0.00
GI SERVICES	4,710.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,404.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,391.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	799,906.31	6,186.41
RADIOLOGY THERAPEUTIC	1,471,262.00	48,571.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	895.00	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	495.00	1,996.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	232,061.68	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,218.00	704.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,130.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	40,022.00	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	4,035.02	0.00			
			TOTAL ANCILLARY	3,192,362.56	74,494.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,192,362.56	74,494.41

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR WEST GEORGIA MEDICAL CENTER
1514 VERNON RD
LAGRANGE, GA 30240-4131

PROVIDER NUMBER
000002065A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:41
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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON,GA 30673-1602

PROVIDER NUMBER 000002087A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	165,044.95	ADJUSTMENTS	9,016.68
COVERED CHARGES	165,044.95	CONTRACTUAL ALLOW	99,003.49
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	66,041.46
		LESS: COB	8,329.28
		LESS: COPAYMENT	50.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	57,662.18

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	40		0	20,400.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	40		0	20,400.00		0.00
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	40		0	20,400.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:41
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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	28,439.95	0.00	OTHER LAB	1,656.00	0.00
MED/SURG SUPPLY	15,885.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,238.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,488.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,493.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	460.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,662.00	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	61,387.00	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	8,766.00	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	804.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	412.00	0.00	NO CC/INVALID REV CODE	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	4,954.00	0.00			
			TOTAL ANCILLARY	144,644.95	0.00
			TOTAL ACCOMODATIONS	20,400.00	0.00
			TOTAL CHARGES	165,044.95	0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON,GA 30673-1602

PROVIDER NUMBER 000002087A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,089.80	ADJUSTMENTS	0.00
COVERED CHARGES	4,089.80	CONTRACTUAL ALLOW	1,451.88
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	2,637.92
		LESS: COB	2,637.92
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1		0	510.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1		0	510.00		0.00
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	1		0	510.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	1,199.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	426.00	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	1,954.00	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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,579.80	0.00
			TOTAL ACCOMODATIONS	510.00	0.00
			TOTAL CHARGES	4,089.80	0.00

Report : CLM-0804-0
Process : CLMJO800
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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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON, GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	553,257.59	ADJUSTMENTS	32,549.08
COVERED CHARGES	511,823.04	CONTRACTUAL ALLOW	312,649.97
NON-COVERD CHARGES	41,434.55	TOTAL MEDICAID LIAB	199,173.07
		LESS: COB	0.00
		LESS: COPAYMENT	477.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	198,696.07
		ALL OTHER	180,344.99
		FEE SCHEDULE-LAB	18,332.08
		INJECTABLE DRUGS	19.00
		TOTAL NUMBER OF CLAIMS	588

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	25,260.36	1,786.75	OTHER LAB	9,072.00	0.00
MED/SURG SUPPLY	33,881.00	169.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,091.00	1,365.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	57,877.00	6,616.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,498.00	1,406.00	FEE SCHEDULE LAB	95,791.00	5,766.00
EKG/ECG	5,877.00	873.00	MRI SERVICES	1,503.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,194.00	2,688.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,780.00	8,323.00	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	176,969.00	5,356.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,136.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	1,166.00	INJECTABLE DRUGS	473.68	373.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	402.00	485.00	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	270.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,279.00	153.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,113.00	412.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,791.00	1,746.00			
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	13,565.00	2,750.00			
			TOTAL ANCILLARY	511,823.04	41,434.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	511,823.04	41,434.55

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON, GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,943.40	ADJUSTMENTS	0.00
COVERED CHARGES	5,324.40	CONTRACTUAL ALLOW	3,086.38
NON-COVERD CHARGES	1,619.00	TOTAL MEDICAID LIAB	2,238.02
		LESS: COB	2,232.02
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	80.00	55.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	887.00	50.00	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	1,233.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	609.00	28.00
EKG/ECG	97.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,503.00	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	1,620.00	90.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	267.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	37.40	163.00
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	224.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	5,324.40	1,619.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,324.40	1,619.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,723.00	ADJUSTMENTS	67.00
COVERED CHARGES	25,097.00	CONTRACTUAL ALLOW	21,107.00
NON-COVERD CHARGES	626.00	TOTAL MEDICAID LIAB	3,990.00
		LESS: COB	0.00
		LESS: COPAYMENT	120.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,870.00

TOTAL NUMBER OF CLAIMS 57

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

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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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	1,369.50	82.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,533.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,116.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	646.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,961.00	134.00
EKG/ECG	97.00	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	16,043.00	340.00	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	37.50	70.00
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	90.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	136.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	68.00	0.00			
			TOTAL ANCILLARY	25,097.00	626.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,097.00	626.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/19 THROUGH 04/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	500.00	ADJUSTMENTS	0.00
COVERED CHARGES	500.00	CONTRACTUAL ALLOW	430.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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WILLS MEMORIAL HOSPITAL
 120 GORDON ST
 WASHINGTON, GA 30673-1602

PROVIDER NUMBER
 000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/19 THROUGH 04/30/20
 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	58.00	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	102.00	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	340.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	500.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	500.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:59:44
Page: 13

WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:59:44
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/19	THROUGH	04/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:35:37
 Page: 1

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER 000002098A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,614,988.15	ADJUSTMENTS	87,674.82
COVERED CHARGES	5,606,566.15	CONTRACTUAL ALLOW	4,548,822.89
NON-COVERD CHARGES	8,422.00	TOTAL MEDICAID LIAB	1,057,743.26
		LESS: COB	19,436.93
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,038,306.33

TOTAL NUMBER OF ADMISSIONS 131

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	680		0	946,300.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	680		0	946,300.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	59		0	165,823.00		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	59		0	165,823.00		0.00
TOTAL ACCOMODATIONS	739		0	1,112,123.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:35:37
 Page: 2

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	1,002,511.00	0.00	OTHER LAB	36,006.00	0.00
MED/SURG SUPPLY	392,463.49	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	733,614.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	57,197.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	440,882.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	25,689.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	55,809.00	0.00	MRI SERVICES	44,611.00	0.00
IV THERAPY	280,413.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	128,449.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	258.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	518,604.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	42,209.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	245,270.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	27,855.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,852.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,930.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	22,413.00	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	665.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	119,498.66	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,959.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,165.00	2,563.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	36,804.00	5,859.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	112,191.00	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	113,125.00	0.00			
			TOTAL ANCILLARY	4,494,443.15	8,422.00
			TOTAL ACCOMODATIONS	1,112,123.00	0.00
			TOTAL CHARGES	5,606,566.15	8,422.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:35:42
 Page: 3

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER 000002098A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,969.00	ADJUSTMENTS	0.00
COVERED CHARGES	51,919.00	CONTRACTUAL ALLOW	34,590.65
NON-COVERD CHARGES	50.00	TOTAL MEDICAID LIAB	17,328.35
		LESS: COB	17,328.35
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5		0	6,895.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5		0	6,895.00		0.00
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	5		0	6,895.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:35:42
 Page: 4

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	7,361.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,760.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,091.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	250.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,572.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	702.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,233.00	0.00	PROFESSIONAL FEES	0.00	50.00
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	1,947.00	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	3,858.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	250.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	45,024.00	50.00
			TOTAL ACCOMODATIONS	6,895.00	0.00
			TOTAL CHARGES	51,919.00	50.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:35:42
Page: 5

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PROVIDER NUMBER
000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,000,397.86	ADJUSTMENTS	179,220.97
COVERED CHARGES	9,819,898.76	CONTRACTUAL ALLOW	8,204,660.20
NON-COVERD CHARGES	1,180,499.10	TOTAL MEDICAID LIAB	1,615,238.56
		LESS: COB	845.66
		LESS: COPAYMENT	1,116.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,613,276.90
		ALL OTHER	1,464,158.69
		FEE SCHEDULE-LAB	108,925.04
		INJECTABLE DRUGS	40,193.17
		TOTAL NUMBER OF CLAIMS	1,892

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:35:42
 Page: 6

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	31,575.00	45,496.00	OTHER LAB	66,365.00	2,011.00
MED/SURG SUPPLY	160,559.41	21,451.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	327,165.00	3,898.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,029,043.00	192,658.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,541.00	983.00	FEE SCHEDULE LAB	1,312,605.89	200,692.00
EKG/ECG	203,931.00	4,212.00	MRI SERVICES	204,413.00	14,173.00
IV THERAPY	1,061,391.00	50,978.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	341,815.00	59,680.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	176,442.00	24,213.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	157,332.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,067,256.00	4,774.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	291,215.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	585,258.00	262,378.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	709.00	549.00	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	10,212.00	6,760.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,934.46	155,199.60
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	128,560.00	8,420.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,074.00	5,730.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	167,101.00	55,190.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	133,809.00	26,505.00			
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	338,592.00	34,548.00			
			TOTAL ANCILLARY	9,819,898.76	1,180,499.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,819,898.76	1,180,499.10

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:35:52
 Page: 8

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	871.00	103.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,092.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,989.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,303.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,369.00	1,947.00
EKG/ECG	702.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,818.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,268.00	6,470.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	944.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,336.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	21,768.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,163.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,432.00	3,008.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,442.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,228.00	152.00			
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	2,504.00			
			TOTAL ANCILLARY	84,725.29	14,184.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	84,725.29	14,184.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:35:52
Page: 9

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PROVIDER NUMBER
000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	158,074.00	ADJUSTMENTS	134.26
COVERED CHARGES	156,513.00	CONTRACTUAL ALLOW	150,001.39
NON-COVERD CHARGES	1,561.00	TOTAL MEDICAID LIAB	6,511.61
		LESS: COB	0.00
		LESS: COPAYMENT	90.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,421.61

TOTAL NUMBER OF CLAIMS 97

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:35:52
 Page: 10

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	21.00	189.00	OTHER LAB	1,128.00	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	15,534.00	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	21,733.00	696.00
EKG/ECG	1,404.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,690.00	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	1,416.00	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	109,976.00	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	610.00	676.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,001.00	0.00	NO CC/INVALID REV CODE	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	156,513.00	1,561.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	156,513.00	1,561.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:35:53
Page: 11

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PROVIDER NUMBER 000002098A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,023.00	ADJUSTMENTS	0.00
COVERED CHARGES	2,023.00	CONTRACTUAL ALLOW	1,888.74
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	134.26
		LESS: COB	134.26
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:35:53
 Page: 12

NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	70.00	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	1,953.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,023.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,023.00	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:35:53
Page: 13

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PROVIDER NUMBER 000002098A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	995,888.82	ADJUSTMENTS	44,523.20
COVERED CHARGES	727,990.90	CONTRACTUAL ALLOW	622,120.05
NON-COVERD CHARGES	267,897.92	TOTAL MEDICAID LIAB	105,870.85
		LESS: COB	0.00
		LESS: COPAYMENT	66.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	105,804.85

TOTAL NUMBER OF CLAIMS 19

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:35:53
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NGMC BARROW, LLC
 316 N BROAD ST
 WINDER, GA 30680-2150

PROVIDER NUMBER
 000002098A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	11,707.00	16,204.00	OTHER LAB	1,348.00	0.00
MED/SURG SUPPLY	63,955.90	5,827.74	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,700.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	82,149.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,520.00	1,876.00	FEE SCHEDULE LAB	38,978.00	10,377.00
EKG/ECG	5,265.00	0.00	MRI SERVICES	13,801.00	0.00
IV THERAPY	64,593.00	17,232.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	187,116.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,039.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	74,232.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,175.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	69,178.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	43,139.00	17,366.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	160.00	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	133.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	174,744.18
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,422.00	1,192.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,904.00	1,426.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,394.00	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	15,215.00	21,520.00			
			TOTAL ANCILLARY	727,990.90	267,897.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	727,990.90	267,897.92

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:35:54
Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PROVIDER NUMBER
000002098A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:42:39
 Page: 1

PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	281,389.12	ADJUSTMENTS	10,197.78
COVERED CHARGES	281,389.12	CONTRACTUAL ALLOW	176,747.85
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	104,641.27
		LESS: COB	0.00
		LESS: COPAYMENT	12.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	104,628.77

TOTAL NUMBER OF ADMISSIONS 22

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	62		0	46,869.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	62		0	46,869.00		0.00
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	62		0	46,869.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:42:39
 Page: 2

PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	74,702.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	20,912.32	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	56,004.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,157.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,984.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	248.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,116.00	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	737.00	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	36,450.00	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	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	391.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	661.00	0.00	NO CC/INVALID REV CODE	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	157.00	0.00			
			TOTAL ANCILLARY	234,520.12	0.00
			TOTAL ACCOMODATIONS	46,869.00	0.00
			TOTAL CHARGES	281,389.12	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:42:40
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,696,264.59	ADJUSTMENTS	56,033.62
COVERED CHARGES	1,587,966.04	CONTRACTUAL ALLOW	1,179,985.11
NON-COVERD CHARGES	108,298.55	TOTAL MEDICAID LIAB	407,980.93
		LESS: COB	0.00
		LESS: COPAYMENT	309.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	407,671.93
		ALL OTHER	357,984.68
		FEE SCHEDULE-LAB	45,073.44
		INJECTABLE DRUGS	4,613.81
		TOTAL NUMBER OF CLAIMS	1,244

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	40,189.86	4,256.25	OTHER LAB	3,298.00	0.00
MED/SURG SUPPLY	39,372.60	1,907.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	84,649.00	2,240.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	273,711.00	32,743.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,643.00	1,672.00	FEE SCHEDULE LAB	383,954.08	27,734.00
EKG/ECG	33,046.00	1,556.00	MRI SERVICES	0.00	0.00
IV THERAPY	134,129.00	11,542.00	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	3,411.00	1,371.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,397.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	413,495.50	7,163.50	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	87,823.00	14,437.00
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	IMPL DEV CHARGE PATIENTS	0.00	1,236.80
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,044.00	265.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,879.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	15,913.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	28,122.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	27,889.00	175.00			
			TOTAL ANCILLARY	1,587,966.04	108,298.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,587,966.04	108,298.55

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,860.47	ADJUSTMENTS	0.00
COVERED CHARGES	7,757.47	CONTRACTUAL ALLOW	5,803.35
NON-COVERD CHARGES	2,103.00	TOTAL MEDICAID LIAB	1,954.12
		LESS: COB	1,954.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	125.00	70.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	106.47	9.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,320.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,764.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,525.00	144.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	827.00	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	2,612.00	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	242.00	116.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	7,757.47	2,103.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,757.47	2,103.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,156.79	ADJUSTMENTS	0.00
COVERED CHARGES	43,903.79	CONTRACTUAL ALLOW	40,963.79
NON-COVERED CHARGES	1,253.00	TOTAL MEDICAID LIAB	2,940.00
		LESS: COB	0.00
		LESS: COPAYMENT	60.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,880.00

TOTAL NUMBER OF CLAIMS 42

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	713.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	549.79	18.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,264.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,332.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,654.00	257.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,193.00	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	22,307.00	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	2,891.00	978.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	43,903.79	1,253.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	43,903.79	1,253.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,191.52	ADJUSTMENTS	0.00
COVERED CHARGES	4,037.52	CONTRACTUAL ALLOW	3,967.52
NON-COVERD CHARGES	154.00	TOTAL MEDICAID LIAB	70.00
		LESS: COB	70.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	30.52	9.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	288.00	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	1,581.00	36.00
EKG/ECG	276.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	345.00	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	1,517.00	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	0.00	109.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,037.52	154.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,037.52	154.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/19 THROUGH 07/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,790.84	ADJUSTMENTS	0.00
COVERED CHARGES	28,524.84	CONTRACTUAL ALLOW	23,257.97
NON-COVERD CHARGES	266.00	TOTAL MEDICAID LIAB	5,266.87
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,266.87

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE WORTH MEDICAL CENTER
 807 S ISABELLA ST
 SYLVESTER, GA 31791-7554

PROVIDER NUMBER
 000002109A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 08/01/19 THROUGH 07/31/20
 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	230.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	170.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	226.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,764.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	815.00	36.00
EKG/ECG	276.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	575.00	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	1,463.00	230.00	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	22,955.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	50.00	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	28,524.84	266.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,524.84	266.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:42:43
Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE WORTH MEDICAL CENTER
807 S ISABELLA ST
SYLVESTER, GA 31791-7554

PROVIDER NUMBER
000002109A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/19	THROUGH	07/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:24:58
 Page: 1

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER 000020677A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,855,386.21	ADJUSTMENTS	97,883.40
COVERED CHARGES	8,809,571.21	CONTRACTUAL ALLOW	7,007,311.65
NON-COVERED CHARGES	45,815.00	TOTAL MEDICAID LIAB	1,802,259.56
		LESS: COB	29,664.54
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,197.00
		REIMBURSEMENT	1,773,792.02

TOTAL NUMBER OF ADMISSIONS 229

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	683		0	609,528.00		0.00
ROUTINE NURSERY	34		0	12,580.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		5.00
TOTAL ROUTINE	717		0	622,108.00		5.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	199		0	643,677.00		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	199		0	643,677.00		0.00
TOTAL ACCOMODATIONS	916		0	1,265,785.00		5.00

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: 09/20/2021
 Run Time: 21:24:58
 Page: 2

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	974,862.91	0.00	OTHER LAB	80,062.00	0.00
MED/SURG SUPPLY	98,019.63	481.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,786,652.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	120,656.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	701,382.00	1,979.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	109,122.02	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	111,163.00	0.00	MRI SERVICES	64,550.00	0.00
IV THERAPY	352,068.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	519,902.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	83,791.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	887,609.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	96,250.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	40,462.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	673,317.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	135,022.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	24,611.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	51,773.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,453.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	61,504.00	10,641.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,597.00	0.00	TRAUMA RESPONSE	0.00	2,798.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	53,355.53	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	71,244.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,649.00	22,945.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	38,446.00	6,966.00			
AUDIOLOGY	3,409.00	0.00			
CARDIOLOGY	267,770.00	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	58,084.12	0.00			
			TOTAL ANCILLARY	7,543,786.21	45,810.00
			TOTAL ACCOMODATIONS	1,265,785.00	5.00
			TOTAL CHARGES	8,809,571.21	45,815.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:25:00
 Page: 3

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER 000020677A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,592.61	ADJUSTMENTS	0.00
COVERED CHARGES	37,592.61	CONTRACTUAL ALLOW	32,554.32
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	5,038.29
		LESS: COB	5,038.29
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	3,004.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	3,004.00		0.00
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	4		0	3,004.00		0.00

Report : CLM-0802-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:25:00
 Page: 4

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,107.13	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	571.48	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	791.00	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	8,851.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,347.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,000.00	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	4,672.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	587.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	662.00	0.00			
			TOTAL ANCILLARY	34,588.61	0.00
			TOTAL ACCOMODATIONS	3,004.00	0.00
			TOTAL CHARGES	37,592.61	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:25:00
Page: 5

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER
000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,067,500.02	ADJUSTMENTS	73,683.96
COVERED CHARGES	10,794,831.46	CONTRACTUAL ALLOW	9,903,466.49
NON-COVERD CHARGES	1,272,668.56	TOTAL MEDICAID LIAB	891,364.97
		LESS: COB	1,060.65
		LESS: COPAYMENT	1,161.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	889,143.32
		ALL OTHER	791,504.02
		FEE SCHEDULE-LAB	81,664.67
		INJECTABLE DRUGS	15,974.63
		TOTAL NUMBER OF CLAIMS	2,604

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:25:00
 Page: 6

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	249,393.89	7,589.51	OTHER LAB	75,931.00	0.00
MED/SURG SUPPLY	168,926.21	24,128.43	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	411,106.00	4,352.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,377,357.00	229,253.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	58,478.00	8,841.00	FEE SCHEDULE LAB	1,480,723.00	177,049.00
EKG/ECG	207,739.00	4,024.00	MRI SERVICES	85,152.00	42,738.00
IV THERAPY	832,818.00	105,227.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	934,759.50	107,215.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,967.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	109,112.00	28,924.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	224,750.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	103,941.00	137,443.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,526,859.00	22,288.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	230,813.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	144,945.25	75,589.77
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	7,127.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	4,508.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,727.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	5,886.00	TRAUMA RESPONSE	0.00	16,788.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,377.32	18,812.35
LITHOTRIPSY	26,837.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	124,543.00	11,130.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,544.00	3,530.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	111,661.00	145,858.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	144,402.00	76,320.00			
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	142,696.29	1,320.00			
			TOTAL ANCILLARY	10,794,831.46	1,272,668.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,794,831.46	1,272,668.56

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:25:07
Page: 7

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER 000020677A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	64,324.68	ADJUSTMENTS	0.00
COVERED CHARGES	56,367.51	CONTRACTUAL ALLOW	52,264.67
NON-COVERD CHARGES	7,957.17	TOTAL MEDICAID LIAB	4,102.84
		LESS: COB	4,102.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 16

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:25:07
 Page: 8

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	645.92	16.97	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	1,464.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,266.00	2,755.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,636.00	2,176.00
EKG/ECG	2,012.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,831.00	1,671.00	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	447.00	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	26,583.00	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	594.59	109.20
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	888.00	1,229.00	NO CC/INVALID REV CODE	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	56,367.51	7,957.17
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	56,367.51	7,957.17

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:25:07
Page: 9

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER
000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	324,920.25	ADJUSTMENTS	0.00
COVERED CHARGES	304,643.94	CONTRACTUAL ALLOW	296,051.30
NON-COVERD CHARGES	20,276.31	TOTAL MEDICAID LIAB	8,592.64
		LESS: COB	0.00
		LESS: COPAYMENT	189.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,403.64

TOTAL NUMBER OF CLAIMS 128

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:25:07
 Page: 10

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,516.59	166.40	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	17,143.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,902.00	12,146.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	34,678.00	4,720.00
EKG/ECG	4,527.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	32,792.00	557.00	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	1,111.00	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	173,796.00	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	1,178.35	2,686.91
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	304,643.94	20,276.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	304,643.94	20,276.31

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:25:08
Page: 11

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER
000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,533.14	ADJUSTMENTS	0.00
COVERED CHARGES	10,252.14	CONTRACTUAL ALLOW	10,050.75
NON-COVERD CHARGES	1,281.00	TOTAL MEDICAID LIAB	201.39
		LESS: COB	198.39
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:25:08
 Page: 12

PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	127.14	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	4,182.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	750.00	724.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	406.00	557.00	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	4,587.00	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	200.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,252.14	1,281.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,252.14	1,281.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:25:09
Page: 13

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER 000020677A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	118,887.59	ADJUSTMENTS	0.00
COVERED CHARGES	87,305.82	CONTRACTUAL ALLOW	82,032.19
NON-COVERD CHARGES	31,581.77	TOTAL MEDICAID LIAB	5,273.63
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,270.63

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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PIEDMONT WALTON HOSPITAL, INC
 2151 W SPRING ST
 MONROE, GA 30655-3202

PROVIDER NUMBER
 000020677A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	684.44	499.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,749.98	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	60,072.00	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	19,750.00	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	3,987.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	62.40	395.67
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	30,686.90
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	87,305.82	31,581.77
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	87,305.82	31,581.77

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:25:09
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PROVIDER NUMBER
000020677A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:18:04
 Page: 1

FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER 000134406A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,279,465.48	ADJUSTMENTS	15,647.22
COVERED CHARGES	1,277,319.63	CONTRACTUAL ALLOW	1,112,954.09
NON-COVERED CHARGES	2,145.85	TOTAL MEDICAID LIAB	164,365.54
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	164,365.54

TOTAL NUMBER OF ADMISSIONS 27

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	19		0	22,059.37		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	19		0	22,059.37		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	55		0	91,304.40		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	55		0	91,304.40		0.00
TOTAL ACCOMODATIONS	74		0	113,363.77		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:18:04
 Page: 2

FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	128,611.71	0.00	OTHER LAB	4,431.19	0.00
MED/SURG SUPPLY	41,159.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	294,471.59	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,478.11	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	95,967.93	1,971.86	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,272.38	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,075.77	0.00	MRI SERVICES	3,681.93	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	125,443.92	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	45,171.77	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,751.47	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	87,493.21	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,559.69	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,330.96	0.00	INJECTABLE DRUGS	214,578.26	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,396.95	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	504.82	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	24,534.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,942.39	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,612.92	173.99			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	20,520.99	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	10,964.12	0.00			
			TOTAL ANCILLARY	1,163,955.86	2,145.85
			TOTAL ACCOMODATIONS	113,363.77	0.00
			TOTAL CHARGES	1,277,319.63	2,145.85

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:18:04
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FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:18:05
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FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,153,975.79	ADJUSTMENTS	128,856.44
COVERED CHARGES	3,482,859.23	CONTRACTUAL ALLOW	3,178,376.78
NON-COVERD CHARGES	671,116.56	TOTAL MEDICAID LIAB	304,482.45
		LESS: COB	0.00
		LESS: COPAYMENT	279.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	304,203.45
		ALL OTHER	260,251.27
		FEE SCHEDULE-LAB	39,382.90
		INJECTABLE DRUGS	4,569.28
		TOTAL NUMBER OF CLAIMS	962

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

Run Date: 09/20/2021
 Run Time: 21:18:05
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FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	125,921.11	24,399.00	OTHER LAB	130,911.28	0.00
MED/SURG SUPPLY	11,331.20	207.52	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	430.95	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	82,173.30	21,325.32	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	460,656.69	67,258.47	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,401.67	9,679.48	FEE SCHEDULE LAB	975,637.58	90,736.67
EKG/ECG	45,735.97	432.78	MRI SERVICES	71,998.74	3,681.93
IV THERAPY	135,661.73	837.86	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	157,118.88	218,379.39	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,106.98	1,375.68	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	125,902.54	1,845.65	AMBULANCE	0.00	0.00
GI SERVICES	94,784.15	70,744.12	CAST ROOM	0.00	0.00
EMERGENCY ROOM	477,463.36	16,086.01	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	89,838.83	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	239,683.40	79,802.21
RADIOLOGY THERAPEUTIC	1,385.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,592.97	5,600.96	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,895.51	2,792.61	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	1,045.70	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	20,334.25
LITHOTRIPSY	96,704.92	23,472.07	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	37,365.31	3,282.22	NO CC/INVALID REV CODE	2,748.14	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,938.86	469.01			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	21,491.78	4,616.59			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	39,255.45	2,280.11			
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	8,153.88	0.00			
			TOTAL ANCILLARY	3,482,859.23	671,116.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,482,859.23	671,116.56

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:18:07
Page: 7

FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,799.25	ADJUSTMENTS	0.00
COVERED CHARGES	4,700.49	CONTRACTUAL ALLOW	4,593.02
NON-COVERD CHARGES	98.76	TOTAL MEDICAID LIAB	107.47
		LESS: COB	107.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:18:07
 Page: 8

FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	4,700.49	98.76
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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,700.49	98.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,700.49	98.76

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	131,162.58	ADJUSTMENTS	469.92
COVERED CHARGES	123,863.82	CONTRACTUAL ALLOW	121,200.94
NON-COVERD CHARGES	7,298.76	TOTAL MEDICAID LIAB	2,662.88
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,647.88

TOTAL NUMBER OF CLAIMS 34

Report : CLM-0808-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,687.90	537.62	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	4,396.66	1,136.39	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	32,701.74	2,468.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	24,769.62	683.12
EKG/ECG	1,731.12	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,043.20	813.60	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	36,325.84	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	12,207.74	1,659.28
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	123,863.82	7,298.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	123,863.82	7,298.76

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:18:07
Page: 11

FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	820.16	ADJUSTMENTS	0.00
COVERED CHARGES	820.16	CONTRACTUAL ALLOW	741.84
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	78.32
		LESS: COB	78.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:18:07
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FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	13.23	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	806.93	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	820.16	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	820.16	0.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:18:08
Page: 13

FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	372,739.80	ADJUSTMENTS	34,590.19
COVERED CHARGES	357,770.33	CONTRACTUAL ALLOW	323,168.14
NON-COVERD CHARGES	14,969.47	TOTAL MEDICAID LIAB	34,602.19
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	34,590.19

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 21:18:08
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FANNIN REGIONAL HOSP
 2855 OLD HIGHWAY 5
 BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
 000134406A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	8,273.72	4,936.94	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,656.46	255.35	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	3,966.40	158.00
EKG/ECG	38,420.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,869.21	751.72	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	161,422.62	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	422.64	246.45	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	31,169.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,986.26	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,848.40	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	87,706.75	2,903.88
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	5,717.13
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,028.17	0.00			
			TOTAL ANCILLARY	357,770.33	14,969.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	357,770.33	14,969.47

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE,GA 30513-6248

PROVIDER NUMBER
000134406A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 1

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 2

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 3

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 4

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 5

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 6

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:44:18
Page: 7

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:44:18
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

THE MEDICAL CENTER, INC.
5707 PEACHTREE PKWY
NORCROSS, GA 30092-2804

PROVIDER NUMBER
000148233A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:18:16
 Page: 1

PREMIER HEALTHCARE INVESTMENTS
 509 SUMTER STREET
 MONTEZUMA, GA 31063-2502

PROVIDER NUMBER 000149487A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,385,543.00	ADJUSTMENTS	81,938.92
COVERED CHARGES	8,383,577.00	CONTRACTUAL ALLOW	3,108,553.53
NON-COVERED CHARGES	1,966.00	TOTAL MEDICAID LIAB	5,275,023.47
		LESS: COB	1,099.10
		LESS: COPAYMENT	312.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,273,611.87

TOTAL NUMBER OF ADMISSIONS 1,171

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	5,298	0	3,824,570.00	0.00
ROUTINE NURSERY	0	0	0.00	0.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	5,298	0	3,824,570.00	0.00
SPECIAL CARE SERVICES				
CCU	4	0	2,800.00	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	4	0	2,800.00	0.00
TOTAL ACCOMODATIONS	5,302	0	3,827,370.00	0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:18:16
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PREMIER HEALTHCARE INVESTMENTS
 509 SUMTER STREET
 MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
 000149487A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,697,165.00	1,294.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	770,311.00	638.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,058.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,730.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,235.00	0.00	MRI SERVICES	39,532.00	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	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	2,003.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,049.00	0.00	NO CC/INVALID REV CODE	0.00	34.00
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	124.00	0.00			
			TOTAL ANCILLARY	4,556,207.00	1,966.00
			TOTAL ACCOMODATIONS	3,827,370.00	0.00
			TOTAL CHARGES	8,383,577.00	1,966.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:18:18
Page: 4

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:18:18
Page: 5

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,204.00	ADJUSTMENTS	2,317.74
COVERED CHARGES	34,662.00	CONTRACTUAL ALLOW	19,541.75
NON-COVERD CHARGES	542.00	TOTAL MEDICAID LIAB	15,120.25
		LESS: COB	60.31
		LESS: COPAYMENT	60.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,999.94
		ALL OTHER	14,999.94
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	63

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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PREMIER HEALTHCARE INVESTMENTS
 509 SUMTER STREET
 MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
 000149487A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	3,834.00	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	25,485.00	308.00	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	234.00
EKG/ECG	1,729.00	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	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,614.00	0.00	NO CC/INVALID REV CODE	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	34,662.00	542.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,662.00	542.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:18:19
Page: 7

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:18:19
Page: 8

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:18:19
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PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:18:19
Page: 10

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:18:19
Page: 11

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PREMIER HEALTHCARE INVESTMENTS
509 SUMTER STREET
MONTEZUMA, GA 31063-2502

PROVIDER NUMBER
000149487A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:00
 Page: 1

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER 000182388A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,338,380.78	ADJUSTMENTS	1,219,602.94
COVERED CHARGES	53,172,338.78	CONTRACTUAL ALLOW	42,840,026.95
NON-COVERED CHARGES	166,042.00	TOTAL MEDICAID LIAB	10,332,311.83
		LESS: COB	199,845.77
		LESS: COPAYMENT	50.00
		ADD: ADDON PYMT	6,048.00
		REIMBURSEMENT	10,138,464.06

TOTAL NUMBER OF ADMISSIONS 974

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,642		0	4,993,910.00		0.00
ROUTINE NURSERY	434		0	804,300.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		19.00
TOTAL ROUTINE	4,076		0	5,798,210.00		19.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	972		0	3,551,143.00		0.00
NICU	36		0	152,028.00		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	1,008		0	3,703,171.00		0.00
TOTAL ACCOMODATIONS	5,084		0	9,501,381.00		19.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:00
 Page: 2

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,600,660.84	0.00	OTHER LAB	395,431.00	0.00
MED/SURG SUPPLY	939,575.30	299.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	9,336,729.00	0.00	EDUCATION & TRAINING	6,600.00	0.00
RADIOLOGY-DIAGNOSTIC	756,974.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,284,384.00	31,664.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	335,367.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	401,394.00	0.00	MRI SERVICES	666,509.00	0.00
IV THERAPY	1,036,549.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,273,223.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	248,892.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,335,180.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	367,834.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	378,293.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,894,535.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	543,187.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	313,511.00	0.00	INJECTABLE DRUGS	200.00	0.00
RADIOLOGY THERAPEUTIC	122,386.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	207,369.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	150,320.02	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,669,190.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	29,081.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	545,455.93	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	721,610.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	535,427.01	76,425.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	259,383.00	57,635.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,921,793.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	53,564.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	340,350.68	0.00			
			TOTAL ANCILLARY	43,670,957.78	166,023.00
			TOTAL ACCOMODATIONS	9,501,381.00	19.00
			TOTAL CHARGES	53,172,338.78	166,042.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:05
 Page: 3

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER 000182388A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,774,299.37	ADJUSTMENTS	0.00
COVERED CHARGES	1,774,299.37	CONTRACTUAL ALLOW	1,560,341.53
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	213,957.84
		LESS: COB	214,461.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	504.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	29		0	39,730.00		0.00
ROUTINE NURSERY	124		0	310,080.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	153		0	349,810.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	20		0	82,300.00		0.00
NICU	4		0	15,836.00		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	24		0	98,136.00		0.00
TOTAL ACCOMODATIONS	177		0	447,946.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:45:05
 Page: 4

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	287,279.55	0.00	OTHER LAB	5,468.00	0.00
MED/SURG SUPPLY	72,766.98	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	287,672.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,905.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	42,163.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,503.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,018.00	0.00	MRI SERVICES	11,858.00	0.00
IV THERAPY	6,419.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,882.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	22,122.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	321,092.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,024.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,961.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	29,155.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	23,231.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,761.00	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	68,566.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,163.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,998.84	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,503.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,772.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,185.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,779.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,106.00	0.00			
			TOTAL ANCILLARY	1,326,353.37	0.00
			TOTAL ACCOMODATIONS	447,946.00	0.00
			TOTAL CHARGES	1,774,299.37	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:45:06
Page: 5

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,605,693.57	ADJUSTMENTS	235,185.74
COVERED CHARGES	21,025,882.55	CONTRACTUAL ALLOW	18,847,570.40
NON-COVERD CHARGES	5,579,811.02	TOTAL MEDICAID LIAB	2,178,312.15
		LESS: COB	5,684.26
		LESS: COPAYMENT	3,390.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,169,237.89
		ALL OTHER	1,991,367.91
		FEE SCHEDULE-LAB	140,904.89
		INJECTABLE DRUGS	36,965.09
		TOTAL NUMBER OF CLAIMS	4,178

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:45:06
 Page: 6

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	289,487.37	1,264.66	OTHER LAB	422,620.00	16,477.00
MED/SURG SUPPLY	349,618.48	42,165.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	660.00
RADIOLOGY-DIAGNOSTIC	798,882.00	34,352.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,675,321.00	433,780.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	49,293.00	25,045.00	FEE SCHEDULE LAB	2,770,074.00	191,220.00
EKG/ECG	345,561.00	6,036.00	MRI SERVICES	346,358.00	188,621.00
IV THERAPY	1,489,154.00	249,483.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,618,857.25	425,809.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,327.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	131,250.00	53,167.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	246,248.00	19,796.00	AMBULANCE	0.00	0.00
GI SERVICES	184,973.00	80,728.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,492,680.00	42,842.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	319,050.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	372,225.60	500,442.65
RADIOLOGY THERAPEUTIC	878,456.00	2,125,695.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	17,469.00	13,345.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,986.00	15,898.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	300,969.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	4,936.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	103,979.66	142,704.79
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	674,885.00	164,222.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	47,503.00	19,415.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	129,970.00	178,093.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	547,500.00	277,487.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	171,322.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	538,832.19	25,157.00			
			TOTAL ANCILLARY	21,025,882.55	5,579,811.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,025,882.55	5,579,811.02

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:45:15
Page: 7

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER 000182388A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	575,073.02	ADJUSTMENTS	0.00
COVERED CHARGES	371,319.86	CONTRACTUAL ALLOW	338,182.67
NON-COVERD CHARGES	203,753.16	TOTAL MEDICAID LIAB	33,137.19
		LESS: COB	33,065.19
		LESS: COPAYMENT	72.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	82

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:45:15
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,973.41	416.00	OTHER LAB	9,269.00	0.00
MED/SURG SUPPLY	7,741.75	347.11	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,972.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,092.00	17,722.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	47,043.00	4,918.00
EKG/ECG	5,533.00	1,006.00	MRI SERVICES	5,963.00	0.00
IV THERAPY	53,299.00	3,804.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	32,763.00	33,221.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,139.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,428.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	96,143.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,109.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,856.78	24,946.33
RADIOLOGY THERAPEUTIC	7,296.00	94,214.00	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	310.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	131.92	642.72
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,360.00	7,999.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,224.00	9,887.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,464.00	3,816.00			
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	1,519.00	504.00			
			TOTAL ANCILLARY	371,319.86	203,753.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	371,319.86	203,753.16

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:45:16
Page: 9

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	813,155.50	ADJUSTMENTS	326.65
COVERED CHARGES	766,668.04	CONTRACTUAL ALLOW	749,079.98
NON-COVERD CHARGES	46,487.46	TOTAL MEDICAID LIAB	17,588.06
		LESS: COB	60.22
		LESS: COPAYMENT	357.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,170.84

TOTAL NUMBER OF CLAIMS 262

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:45:16
 Page: 10

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,409.94	0.00	OTHER LAB	20,490.00	1,802.00
MED/SURG SUPPLY	232.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	42,720.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	80,234.00	15,496.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	128,837.00	5,118.00
EKG/ECG	11,066.00	1,006.00	MRI SERVICES	0.00	0.00
IV THERAPY	73,143.00	9,609.00	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	1,440.00	708.00	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	374,477.00	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	6,122.10	2,432.46
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	155.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,158.00	10,161.00	NO CC/INVALID REV CODE	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	971.00	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	1,368.00	0.00			
			TOTAL ANCILLARY	766,668.04	46,487.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	766,668.04	46,487.46

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:45:17
Page: 11

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	59,745.88	ADJUSTMENTS	0.00
COVERED CHARGES	50,958.28	CONTRACTUAL ALLOW	50,085.59
NON-COVERD CHARGES	8,787.60	TOTAL MEDICAID LIAB	872.69
		LESS: COB	860.69
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:45:17
 Page: 12

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	526.41	0.00	OTHER LAB	1,802.00	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	3,970.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,702.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,449.00	301.00
EKG/ECG	1,509.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,576.00	436.00	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	23,547.00	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	366.87	198.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,212.00	1,150.00	NO CC/INVALID REV CODE	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	50,958.28	8,787.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	50,958.28	8,787.60

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:45:18
Page: 13

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER 000182388A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,991,958.39	ADJUSTMENTS	62,642.17
COVERED CHARGES	1,824,702.44	CONTRACTUAL ALLOW	1,653,778.34
NON-COVERD CHARGES	167,255.95	TOTAL MEDICAID LIAB	170,924.10
		LESS: COB	0.00
		LESS: COPAYMENT	85.15
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	170,838.95

TOTAL NUMBER OF CLAIMS 30

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:45:18
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HENRY HOSPITAL, INC.
 1133 EAGLES LANDING PKWY
 STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
 000182388A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	9,717.92	0.00	OTHER LAB	1,833.00	0.00
MED/SURG SUPPLY	40,339.63	37,961.91	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,417.00	4,793.00	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	20,183.00	593.00
EKG/ECG	2,515.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,684.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	517,537.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,595.00	3,228.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	27,637.00	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	3,061.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	451,012.56	10,316.27
RADIOLOGY THERAPEUTIC	165,137.00	5,778.00	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	8,478.00	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	234,695.33	64,570.77
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,926.00	0.00	NO CC/INVALID REV CODE	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	331,120.00	31,537.00			
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	292.00	0.00			
			TOTAL ANCILLARY	1,824,702.44	167,255.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,824,702.44	167,255.95

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:45:19
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE, GA 30281-5085

PROVIDER NUMBER
000182388A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:13:22
 Page: 1

EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER 000190088A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	58,036,612.06	ADJUSTMENTS	1,125,698.33
COVERED CHARGES	57,906,191.57	CONTRACTUAL ALLOW	50,643,912.25
NON-COVERED CHARGES	130,420.49	TOTAL MEDICAID LIAB	7,262,279.32
		LESS: COB	189,540.25
		LESS: COPAYMENT	162.50
		ADD: ADDON PYMT	4,221.00
		REIMBURSEMENT	7,076,797.57

TOTAL NUMBER OF ADMISSIONS 833

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,428		0	14,487,809.86		0.00
ROUTINE NURSERY	340		0	745,889.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,768		0	15,233,698.86		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,386		0	5,050,262.42		0.00
NICU	4		0	18,728.00		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	1,390		0	5,068,990.42		0.00
TOTAL ACCOMODATIONS	6,158		0	20,302,689.28		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:13:22
 Page: 2

EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,743,408.64	0.00	OTHER LAB	203,635.62	0.00
MED/SURG SUPPLY	2,464,834.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	9,284,705.31	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	674,235.16	0.00	OTHER THERAPEUTIC SVC	0.00	5,217.85
CT SCAN	2,664,377.26	37,139.47	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,469,954.93	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	629,471.26	0.00	MRI SERVICES	468,925.10	0.00
IV THERAPY	6,764.13	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,813,210.63	38,899.08	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	347,774.90	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,842,176.90	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	517,486.93	0.00	AMBULANCE	0.00	0.00
GI SERVICES	274,886.80	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,058,551.58	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	307,153.46	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	203,144.39	0.00	INJECTABLE DRUGS	2,781,153.19	29,523.14
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,007,346.62	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	403,374.85	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	276,403.36	8,370.04	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15,148.50	1,327.82	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	26,265.84	0.00	IMPL DEV CHARGE PATIENTS	768,629.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	259,414.49	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	102,595.86	9,943.09			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	702,479.43	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,078,920.20	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	76,409.65	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	130,663.80	0.00			
			TOTAL ANCILLARY	37,603,502.29	130,420.49
			TOTAL ACCOMODATIONS	20,302,689.28	0.00
			TOTAL CHARGES	57,906,191.57	130,420.49

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:13:26
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EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER 000190088A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	206,412.68	ADJUSTMENTS	0.00
COVERED CHARGES	206,412.68	CONTRACTUAL ALLOW	172,545.38
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	33,867.30
		LESS: COB	34,056.30
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 10

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9		0	15,864.00		0.00
ROUTINE NURSERY	14		0	33,778.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	23		0	49,642.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	12,492.00		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	4		0	12,492.00		0.00
TOTAL ACCOMODATIONS	27		0	62,134.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:13:26
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EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,010.37	0.00	OTHER LAB	2,905.14	0.00
MED/SURG SUPPLY	3,632.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	59,782.16	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,657.04	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,485.90	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	932.14	0.00	MRI SERVICES	4,080.36	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,408.72	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	14,397.98	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,301.58	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,770.41	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,446.91	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,552.81	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,119.10	0.00	INJECTABLE DRUGS	12,883.24	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,667.19	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	225.58	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,258.37	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,761.68	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	144,278.68	0.00
			TOTAL ACCOMODATIONS	62,134.00	0.00
			TOTAL CHARGES	206,412.68	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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EASTSIDE MEDICAL CENTER LLC
1700 MEDICAL WAY
SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,275,659.40	ADJUSTMENTS	100,208.72
COVERED CHARGES	16,544,700.20	CONTRACTUAL ALLOW	15,412,974.76
NON-COVERD CHARGES	1,730,959.20	TOTAL MEDICAID LIAB	1,131,725.44
		LESS: COB	888.37
		LESS: COPAYMENT	1,571.25
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,129,265.82
		ALL OTHER	1,042,134.91
		FEE SCHEDULE-LAB	69,889.67
		INJECTABLE DRUGS	17,241.24
		TOTAL NUMBER OF CLAIMS	2,575

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:13:27
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EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	240,453.15	48,321.86	OTHER LAB	169,838.42	0.00
MED/SURG SUPPLY	295,515.75	75,841.08	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	25.30	EDUCATION & TRAINING	0.00	317.79
RADIOLOGY-DIAGNOSTIC	624,897.21	15,458.32	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,378,378.05	187,742.09	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,198.88	14,183.98	FEE SCHEDULE LAB	3,399,338.16	189,453.21
EKG/ECG	366,365.84	0.00	MRI SERVICES	146,253.46	15,571.51
IV THERAPY	820,816.89	37,459.06	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	545,239.29	297,683.45	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	30,181.83	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,344.68	6,799.12	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	359,172.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	76,315.64	36,945.64	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,208,437.63	9,758.86	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	677,992.99	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	111,977.46	85,858.36
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	788.81	6,724.29	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	4,526.22	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	23,017.61	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	127,056.70	5,183.15	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	51,934.74	0.00	IMPL DEV CHARGE PATIENTS	137,613.25	164,107.75
LITHOTRIPSY	34,283.70	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	248,002.59	68,985.75	NO CC/INVALID REV CODE	5,882.76	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,845.38	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	728,391.12	168,286.39			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	364,426.88	181,827.99			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	20,642.08	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	324,114.46	86,880.42			
			TOTAL ANCILLARY	16,544,700.20	1,730,959.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,544,700.20	1,730,959.20

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:13:33
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	11,796.71	327.22	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,365.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,585.46	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,896.42	20,855.45	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	76,551.76	8,424.02
EKG/ECG	8,320.22	932.14	MRI SERVICES	6,557.00	0.00
IV THERAPY	10,742.19	2,665.57	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	20,569.15	27,045.60	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	13,441.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	82,384.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,480.47	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	124.83	85.02
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	771.73	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	21,060.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,137.45	2,334.78	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	440.42	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	19,023.01			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,124.05	2,421.56			
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	2,206.96	63,835.07			
			TOTAL ANCILLARY	309,555.82	147,949.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	309,555.82	147,949.44

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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EASTSIDE MEDICAL CENTER LLC
1700 MEDICAL WAY
SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,510,448.97	ADJUSTMENTS	67.13
COVERED CHARGES	1,464,715.79	CONTRACTUAL ALLOW	1,440,548.99
NON-COVERD CHARGES	45,733.18	TOTAL MEDICAID LIAB	24,166.80
		LESS: COB	0.00
		LESS: COPAYMENT	402.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	23,764.80

TOTAL NUMBER OF CLAIMS 360

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	15,586.59	2,095.63	OTHER LAB	7,775.50	0.00
MED/SURG SUPPLY	230.75	49.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	50,216.48	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	193,699.45	13,630.52	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,644.77	FEE SCHEDULE LAB	370,402.51	8,446.24
EKG/ECG	22,233.28	0.00	MRI SERVICES	4,080.36	0.00
IV THERAPY	71,065.95	2,674.08	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	1,842.79	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	700,969.12	668.52	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	6,244.01	4,539.71
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	967.94	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,508.74	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	14,783.76	7,086.22	NO CC/INVALID REV CODE	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	2,421.56			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,668.90	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,916.34	0.00			
			TOTAL ANCILLARY	1,464,715.79	45,733.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,464,715.79	45,733.18

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:13:35
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EASTSIDE MEDICAL CENTER LLC
1700 MEDICAL WAY
SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,957.62	ADJUSTMENTS	0.00
COVERED CHARGES	47,893.22	CONTRACTUAL ALLOW	47,154.79
NON-COVERD CHARGES	9,064.40	TOTAL MEDICAID LIAB	738.43
		LESS: COB	729.43
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 11

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:13:35
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EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,471.26	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	1,352.82	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,591.23	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,749.50	349.89
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,222.62	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	23,097.02	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,123.28	NO CC/INVALID REV CODE	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	47,893.22	9,064.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	47,893.22	9,064.40

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:13:36
Page: 15

EASTSIDE MEDICAL CENTER LLC
1700 MEDICAL WAY
SNELLVILLE,GA 30078-2195

PROVIDER NUMBER 000190088A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	593,424.86	ADJUSTMENTS	0.00
COVERED CHARGES	453,849.30	CONTRACTUAL ALLOW	432,112.22
NON-COVERD CHARGES	139,575.56	TOTAL MEDICAID LIAB	21,737.08
		LESS: COB	0.00
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,728.08

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:13:36
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EASTSIDE MEDICAL CENTER LLC
 1700 MEDICAL WAY
 SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
 000190088A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	2,051.79	322.30	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,588.50	19,415.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,241.81	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	13,436.50	919.31
EKG/ECG	1,864.28	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	962.80	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	185,446.65	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	10,405.58	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,242.05	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	13,381.02	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,125.72	5,311.13
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	84,559.50	88,159.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	19,023.01			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	127,232.66	6,424.81			
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	3,310.44	0.00			
			TOTAL ANCILLARY	453,849.30	139,575.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	453,849.30	139,575.56

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:13:36
Page: 17

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EASTSIDE MEDICAL CENTER LLC
1700 MEDICAL WAY
SNELLVILLE,GA 30078-2195

PROVIDER NUMBER
000190088A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:10:57
 Page: 1

DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER 000206181A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,030,325.12	ADJUSTMENTS	0.00
COVERED CHARGES	5,016,917.72	CONTRACTUAL ALLOW	3,678,964.54
NON-COVERED CHARGES	13,407.40	TOTAL MEDICAID LIAB	1,337,953.18
		LESS: COB	11,781.25
		LESS: COPAYMENT	750.00
		ADD: ADDON PYMT	12,000.00
		REIMBURSEMENT	1,337,421.93

TOTAL NUMBER OF ADMISSIONS 321

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,244		0	2,823,755.00		0.00
ROUTINE NURSERY	35		0	26,880.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,279		0	2,850,635.00		0.00
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	2,279		0	2,850,635.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:10:57
 Page: 2

DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
 000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,016,516.92	1,308.40	OTHER LAB	4,027.00	0.00
MED/SURG SUPPLY	155,319.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	404,047.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	45,321.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	37,542.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	11,333.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,872.00	0.00	MRI SERVICES	3,263.00	0.00
IV THERAPY	11,695.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,822.00	7,276.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	11,388.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	44,165.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,608.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,284.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,484.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	307,673.80	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,730.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,833.00	4,823.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	3,528.00	0.00			
CARDIOLOGY	3,327.00	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	504.00	0.00			
			TOTAL ANCILLARY	2,166,282.72	13,407.40
			TOTAL ACCOMODATIONS	2,850,635.00	0.00
			TOTAL CHARGES	5,016,917.72	13,407.40

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:10:59
Page: 3

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:10:59
Page: 4

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,286,061.29	ADJUSTMENTS	0.00
COVERED CHARGES	1,093,665.29	CONTRACTUAL ALLOW	919,316.93
NON-COVERD CHARGES	192,396.00	TOTAL MEDICAID LIAB	174,348.36
		LESS: COB	223.57
		LESS: COPAYMENT	564.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	173,560.79
		ALL OTHER	141,930.21
		FEE SCHEDULE-LAB	30,460.33
		INJECTABLE DRUGS	1,170.25
		TOTAL NUMBER OF CLAIMS	936

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:10:59
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DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
 000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	26,944.00	25,574.00	OTHER LAB	2,789.00	0.00
MED/SURG SUPPLY	85,094.00	4,431.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,108.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	53,097.00	21,881.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	38,630.00	26,384.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,125.00	1,160.00	FEE SCHEDULE LAB	404,073.00	39,058.00
EKG/ECG	7,322.00	146.00	MRI SERVICES	16,542.00	0.00
IV THERAPY	69,870.00	6,539.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	78,135.00	27,898.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	245.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,720.00	478.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	864.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	133,000.00	419.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	27,761.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	70,984.00	14,688.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,479.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	412.00	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	1,264.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	49,175.29	7,640.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,413.00	1,113.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,496.00	1,109.00			
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	11,907.00	10,251.00			
			TOTAL ANCILLARY	1,093,665.29	191,553.00
			TOTAL ACCOMODATIONS	0.00	843.00
			TOTAL CHARGES	1,093,665.29	192,396.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:11:02
Page: 6

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,295.00	ADJUSTMENTS	0.00
COVERED CHARGES	4,630.00	CONTRACTUAL ALLOW	4,018.31
NON-COVERD CHARGES	2,665.00	TOTAL MEDICAID LIAB	611.69
		LESS: COB	611.69
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	7

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:11:02
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
 000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	807.00	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	324.00	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	2,991.00	150.00
EKG/ECG	73.00	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	508.00	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	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	734.00	0.00	NO CC/INVALID REV CODE	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	1,708.00			
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	4,630.00	2,665.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,630.00	2,665.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:11:02
Page: 8

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,716.00	ADJUSTMENTS	0.00
COVERED CHARGES	12,853.00	CONTRACTUAL ALLOW	11,678.20
NON-COVERD CHARGES	863.00	TOTAL MEDICAID LIAB	1,174.80
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,162.80

TOTAL NUMBER OF CLAIMS 15

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:11:02
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DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
 000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4.00	31.00	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	1,398.00	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	2,603.00	796.00
EKG/ECG	73.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	651.00	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	6,405.00	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	1,719.00	36.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	12,853.00	863.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,853.00	863.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:11:02
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DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER 000206181A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	98,935.00	ADJUSTMENTS	0.00
COVERED CHARGES	87,271.00	CONTRACTUAL ALLOW	72,450.37
NON-COVERD CHARGES	11,664.00	TOTAL MEDICAID LIAB	14,820.63
		LESS: COB	0.00
		LESS: COPAYMENT	6.58
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,814.05

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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DONALSONVILLE HOSPITAL INC
 102 HOSPITAL CIR
 DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
 000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	8,934.00	993.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	60,945.00	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	743.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,191.00	156.00
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	5,575.00	9,000.00	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	2,736.00	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	3,621.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,705.00	504.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	821.00	654.00	NO CC/INVALID REV CODE	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	357.00			
			TOTAL ANCILLARY	87,271.00	11,664.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	87,271.00	11,664.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE, GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:44:27
 Page: 1

SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA,GA 30309-1426

PROVIDER NUMBER 000248069A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,407,511.11	ADJUSTMENTS	82,986.99
COVERED CHARGES	10,365,854.11	CONTRACTUAL ALLOW	7,237,437.58
NON-COVERED CHARGES	41,657.00	TOTAL MEDICAID LIAB	3,128,416.53
		LESS: COB	0.00
		LESS: COPAYMENT	150.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,128,266.53

TOTAL NUMBER OF ADMISSIONS 34

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,601		0	2,651,450.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,601		0	2,651,450.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	20		0	66,020.00		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	20		0	66,020.00		0.00
TOTAL ACCOMODATIONS	1,621		0	2,717,470.00		0.00

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: 09/20/2021
 Run Time: 20:44:27
 Page: 2

SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA, GA 30309-1426

PROVIDER NUMBER
 000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	1,158,758.43	0.00	OTHER LAB	81,828.00	0.00
MED/SURG SUPPLY	1,385,668.61	0.00	RECREATIONAL THERAPY	791.00	0.00
LABORATORY-GENERAL	339,529.20	0.00	EDUCATION & TRAINING	59,258.00	0.00
RADIOLOGY-DIAGNOSTIC	70,392.00	0.00	OTHER THERAPEUTIC SVC	1,462.00	0.00
CT SCAN	98,739.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	624,979.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,477.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	646,046.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,556,180.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	123,705.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	10,398.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	17,071.00
RECOVERY ROOM	78,497.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	7,796.90	0.00	INJECTABLE DRUGS	642,941.32	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	504,227.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	212,454.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	1,830.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	165.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,528.65	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,100.00	0.00	NO CC/INVALID REV CODE	0.00	22,756.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,840.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,623.00	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	7,648,384.11	41,657.00
			TOTAL ACCOMODATIONS	2,717,470.00	0.00
			TOTAL CHARGES	10,365,854.11	41,657.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:44:31
Page: 4

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA,GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:44:31
Page: 5

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,965,378.00	ADJUSTMENTS	394,641.52
COVERED CHARGES	3,892,698.00	CONTRACTUAL ALLOW	2,482,493.75
NON-COVERD CHARGES	1,072,680.00	TOTAL MEDICAID LIAB	1,410,204.25
		LESS: COB	8,651.17
		LESS: COPAYMENT	3,825.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,397,728.08
		ALL OTHER	446,890.91
		FEE SCHEDULE-LAB	15,270.84
		INJECTABLE DRUGS	935,566.33
		TOTAL NUMBER OF CLAIMS	1,359

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

Run Date: 09/20/2021
 Run Time: 20:44:31
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SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA, GA 30309-1426

PROVIDER NUMBER
 000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	13,824.00	37,558.00	OTHER LAB	9,686.00	5,307.00
MED/SURG SUPPLY	33,921.00	0.00	RECREATIONAL THERAPY	0.00	174.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	428.00	3,316.00
RADIOLOGY-DIAGNOSTIC	15,927.00	3,468.00	OTHER THERAPEUTIC SVC	312.00	364.00
CT SCAN	3,161.00	2,880.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	120,308.00	137,262.00	FEE SCHEDULE LAB	180,356.00	16,463.00
EKG/ECG	1,053.00	0.00	MRI SERVICES	243,458.00	30,375.00
IV THERAPY	5,179.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,178.00	5,752.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,833.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	43.00	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	2,656,522.00	506,938.00
RADIOLOGY THERAPEUTIC	92,652.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	30,422.00	141,927.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	9,255.00	96,085.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	168.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	211,506.00	5,051.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	31,385.00	0.00	NO CC/INVALID REV CODE	0.00	17,040.00
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	216,289.00	62,552.00			
			TOTAL ANCILLARY	3,892,698.00	1,072,680.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,892,698.00	1,072,680.00

Report : CLM-0806-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:44:38
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SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA, GA 30309-1426

PROVIDER NUMBER
 000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	712.00	2,495.00	OTHER LAB	0.00	1,739.00
MED/SURG SUPPLY	1,674.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	350.00	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	26,716.00	FEE SCHEDULE LAB	1,538.00	66.00
EKG/ECG	351.00	0.00	MRI SERVICES	4,699.00	4,699.00
IV THERAPY	1,403.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,132.00	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	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	88,826.00	175,602.00
RADIOLOGY THERAPEUTIC	1,896.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	22,819.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	13,851.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	512.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,845.00	212.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	759.00	0.00	NO CC/INVALID REV CODE	0.00	2,343.00
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	26,712.00	20,004.00			
			TOTAL ANCILLARY	134,765.00	273,190.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	134,765.00	273,190.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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Page: 12

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER 000248069A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,544,072.00	ADJUSTMENTS	111,407.10
COVERED CHARGES	1,530,676.00	CONTRACTUAL ALLOW	1,207,525.81
NON-COVERD CHARGES	13,396.00	TOTAL MEDICAID LIAB	323,150.19
		LESS: COB	20,938.75
		LESS: COPAYMENT	171.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	302,040.44

TOTAL NUMBER OF CLAIMS 29

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA, GA 30309-1426

PROVIDER NUMBER
 000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	572.00	4,474.00	OTHER LAB	1,157.00	0.00
MED/SURG SUPPLY	4.00	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	9,732.00	1,680.00	FEE SCHEDULE LAB	27,044.00	783.00
EKG/ECG	0.00	0.00	MRI SERVICES	16,294.00	4,699.00
IV THERAPY	5,496.00	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	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	1,415,081.00	446.00
RADIOLOGY THERAPEUTIC	30,984.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,476.00	1,314.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,397.00	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	378.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	61.00	0.00			
			TOTAL ANCILLARY	1,530,676.00	13,396.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,530,676.00	13,396.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000248069A	SERVICE DATES	04/01/19	THROUGH	03/31/20
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,085.00	ADJUSTMENTS	0.00
COVERED CHARGES	76,820.00	CONTRACTUAL ALLOW	54,533.78
NON-COVERD CHARGES	265.00	TOTAL MEDICAID LIAB	22,286.22
		LESS: COB	22,280.22
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 20:44:39
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SHEPHERD CENTER
 2020 PEACHTREE RD NW
 ATLANTA, GA 30309-1426

PROVIDER NUMBER
 000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	232.00	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	1,872.00	33.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	496.00	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	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	72,028.00	0.00
RADIOLOGY THERAPEUTIC	2,424.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	76,820.00	265.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	76,820.00	265.00

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:57:50
 Page: 1

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER 000275976A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,120,504.10	ADJUSTMENTS	358,311.33
COVERED CHARGES	25,098,725.60	CONTRACTUAL ALLOW	21,344,723.22
NON-COVERED CHARGES	21,778.50	TOTAL MEDICAID LIAB	3,754,002.38
		LESS: COB	83,345.13
		LESS: COPAYMENT	125.00
		ADD: ADDON PYMT	12,285.00
		REIMBURSEMENT	3,682,817.25

TOTAL NUMBER OF ADMISSIONS 611

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,047		0	1,484,418.00		0.00
ROUTINE NURSERY	402		0	711,489.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,449		0	2,195,907.00		0.00
SPECIAL CARE SERVICES						
CCU	577		0	2,351,080.00		0.00
ICU	196		0	872,665.00		0.00
NICU	192		0	1,322,880.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	56		0	342,622.00		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	1,021		0	4,889,247.00		0.00
TOTAL ACCOMODATIONS	2,470		0	7,085,154.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:57:50
 Page: 2

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,804,945.70	0.00	OTHER LAB	237,940.00	0.00
MED/SURG SUPPLY	747,818.85	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,707,094.20	0.00	EDUCATION & TRAINING	38,295.00	0.00
RADIOLOGY-DIAGNOSTIC	460,254.00	0.00	OTHER THERAPEUTIC SVC	0.00	2,651.00
CT SCAN	1,459,013.00	8,339.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	231,068.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	162,908.00	0.00	MRI SERVICES	307,111.00	0.00
IV THERAPY	183,463.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,548,276.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,845,427.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,050,054.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	488,938.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	104,201.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	773,712.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	269,416.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,517.30
LABORATORY PATHOLOGIC	113,274.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	121,339.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	103,277.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	198,504.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	34,616.00	1,217.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	482,317.86	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	120,702.00	0.00	NO CC/INVALID REV CODE	0.00	281.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	259,814.02	4,124.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	66,205.40	1,649.20			
AUDIOLOGY	1,598.00	0.00			
CARDIOLOGY	589,347.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,755.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	495,887.57	0.00			
			TOTAL ANCILLARY	18,013,571.60	21,778.50
			TOTAL ACCOMODATIONS	7,085,154.00	0.00
			TOTAL CHARGES	25,098,725.60	21,778.50

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:57:53
 Page: 4

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER 000275976A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,262,771.23	ADJUSTMENTS	0.00
COVERED CHARGES	1,262,008.23	CONTRACTUAL ALLOW	1,113,654.16
NON-COVERD CHARGES	763.00	TOTAL MEDICAID LIAB	148,354.07
		LESS: COB	149,173.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	819.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 31

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	46		0	63,020.00		0.00
ROUTINE NURSERY	47		0	171,072.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	93		0	234,092.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	12,066.00		0.00
ICU	2		0	8,044.00		0.00
NICU	54		0	372,060.00		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	59		0	392,170.00		0.00
TOTAL ACCOMODATIONS	152		0	626,262.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	89,919.60	0.00	OTHER LAB	818.00	0.00
MED/SURG SUPPLY	36,513.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	93,034.00	0.00	EDUCATION & TRAINING	3,126.00	0.00
RADIOLOGY-DIAGNOSTIC	8,355.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,215.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,260.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	586.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,884.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	52,209.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	171,831.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,094.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,411.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,369.90	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,517.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,094.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	847.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,653.00	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	1,380.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,710.00	0.00	NO CC/INVALID REV CODE	0.00	189.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,539.00	574.00			
AUDIOLOGY	768.00	0.00			
CARDIOLOGY	9,934.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,652.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,026.00	0.00			
			TOTAL ANCILLARY	635,746.23	763.00
			TOTAL ACCOMODATIONS	626,262.00	0.00
			TOTAL CHARGES	1,262,008.23	763.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,909,965.39	ADJUSTMENTS	40,911.19
COVERED CHARGES	4,399,476.64	CONTRACTUAL ALLOW	3,906,669.02
NON-COVERD CHARGES	510,488.75	TOTAL MEDICAID LIAB	492,807.62
		LESS: COB	1,314.34
		LESS: COPAYMENT	1,011.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	490,482.28
		ALL OTHER	444,006.65
		FEE SCHEDULE-LAB	38,983.99
		INJECTABLE DRUGS	7,491.64
		TOTAL NUMBER OF CLAIMS	1,267

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	77,364.80	0.00	OTHER LAB	41,766.00	0.00
MED/SURG SUPPLY	82,528.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1,959.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	214,537.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	616,584.00	39,445.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	29,677.00	3,052.00	FEE SCHEDULE LAB	572,759.46	27,192.25
EKG/ECG	72,664.00	5,274.00	MRI SERVICES	129,971.00	8,713.00
IV THERAPY	194,403.00	18,501.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	336,371.00	157,777.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	25,033.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	100,292.00	1,215.00	AMBULANCE	0.00	0.00
GI SERVICES	23,851.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,224,243.00	9,317.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	61,287.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	65,294.30	38,536.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	11,539.00	859.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,695.00	3,976.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	93,825.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	40,000.00	7,209.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	14,950.13	0.00
LITHOTRIPSY	0.00	44,797.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	94,318.50	11,220.00	NO CC/INVALID REV CODE	392.00	97.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,392.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	134,148.70	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	67,367.00	4,346.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	33,644.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	119,404.39	33,178.00			
			TOTAL ANCILLARY	4,399,476.64	510,488.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,399,476.64	510,488.75

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	104,120.22	ADJUSTMENTS	0.00
COVERED CHARGES	94,065.82	CONTRACTUAL ALLOW	83,894.22
NON-COVERD CHARGES	10,054.40	TOTAL MEDICAID LIAB	10,171.60
		LESS: COB	10,147.60
		LESS: COPAYMENT	24.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 23

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,335.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,005.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,010.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,540.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,254.00	1,209.00
EKG/ECG	1,758.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,836.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	10,302.00	7,870.00	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	6,062.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,561.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,130.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,669.50	975.40
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,759.00	0.00	NO CC/INVALID REV CODE	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	3,304.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,539.40	0.00			
			TOTAL ANCILLARY	94,065.82	10,054.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	94,065.82	10,054.40

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	123,807.70	ADJUSTMENTS	0.00
COVERED CHARGES	121,165.30	CONTRACTUAL ALLOW	117,943.06
NON-COVERD CHARGES	2,642.40	TOTAL MEDICAID LIAB	3,222.24
		LESS: COB	0.00
		LESS: COPAYMENT	51.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,171.24

TOTAL NUMBER OF CLAIMS 48

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 20:57:56
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WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	563.40	0.00	OTHER LAB	2,079.00	0.00
MED/SURG SUPPLY	256.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,157.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,996.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	19,521.00	1,928.00
EKG/ECG	586.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,690.00	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	74,706.00	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	335.90	714.40
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,275.00	0.00	NO CC/INVALID REV CODE	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	121,165.30	2,642.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	121,165.30	2,642.40

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:57:56
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WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,832.50	ADJUSTMENTS	0.00
COVERED CHARGES	4,766.70	CONTRACTUAL ALLOW	4,699.57
NON-COVERD CHARGES	65.80	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 20:57:56
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WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	15.70	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	1,023.00	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	1,247.00	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	2,481.00	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	0.00	65.80
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	4,766.70	65.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,766.70	65.80

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:57:57
Page: 16

WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	995,916.94	ADJUSTMENTS	5,122.77
COVERED CHARGES	901,484.28	CONTRACTUAL ALLOW	855,325.35
NON-COVERD CHARGES	94,432.66	TOTAL MEDICAID LIAB	46,158.93
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	46,143.93

TOTAL NUMBER OF CLAIMS 9

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
 Run Time: 20:57:57
 Page: 17

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,823.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	47,411.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,964.00	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	574.00	FEE SCHEDULE LAB	3,094.00	0.00
EKG/ECG	586.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,785.00	696.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	66,665.34	87,960.66	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	62,666.00	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	28,284.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	58,251.80	5,202.00
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	IMPL DEV CHARGE PATIENTS	619,082.93	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,794.00	0.00	NO CC/INVALID REV CODE	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	2,075.75	0.00			
			TOTAL ANCILLARY	901,484.28	94,432.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	901,484.28	94,432.66

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:57:57
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR NORTH FULTON HOSPITAL, INC
3000 HOSPITAL BLVD
ROSWELL,GA 30076-4915

PROVIDER NUMBER
000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	442,249.87	ADJUSTMENTS	0.00
COVERED CHARGES	411,447.97	CONTRACTUAL ALLOW	396,061.66
NON-COVERD CHARGES	30,801.90	TOTAL MEDICAID LIAB	15,386.31
		LESS: COB	15,377.31
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0814-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VIII

Run Date: 09/20/2021
 Run Time: 20:57:57
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR NORTH FULTON HOSPITAL, INC
 3000 HOSPITAL BLVD
 ROSWELL,GA 30076-4915

PROVIDER NUMBER
 000275976A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	740.70	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,459.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,482.00	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	431.00	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	6,296.00	29,906.00	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	16,844.00	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	8,430.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	755.60	895.90
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	328,861.42	0.00
LITHOTRIPSY	40,148.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	411,447.97	30,801.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	411,447.97	30,801.90

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:08:48
 Page: 1

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER 000295358A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,952,284.53	ADJUSTMENTS	47,513.61
COVERED CHARGES	6,830,657.53	CONTRACTUAL ALLOW	5,711,646.56
NON-COVERED CHARGES	121,627.00	TOTAL MEDICAID LIAB	1,119,010.97
		LESS: COB	12,457.94
		LESS: COPAYMENT	62.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,106,490.53

TOTAL NUMBER OF ADMISSIONS 129

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	484		0	864,040.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	484		0	864,040.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	79		0	258,171.00		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	79		0	258,171.00		0.00
TOTAL ACCOMODATIONS	563		0	1,122,211.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:08:48
 Page: 2

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	584,584.19	0.00	OTHER LAB	41,966.00	0.00
MED/SURG SUPPLY	248,062.25	70.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,381,886.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	193,562.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	411,788.00	113,051.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	65,040.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	81,323.00	0.00	MRI SERVICES	284,239.75	0.00
IV THERAPY	39,333.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	369,113.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	166,416.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	132,228.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	26,983.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	293,159.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	87,864.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,823.00
LABORATORY PATHOLOGIC	10,805.25	0.00	INJECTABLE DRUGS	773,399.34	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	49,486.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,374.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	58,425.00	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	251.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	82,781.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,905.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	37,102.00	956.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,595.00	5,476.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	217,136.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,183.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,706.00	0.00			
			TOTAL ANCILLARY	5,708,446.53	121,627.00
			TOTAL ACCOMODATIONS	1,122,211.00	0.00
			TOTAL CHARGES	6,830,657.53	121,627.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:08:49
 Page: 3

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER 000295358A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,607.63	ADJUSTMENTS	0.00
COVERED CHARGES	50,607.63	CONTRACTUAL ALLOW	43,361.52
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	7,246.11
		LESS: COB	7,309.11
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	8,096.00		0.00
ROUTINE NURSERY	2		0	1,842.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	8		0	9,938.00		0.00
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	8		0	9,938.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:08:49
 Page: 4

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	842.00	0.00	OTHER LAB	778.00	0.00
MED/SURG SUPPLY	845.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,855.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,640.00	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	9,370.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,863.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,566.00	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	5,464.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,446.63	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	80.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,919.00	0.00	NO CC/INVALID REV CODE	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	40,669.63	0.00
			TOTAL ACCOMODATIONS	9,938.00	0.00
			TOTAL CHARGES	50,607.63	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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COLISEUM NORTHSIDE HOSPITAL
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 10,674,433.60
COVERED CHARGES 8,773,236.30
NON-COVERD CHARGES 1,901,197.30

-----PAYMENTS-----
ADJUSTMENTS 90,510.84
CONTRACTUAL ALLOW 8,117,825.84
TOTAL MEDICAID LIAB 655,410.46
LESS: COB 885.34
LESS: COPAYMENT 729.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 653,796.12
ALL OTHER 580,947.75
FEE SCHEDULE-LAB 63,013.03
INJECTABLE DRUGS 9,835.34

TOTAL NUMBER OF CLAIMS 1,789

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:08:49
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COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	135,967.05	190,211.50	OTHER LAB	57,917.00	0.00
MED/SURG SUPPLY	119,314.75	558.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	932,363.25	12,681.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,485,628.00	745,661.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	111,570.00	102,899.00	FEE SCHEDULE LAB	2,013,502.25	266,870.65
EKG/ECG	235,931.00	17,787.00	MRI SERVICES	35,322.00	0.00
IV THERAPY	396,620.00	3,688.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	346,101.99	98,226.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	22,466.00	10,276.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	159,615.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	102,337.00	55,930.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,117,268.00	2,054.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	103,112.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	19,271.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	158,106.26	122,583.89
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,434.00	9,502.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,507.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	417.00	3,559.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	38,430.75	14,531.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	73,183.00	65,044.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,121.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,708.00	981.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,533.00	57,150.00			
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	103,268.00	100,224.00			
			TOTAL ANCILLARY	8,773,236.30	1,901,197.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,773,236.30	1,901,197.30

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	3,808.25	3,895.00	OTHER LAB	1,075.00	0.00
MED/SURG SUPPLY	4,018.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,740.75	1,813.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,255.00	32,703.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,197.00	FEE SCHEDULE LAB	45,005.50	6,291.25
EKG/ECG	2,156.00	0.00	MRI SERVICES	0.00	10,351.00
IV THERAPY	3,862.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,322.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	223.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,148.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	39,914.00	106.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,800.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,199.00	5,276.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,064.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,439.00	1,621.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,244.00	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	1,738.00	0.00			
			TOTAL ANCILLARY	189,948.50	64,317.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	189,948.50	64,317.75

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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COLISEUM NORTHSIDE HOSPITAL
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	726,432.21	ADJUSTMENTS	0.00
COVERED CHARGES	608,255.46	CONTRACTUAL ALLOW	592,412.78
NON-COVERD CHARGES	118,176.75	TOTAL MEDICAID LIAB	15,842.68
		LESS: COB	0.00
		LESS: COPAYMENT	378.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,464.68

TOTAL NUMBER OF CLAIMS 236

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,756.46	9,383.25	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	274.00	12.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	85,844.50	2,236.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,214.00	77,585.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	149,599.00	19,988.00
EKG/ECG	9,085.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,011.00	220.00	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	649.50	365.00	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	270,275.00	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	14,549.00	4,955.00
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	324.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,998.00	3,108.00	NO CC/INVALID REV CODE	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	608,255.46	118,176.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	608,255.46	118,176.75

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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COLISEUM NORTHSIDE HOSPITAL
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,034.65	ADJUSTMENTS	0.00
COVERED CHARGES	17,042.65	CONTRACTUAL ALLOW	16,572.74
NON-COVERD CHARGES	9,992.00	TOTAL MEDICAID LIAB	469.91
		LESS: COB	460.91
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 7

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:08:56
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COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,003.65	420.00	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	2,922.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	9,382.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,884.50	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	8,816.00	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	416.00	190.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	17,042.65	9,992.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,042.65	9,992.00

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:08:56
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COLISEUM NORTHSIDE HOSPITAL
 400 CHARTER BLVD
 MACON, GA 31210-4831

PROVIDER NUMBER
 000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,348.50	477.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	48,520.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	734.75	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	3,100.00	FEE SCHEDULE LAB	4,507.75	0.00
EKG/ECG	1,078.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	69,940.00	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	28,856.00	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	9,600.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,756.00	374.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,600.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	171,341.25	6,551.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	171,341.25	6,551.00

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:08:56
Page: 15

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

COLISEUM NORTHSIDE HOSPITAL
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:26
 Page: 1

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER 000315642A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,664,297.88	ADJUSTMENTS	30,722.59
COVERED CHARGES	2,659,851.88	CONTRACTUAL ALLOW	1,989,153.95
NON-COVERED CHARGES	4,446.00	TOTAL MEDICAID LIAB	670,697.93
		LESS: COB	20,460.65
		LESS: COPAYMENT	162.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	650,074.78

TOTAL NUMBER OF ADMISSIONS 74

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	229		0	244,801.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	229		0	244,801.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	23		0	67,111.00		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	23		0	67,111.00		0.00
TOTAL ACCOMODATIONS	252		0	311,912.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:26
 Page: 2

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	364,081.41	0.00	OTHER LAB	8,483.00	0.00
MED/SURG SUPPLY	93,670.24	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	308,856.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,693.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	84,973.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,722.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,976.00	0.00	MRI SERVICES	13,673.00	0.00
IV THERAPY	57,011.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	287,238.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	115,722.72	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	60,414.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	120,387.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	43,137.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,738.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,579.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	593.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,835.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	252.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	679,119.01	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,647.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,158.00	4,446.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,255.00	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	8,726.50	0.00			
			TOTAL ANCILLARY	2,347,939.88	4,446.00
			TOTAL ACCOMODATIONS	311,912.00	0.00
			TOTAL CHARGES	2,659,851.88	4,446.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:27
 Page: 3

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER 000315642A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,063.00	ADJUSTMENTS	0.00
COVERED CHARGES	13,063.00	CONTRACTUAL ALLOW	8,073.55
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	4,989.45
		LESS: COB	4,989.45
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2		0	2,138.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2		0	2,138.00		0.00
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	2		0	2,138.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:27
 Page: 4

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	2,066.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,472.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,506.00	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	2,217.00	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	1,601.00	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	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	63.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,925.00	0.00
			TOTAL ACCOMODATIONS	2,138.00	0.00
			TOTAL CHARGES	13,063.00	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:27
Page: 5

NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,433,394.66	ADJUSTMENTS	56,160.99
COVERED CHARGES	2,235,772.19	CONTRACTUAL ALLOW	1,842,079.94
NON-COVERD CHARGES	197,622.47	TOTAL MEDICAID LIAB	393,692.25
		LESS: COB	1,064.19
		LESS: COPAYMENT	405.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	392,223.06
		ALL OTHER	366,673.99
		FEE SCHEDULE-LAB	20,483.51
		INJECTABLE DRUGS	5,065.56
		TOTAL NUMBER OF CLAIMS	830

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:44:27
 Page: 6

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	68,842.06	3,857.15	OTHER LAB	6,541.00	0.00
MED/SURG SUPPLY	75,425.30	2,903.58	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	90,690.00	1,298.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	171,148.00	46,789.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	35,260.00	5,655.00	FEE SCHEDULE LAB	249,031.00	12,724.00
EKG/ECG	20,400.00	1,224.00	MRI SERVICES	0.00	0.00
IV THERAPY	173,684.00	19,419.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	223,083.76	26,894.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,598.00	2,725.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	60,914.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	39,920.00	12,648.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	665,970.00	1,178.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	68,784.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	38,871.35	27,948.56
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	412.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	967.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,755.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	24,603.80	20,758.94
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,485.00	778.00	NO CC/INVALID REV CODE	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	1,034.00	1,034.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	193,795.00	6,654.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,691.92	0.00			
			TOTAL ANCILLARY	2,235,772.19	197,622.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,235,772.19	197,622.47

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:28
Page: 7

NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	59,426.95	ADJUSTMENTS	0.00
COVERED CHARGES	52,258.88	CONTRACTUAL ALLOW	44,561.26
NON-COVERD CHARGES	7,168.07	TOTAL MEDICAID LIAB	7,697.62
		LESS: COB	7,697.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	22

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:44:28
 Page: 8

NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	801.75	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	3,566.00	270.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,397.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,033.00	422.00
EKG/ECG	1,836.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,363.00	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	27,417.00	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	275.13	1,079.07
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	967.00	0.00			
			TOTAL ANCILLARY	52,258.88	7,168.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	52,258.88	7,168.07

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	87,148.68	ADJUSTMENTS	0.00
COVERED CHARGES	82,958.73	CONTRACTUAL ALLOW	78,998.06
NON-COVERD CHARGES	4,189.95	TOTAL MEDICAID LIAB	3,960.67
		LESS: COB	0.00
		LESS: COPAYMENT	102.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,858.67

TOTAL NUMBER OF CLAIMS 59

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,362.62	83.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	175.00	625.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,569.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,906.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,648.00	359.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,955.00	1,808.00	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	50,923.00	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	420.11	1,314.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	82,958.73	4,189.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	82,958.73	4,189.95

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,107.80	ADJUSTMENTS	0.00
COVERED CHARGES	5,052.20	CONTRACTUAL ALLOW	4,917.94
NON-COVERD CHARGES	3,055.60	TOTAL MEDICAID LIAB	134.26
		LESS: COB	131.26
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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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NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	83.20	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	2,506.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,198.00	40.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	690.00	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	2,881.00	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	200.00	15.60
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	494.00	NO CC/INVALID REV CODE	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	5,052.20	3,055.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,052.20	3,055.60

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	89,846.37	ADJUSTMENTS	0.00
COVERED CHARGES	87,629.22	CONTRACTUAL ALLOW	77,456.62
NON-COVERD CHARGES	2,217.15	TOTAL MEDICAID LIAB	10,172.60
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,169.60

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII
 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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NORTHSIDE MEDICAL CENTER
 100 FRIST CT
 COLUMBUS, GA 31909-3578

PROVIDER NUMBER
 000315642A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,147.66	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,957.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	451.00	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	2,594.00	514.00
EKG/ECG	204.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	1,348.00	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	1,642.00	235.00	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	2,664.00	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	45,106.56	120.15
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	30,863.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	87,629.22	2,217.15
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	87,629.22	2,217.15

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:53:15
Page: 1

ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:53:15
Page: 2

ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:53:15
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ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:53:15
Page: 4

ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:53:15
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ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:53:15
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ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:53:15
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ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:53:15
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ENCOMPASS HLTH WALTON REHAB HOSP,LLC
1355 INDEPENDENCE DR
AUGUSTA,GA 30901-1037

PROVIDER NUMBER
000368387A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:17:13
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SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
 705 JUNIPER ST NE
 ATLANTA,GA 30308-1307

PROVIDER NUMBER
 000472513A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,770,182.12	ADJUSTMENTS	321,949.24
COVERED CHARGES	19,581,844.19	CONTRACTUAL ALLOW	17,118,101.14
NON-COVERED CHARGES	188,337.93	TOTAL MEDICAID LIAB	2,463,743.05
		LESS: COB	40,483.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,423,259.93

TOTAL NUMBER OF ADMISSIONS 30

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,619		0	6,194,831.34		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,619		0	6,194,831.34		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	11		0	46,126.30		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	11		0	46,126.30		0.00
TOTAL ACCOMODATIONS	1,630		0	6,240,957.64		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:17:13
 Page: 2

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
 705 JUNIPER ST NE
 ATLANTA,GA 30308-1307

PROVIDER NUMBER
 000472513A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	1,874,833.40	0.00	OTHER LAB	18,553.54	0.00
MED/SURG SUPPLY	1,402,642.51	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,134,022.98	0.00	EDUCATION & TRAINING	23,889.27	0.00
RADIOLOGY-DIAGNOSTIC	257,168.54	0.00	OTHER THERAPEUTIC SVC	0.00	21,014.18
CT SCAN	0.00	110,046.17	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	135,792.51	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	492,475.06	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	68,920.36	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,252,226.95	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,694.00	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	41,247.33
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,074.29	0.00	INJECTABLE DRUGS	5,651.25	16,030.25
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	156,091.21	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	59,553.35	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	408,204.30	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,560.65	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,785.66	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,458.82	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,287.90	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	13,340,886.55	188,337.93
			TOTAL ACCOMODATIONS	6,240,957.64	0.00
			TOTAL CHARGES	19,581,844.19	188,337.93

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:17:14
Page: 3

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:17:14
Page: 4

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:17:14
Page: 5

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:17:14
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SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:17:14
Page: 7

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:17:14
Page: 8

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:17:14
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SELECT SPECIALTY HOSPITAL - MIDTOWN ATLANTA, LLC
705 JUNIPER ST NE
ATLANTA,GA 30308-1307

PROVIDER NUMBER
000472513A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:06:22
 Page: 1

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER 000679808A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,092,568.51	ADJUSTMENTS	0.00
COVERED CHARGES	5,048,470.51	CONTRACTUAL ALLOW	4,202,800.23
NON-COVERED CHARGES	44,098.00	TOTAL MEDICAID LIAB	845,670.28
		LESS: COB	1.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	845,669.28

TOTAL NUMBER OF ADMISSIONS 142

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	391		0	601,944.50		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	391		0	601,944.50		0.00
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	391		0	601,944.50		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:06:22
 Page: 2

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	497,997.00	0.00	OTHER LAB	14,723.00	0.00
MED/SURG SUPPLY	49,598.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	612,150.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	116,667.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	19,119.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,381.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,987.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	114,058.00	0.00	PROFESSIONAL FEES	0.00	878.00
OPERATING ROOM	6,960.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,408,723.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	1,115.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	442,256.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	376.00	1,211.00	INJECTABLE DRUGS	0.01	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	1,974.00	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	27.50	29,673.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,926.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	27,663.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	22,747.00	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	58,190.00	11,220.00			
			TOTAL ANCILLARY	4,446,526.01	44,098.00
			TOTAL ACCOMODATIONS	601,944.50	0.00
			TOTAL CHARGES	5,048,470.51	44,098.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:06:24
Page: 3

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA,GA 30303-3032

PROVIDER NUMBER
000679808A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:06:24
Page: 4

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA,GA 30303-3032

PROVIDER NUMBER
000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,720,670.35	ADJUSTMENTS	126,854.40
COVERED CHARGES	15,603,632.51	CONTRACTUAL ALLOW	12,939,210.96
NON-COVERD CHARGES	1,117,037.84	TOTAL MEDICAID LIAB	2,664,421.55
		LESS: COB	2,585.03
		LESS: COPAYMENT	9.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,661,827.52
		ALL OTHER	2,143,985.38
		FEE SCHEDULE-LAB	109,468.63
		INJECTABLE DRUGS	408,373.51
		TOTAL NUMBER OF CLAIMS	6,521

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:06:24
 Page: 5

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	271,767.00	1,048.00	OTHER LAB	219,250.50	15,450.00
MED/SURG SUPPLY	273,836.50	2,742.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	444,055.50	14,806.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	109,420.00	22,146.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,377,282.50	289,634.00
EKG/ECG	51,714.50	1,597.50	MRI SERVICES	0.00	0.00
IV THERAPY	245,188.50	26,155.50	PROFESSIONAL FEES	0.00	1,303.50
OPERATING ROOM	6,960.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	634,303.00	190,981.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,635.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,380,642.50	58,994.50	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	1,586,778.01	250,341.84
RADIOLOGY THERAPEUTIC	6,847.00	3,006.00	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	2,613,146.50	157,685.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	113,342.00	17,768.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	149,071.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	310.00			
CARDIOLOGY	30,980.00	33,642.00			
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	84,412.50	29,425.00			
			TOTAL ANCILLARY	15,603,632.51	1,117,037.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,603,632.51	1,117,037.84

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:06:35
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	143.50	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	7,049.50	185.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,619.50	0.00	PROFESSIONAL FEES	0.00	107.50
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	15,345.50	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	1,446.25	926.00
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	12,435.50	27.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	38,039.75	1,246.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,039.75	1,246.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:06:36
Page: 8

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA,GA 30303-3032

PROVIDER NUMBER
000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	925,788.25	ADJUSTMENTS	201.39
COVERED CHARGES	916,227.75	CONTRACTUAL ALLOW	887,093.33
NON-COVERD CHARGES	9,560.50	TOTAL MEDICAID LIAB	29,134.42

LESS: COB	0.00
LESS: COPAYMENT	6.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	29,128.42

TOTAL NUMBER OF CLAIMS 434

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:06:36
 Page: 9

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	16,272.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,079.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,316.50	650.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,302.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	96,433.00	8,867.00
EKG/ECG	1,065.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,287.50	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	2,110.00	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	756,798.50	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	1,145.00	43.50
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,418.00	0.00	NO CC/INVALID REV CODE	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	916,227.75	9,560.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	916,227.75	9,560.50

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:06:38
Page: 10

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA,GA 30303-3032

PROVIDER NUMBER 000679808A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,065.75	ADJUSTMENTS	0.00
COVERED CHARGES	11,312.75	CONTRACTUAL ALLOW	11,245.62
NON-COVERD CHARGES	753.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	67.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:06:38
 Page: 11

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	84.25	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	2,410.00	101.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	677.00	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	7,053.00	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	1,088.50	652.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,312.75	753.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,312.75	753.00

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:06:39
 Page: 13

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HUGHES SPALDING CHILDRENS HOSP
 35 JESSE HILL JR DR SE
 ATLANTA,GA 30303-3032

PROVIDER NUMBER
 000679808A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	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	72,315.00	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	1,836.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	74,151.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	74,151.00	0.00

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

Run Date: 09/20/2021
Run Time: 21:06:40
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA,GA 30303-3032

PROVIDER NUMBER
000679808A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:25
 Page: 1

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,292.37	ADJUSTMENTS	3,201.74
COVERED CHARGES	18,268.37	CONTRACTUAL ALLOW	6,849.70
NON-COVERED CHARGES	24.00	TOTAL MEDICAID LIAB	11,418.67
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,418.67

TOTAL NUMBER OF ADMISSIONS 3

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4		0	3,550.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4		0	3,550.00		0.00
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	4		0	3,550.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:34:25
 Page: 2

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	1,794.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	265.12	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,000.01	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	266.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,742.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	256.00	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	24.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,703.72	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	3,657.00	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	133.52	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	901.00	0.00	NO CC/INVALID REV CODE	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	14,718.37	24.00
			TOTAL ACCOMODATIONS	3,550.00	0.00
			TOTAL CHARGES	18,268.37	24.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:34:26
Page: 3

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON,GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:34:26
Page: 4

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON, GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	707,236.51	ADJUSTMENTS	65,483.60
COVERED CHARGES	669,763.96	CONTRACTUAL ALLOW	360,466.46
NON-COVERD CHARGES	37,472.55	TOTAL MEDICAID LIAB	309,297.50
		LESS: COB	1,367.76
		LESS: COPAYMENT	426.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	307,503.74
		ALL OTHER	291,462.74
		FEE SCHEDULE-LAB	14,795.77
		INJECTABLE DRUGS	1,245.23
		TOTAL NUMBER OF CLAIMS	466

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:34:26
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,304.75	7,734.98	OTHER LAB	2,650.50	0.00
MED/SURG SUPPLY	9,297.21	1,167.52	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,449.71	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	88,048.29	5,442.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,487.36	66.00	FEE SCHEDULE LAB	106,969.51	6,078.24
EKG/ECG	10,071.80	0.00	MRI SERVICES	6,150.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	1,330.20
OPERATING ROOM	10,117.00	0.00	DURABLE MED. EQUIP.	0.00	603.96
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,233.31	4,259.70	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,135.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	307,005.37	2,859.98	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,249.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	16,836.08	4,870.99
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	10,111.82	266.76	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,551.10	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	149.38	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	142.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,503.50	2,000.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	459.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,073.00	500.34			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,470.25	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	23,590.00	0.00			
			TOTAL ANCILLARY	669,763.96	37,472.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	669,763.96	37,472.55

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON,GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,586.34	ADJUSTMENTS	0.00
COVERED CHARGES	10,650.34	CONTRACTUAL ALLOW	5,855.51
NON-COVERD CHARGES	2,936.00	TOTAL MEDICAID LIAB	4,794.83
		LESS: COB	4,794.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:34:27
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	36.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	57.34	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	2,900.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,742.00	0.00	FEE SCHEDULE LAB	1,489.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	1,900.00	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	3,908.00	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	554.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	10,650.34	2,936.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,650.34	2,936.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON, GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,393.11	ADJUSTMENTS	0.00
COVERED CHARGES	29,645.98	CONTRACTUAL ALLOW	27,545.98
NON-COVERD CHARGES	747.13	TOTAL MEDICAID LIAB	2,100.00
		LESS: COB	67.88
		LESS: COPAYMENT	42.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,990.12

TOTAL NUMBER OF CLAIMS 30

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	137.17	127.28	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	156.11	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	454.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,400.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,019.31	591.00
EKG/ECG	256.00	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	22,739.19	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	484.20	28.85
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	29,645.98	747.13
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,645.98	747.13

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON, GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,135.01	ADJUSTMENTS	0.00
COVERED CHARGES	2,101.01	CONTRACTUAL ALLOW	1,961.01
NON-COVERD CHARGES	34.00	TOTAL MEDICAID LIAB	140.00
		LESS: COB	140.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
 1740 LIONS CLUB ROAD
 MADISON, GA 30650-4762

PROVIDER NUMBER
 000694229A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	89.17	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12.84	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	149.00	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	1,814.00	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	36.00	34.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	2,101.01	34.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,101.01	34.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
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MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON,GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:34:28
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MORGAN COUNTY GEORGIA HOSPITAL AUTHORITY
1740 LIONS CLUB ROAD
MADISON,GA 30650-4762

PROVIDER NUMBER
000694229A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
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PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER 000755323A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,500,982.11	ADJUSTMENTS	697,101.64
COVERED CHARGES	42,403,190.00	CONTRACTUAL ALLOW	33,670,767.03
NON-COVERED CHARGES	97,792.11	TOTAL MEDICAID LIAB	8,732,422.97
		LESS: COB	107,077.94
		LESS: COPAYMENT	175.00
		ADD: ADDON PYMT	5,229.00
		REIMBURSEMENT	8,630,399.03

TOTAL NUMBER OF ADMISSIONS 857

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,025		0	4,152,821.00		0.00
ROUTINE NURSERY	289		0	456,774.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		19.00
TOTAL ROUTINE	3,314		0	4,609,595.00		19.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	901		0	3,260,652.00		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	901		0	3,260,652.00		0.00
TOTAL ACCOMODATIONS	4,215		0	7,870,247.00		19.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:37
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PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	5,466,152.88	0.11	OTHER LAB	294,157.00	0.00
MED/SURG SUPPLY	900,703.00	299.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,349,032.30	0.00	EDUCATION & TRAINING	17,655.00	0.00
RADIOLOGY-DIAGNOSTIC	580,001.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,387,242.00	13,853.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	380,128.02	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	451,191.00	0.00	MRI SERVICES	566,353.00	0.00
IV THERAPY	1,212,419.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,065,123.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	304,649.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,693,307.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	289,173.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	245,079.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,484,885.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	397,957.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	222,387.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	117,987.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	177,397.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	159,424.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	933,733.00	16,956.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	27,817.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	491,835.30	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	290,474.80	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	327,937.00	31,770.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	137,442.00	34,895.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,350,862.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	60,405.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	150,034.70	0.00			
			TOTAL ANCILLARY	34,532,943.00	97,773.11
			TOTAL ACCOMODATIONS	7,870,247.00	19.00
			TOTAL CHARGES	42,403,190.00	97,792.11

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:41
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PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER 000755323A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	245,041.51	ADJUSTMENTS	0.00
COVERED CHARGES	245,041.51	CONTRACTUAL ALLOW	193,336.91
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	51,704.60
		LESS: COB	51,893.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 11

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	21		0	28,770.00		0.00
ROUTINE NURSERY	8		0	9,008.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	29		0	37,778.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	7		0	24,427.00		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	7		0	24,427.00		0.00
TOTAL ACCOMODATIONS	36		0	62,205.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:44:41
 Page: 4

PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	30,135.51	0.00	OTHER LAB	7,023.00	0.00
MED/SURG SUPPLY	1,015.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	38,161.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	750.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,328.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,509.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,410.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,035.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	37,837.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,221.00	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	15,720.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,392.00	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	535.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	614.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	8,478.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	442.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,830.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,739.00	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	662.00	0.00			
			TOTAL ANCILLARY	182,836.51	0.00
			TOTAL ACCOMODATIONS	62,205.00	0.00
			TOTAL CHARGES	245,041.51	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:42
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PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,049,688.92	ADJUSTMENTS	187,211.11
COVERED CHARGES	18,305,595.43	CONTRACTUAL ALLOW	16,486,802.71
NON-COVERD CHARGES	3,744,093.49	TOTAL MEDICAID LIAB	1,818,792.72
		LESS: COB	3,454.37
		LESS: COPAYMENT	4,097.27
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,811,241.08
		ALL OTHER	1,649,775.67
		FEE SCHEDULE-LAB	111,429.01
		INJECTABLE DRUGS	50,036.40
		TOTAL NUMBER OF CLAIMS	3,531

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

Run Date: 09/20/2021
 Run Time: 21:44:42
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PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	277,955.81	11,132.16	OTHER LAB	180,280.00	0.00
MED/SURG SUPPLY	537,435.32	43,486.31	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	808.00
RADIOLOGY-DIAGNOSTIC	659,084.00	18,055.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,541,662.00	585,629.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	42,022.00	20,267.00	FEE SCHEDULE LAB	2,300,876.42	210,170.00
EKG/ECG	307,836.00	12,072.00	MRI SERVICES	339,202.00	98,416.00
IV THERAPY	1,360,000.00	311,130.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,536,320.17	273,120.83	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	105,938.00	45,316.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	175,150.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	359,940.00	149,928.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,129,618.00	37,215.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	339,555.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	501,999.95	530,154.35
RADIOLOGY THERAPEUTIC	823,061.00	656,186.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	32,425.00	16,189.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,665.00	6,077.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	59,346.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	4,630.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	132,972.19	194,869.84
LITHOTRIPSY	171,948.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	310,796.00	99,367.00	NO CC/INVALID REV CODE	4,843.00	426.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	59,153.00	26,475.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	172,534.00	55,962.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	404,093.00	259,734.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	113,374.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	376,856.57	17,932.00			
			TOTAL ANCILLARY	18,305,595.43	3,744,093.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,305,595.43	3,744,093.49

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:44:49
Page: 8

PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	620,341.08	ADJUSTMENTS	0.00
COVERED CHARGES	439,066.64	CONTRACTUAL ALLOW	402,879.03
NON-COVERD CHARGES	181,274.44	TOTAL MEDICAID LIAB	36,187.61
		LESS: COB	36,121.61
		LESS: COPAYMENT	66.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 89

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	6,815.73	665.60	OTHER LAB	5,252.00	0.00
MED/SURG SUPPLY	8,826.13	1,562.27	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,567.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,701.00	20,411.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	60,658.00	13,405.00
EKG/ECG	2,515.00	0.00	MRI SERVICES	11,424.00	0.00
IV THERAPY	34,227.00	3,627.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	85,758.33	22,301.67	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	2,376.00
RESPIRATORY SERVICES	1,167.00	808.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,364.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,941.00	10,143.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	103,147.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	28,200.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,991.61	7,264.88
RADIOLOGY THERAPEUTIC	11,926.00	49,878.00	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	5,962.84	33,372.02
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,688.00	6,247.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,701.00	9,213.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,874.00	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	1,360.00	0.00			
			TOTAL ANCILLARY	439,066.64	181,274.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	439,066.64	181,274.44

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:44:50
Page: 10

PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	558,124.99	ADJUSTMENTS	64.13
COVERED CHARGES	516,244.45	CONTRACTUAL ALLOW	502,080.02
NON-COVERD CHARGES	41,880.54	TOTAL MEDICAID LIAB	14,164.43
		LESS: COB	0.00
		LESS: COPAYMENT	225.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,939.43

TOTAL NUMBER OF CLAIMS 211

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:44:50
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PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	4,698.79	218.65	OTHER LAB	5,079.00	0.00
MED/SURG SUPPLY	190.01	137.34	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	33,594.00	688.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,432.00	18,914.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	83,405.00	2,466.00
EKG/ECG	8,048.00	0.00	MRI SERVICES	0.00	5,850.00
IV THERAPY	42,041.00	1,021.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,620.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	360.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,620.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	282,879.00	993.00	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	2,417.65	3,882.55
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	155.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,860.00	7,555.00	NO CC/INVALID REV CODE	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	516,244.45	41,880.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	516,244.45	41,880.54

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:44:51
Page: 12

PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,505.60	ADJUSTMENTS	0.00
COVERED CHARGES	17,131.20	CONTRACTUAL ALLOW	16,728.42
NON-COVERD CHARGES	1,374.40	TOTAL MEDICAID LIAB	402.78
		LESS: COB	399.78
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 6

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:44:51
 Page: 13

PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	83.20	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	3,059.00	763.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,926.00	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	12,063.00	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	0.00	62.40
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	549.00	NO CC/INVALID REV CODE	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	17,131.20	1,374.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,131.20	1,374.40

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:44:51
Page: 14

PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,187,306.43	ADJUSTMENTS	39,977.18
COVERED CHARGES	1,002,744.11	CONTRACTUAL ALLOW	922,765.75
NON-COVERD CHARGES	184,562.32	TOTAL MEDICAID LIAB	79,978.36
		LESS: COB	0.00
		LESS: COPAYMENT	108.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	79,870.36

TOTAL NUMBER OF CLAIMS 14

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:44:51
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT FAYETTE HOSPITAL
 1255 HIGHWAY 54 W
 FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
 000755323A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	11,569.03	416.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	68,536.59	1,028.31	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,775.00	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	1,017.00	FEE SCHEDULE LAB	21,547.00	258.00
EKG/ECG	1,006.00	1,509.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,562.00	1,397.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	124,873.00	16,202.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	807.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	24,874.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,968.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	33,542.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	59,349.32	14,635.01
RADIOLOGY THERAPEUTIC	91,047.00	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	151.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	383,952.33	24,036.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,642.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,439.00	1,502.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	133,903.00	122,411.00			
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	1,351.84	0.00			
			TOTAL ANCILLARY	1,002,744.11	184,562.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,002,744.11	184,562.32

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:44:52
Page: 16

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT FAYETTE HOSPITAL
1255 HIGHWAY 54 W
FAYETTEVILLE, GA 30214-4526

PROVIDER NUMBER
000755323A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:46:40
 Page: 1

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
 600 CELEBRATE LIFE PARKWAY
 NEWNAN, GA 30265-8001

PROVIDER NUMBER
 003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,339,936.70	ADJUSTMENTS	0.00
COVERED CHARGES	1,273,460.70	CONTRACTUAL ALLOW	981,892.89
NON-COVERED CHARGES	66,476.00	TOTAL MEDICAID LIAB	291,567.81
		LESS: COB	0.00
		LESS: COPAYMENT	87.50
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	291,480.31

TOTAL NUMBER OF ADMISSIONS 21

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	102		0	190,049.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	102		0	190,049.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	14		0	48,015.00		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	14		0	48,015.00		0.00
TOTAL ACCOMODATIONS	116		0	238,064.00		0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:46:42
Page: 3

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:46:42
Page: 4

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,776,054.72	ADJUSTMENTS	171,574.57
COVERED CHARGES	5,939,379.36	CONTRACTUAL ALLOW	5,017,850.25
NON-COVERD CHARGES	836,675.36	TOTAL MEDICAID LIAB	921,529.11
		LESS: COB	0.00
		LESS: COPAYMENT	1,553.20
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	919,975.91
		ALL OTHER	600,725.16
		FEE SCHEDULE-LAB	26,593.25
		INJECTABLE DRUGS	292,657.50
		TOTAL NUMBER OF CLAIMS	509

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 20:46:42
 Page: 5

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
 600 CELEBRATE LIFE PARKWAY
 NEWNAN, GA 30265-8001

PROVIDER NUMBER
 003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	39,607.47	25,348.24	OTHER LAB	13,102.00	0.00
MED/SURG SUPPLY	61,554.00	3,760.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	69.00	EDUCATION & TRAINING	0.00	951.00
RADIOLOGY-DIAGNOSTIC	16,345.00	7,487.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	982,256.00	38,685.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	786.00	7,681.00	FEE SCHEDULE LAB	500,828.00	58,721.00
EKG/ECG	17,235.00	0.00	MRI SERVICES	265,824.00	36,685.00
IV THERAPY	227,271.00	3,773.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	165,446.01	49,676.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,019.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	125,114.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	14,162.00	9,030.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	152,627.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,769,034.88	340,213.12
RADIOLOGY THERAPEUTIC	1,290,368.00	144,462.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,428.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	596.00	3,072.00	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	334.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	11,224.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	142,172.00	48,765.00	NO CC/INVALID REV CODE	75.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	50,448.00	16,596.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	41,664.00	2,619.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,597.00	22,612.00			
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	38,248.00	3,484.00			
			TOTAL ANCILLARY	5,939,379.36	836,675.36
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,939,379.36	836,675.36

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:46:44
Page: 7

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,292.72	ADJUSTMENTS	0.00
COVERED CHARGES	25,240.73	CONTRACTUAL ALLOW	21,771.04
NON-COVERD CHARGES	7,051.99	TOTAL MEDICAID LIAB	3,469.69
		LESS: COB	3,469.69
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 20:46:44
 Page: 8

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
 600 CELEBRATE LIFE PARKWAY
 NEWNAN, GA 30265-8001

PROVIDER NUMBER
 003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	171.12	2,312.17	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,109.00	2,083.00	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	7,186.00	36.00
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	6,305.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,382.00	2,191.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,804.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	283.61	429.82
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	25,240.73	7,051.99
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,240.73	7,051.99

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:46:44
Page: 9

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:46:44
Page: 10

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:46:44
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SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,021,557.63	ADJUSTMENTS	353,812.72
COVERED CHARGES	5,897,297.85	CONTRACTUAL ALLOW	4,978,567.03
NON-COVERED CHARGES	124,259.78	TOTAL MEDICAID LIAB	918,730.82
		LESS: COB	0.00
		LESS: COPAYMENT	345.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	918,385.82

TOTAL NUMBER OF CLAIMS 114

Report : CLM-0812-0
 Process : CLMJ0800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 20:46:44
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
 600 CELEBRATE LIFE PARKWAY
 NEWNAN, GA 30265-8001

PROVIDER NUMBER
 003136026A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	17,505.46	3,449.19	OTHER LAB	1,306.00	0.00
MED/SURG SUPPLY	7,038.00	518.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,792.00	556.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	378.00	FEE SCHEDULE LAB	104,121.00	12,310.00
EKG/ECG	720.00	353.00	MRI SERVICES	0.00	5,546.00
IV THERAPY	94,531.00	881.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,284.00	8,912.00	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	12,350.00	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	11,087.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,341,489.39	58,931.59
RADIOLOGY THERAPEUTIC	266,722.00	22,224.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	571.00	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	1,436.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,470.00	924.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,416.00	1,401.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,934.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	5,653.00			
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	2,532.00	216.00			
			TOTAL ANCILLARY	5,897,297.85	124,259.78
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,897,297.85	124,259.78

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTHEASTERN REGIONAL MEDICAL CENTER, LLC
600 CELEBRATE LIFE PARKWAY
NEWNAN, GA 30265-8001

PROVIDER NUMBER
003136026A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:17:05
 Page: 1

REHABILITATION HOSPITAL OF SAVANNAH
 6510 SEAWRIGHT DRIVE
 SAVANNAH, GA 31406-2752

PROVIDER NUMBER
 003161381A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	764,572.52	ADJUSTMENTS	123,398.07
COVERED CHARGES	763,849.02	CONTRACTUAL ALLOW	404,623.54
NON-COVERD CHARGES	723.50	TOTAL MEDICAID LIAB	359,225.48
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	359,225.48

TOTAL NUMBER OF ADMISSIONS 35

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	393		0	404,550.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	393		0	404,550.00		0.00
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	393		0	404,550.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:17:05
 Page: 2

REHABILITATION HOSPITAL OF SAVANNAH
 6510 SEAWRIGHT DRIVE
 SAVANNAH, GA 31406-2752

PROVIDER NUMBER
 003161381A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 04/01/19 THROUGH 03/31/20
 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	79,279.26	0.00	OTHER LAB	2,806.11	0.00
MED/SURG SUPPLY	4,736.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	9,381.10	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,860.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	723.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	110,929.70	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	9,098.00	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	99,940.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	38,268.50	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	359,299.02	723.50
			TOTAL ACCOMODATIONS	404,550.00	0.00
			TOTAL CHARGES	763,849.02	723.50

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 3

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 4

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 5

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 6

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 7

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/19 THROUGH 03/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:17:05
Page: 8

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:17:05
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

REHABILITATION HOSPITAL OF SAVANNAH
6510 SEAWRIGHT DRIVE
SAVANNAH, GA 31406-2752

PROVIDER NUMBER
003161381A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/19	THROUGH	03/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:50
 Page: 1

CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER 003180661A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	553,692.49	ADJUSTMENTS	22,829.52
COVERED CHARGES	548,901.49	CONTRACTUAL ALLOW	390,459.14
NON-COVERED CHARGES	4,791.00	TOTAL MEDICAID LIAB	158,442.35
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	158,442.35

TOTAL NUMBER OF ADMISSIONS 28

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	79		0	93,175.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	79		0	93,175.00		0.00
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	79		0	93,175.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:50
 Page: 2

CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	53,125.49	0.00	OTHER LAB	1,430.00	0.00
MED/SURG SUPPLY	3,947.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	122,749.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	23,326.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,976.00	4,621.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,537.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,578.00	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	86,164.00	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	52,572.00	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	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	270.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,094.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,806.00	170.00			
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	65,152.00	0.00			
			TOTAL ANCILLARY	455,726.49	4,791.00
			TOTAL ACCOMODATIONS	93,175.00	0.00
			TOTAL CHARGES	548,901.49	4,791.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:04:51
Page: 3

CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE,GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:51
Page: 4

CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,879,633.33	ADJUSTMENTS	71,562.94
COVERED CHARGES	3,498,629.12	CONTRACTUAL ALLOW	3,025,720.99
NON-COVERD CHARGES	1,381,004.21	TOTAL MEDICAID LIAB	472,908.13
		LESS: COB	193.75
		LESS: COPAYMENT	297.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	472,417.38
		ALL OTHER	417,830.06
		FEE SCHEDULE-LAB	48,116.53
		INJECTABLE DRUGS	6,470.79
		TOTAL NUMBER OF CLAIMS	1,125

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
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CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	16,017.76	277.27	OTHER LAB	15,290.00	1,750.00
MED/SURG SUPPLY	3,556.56	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	186,983.00	49,828.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	391,585.00	195,972.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	13,876.00	FEE SCHEDULE LAB	896,265.60	63,856.40
EKG/ECG	138,423.00	2,244.00	MRI SERVICES	0.00	0.00
IV THERAPY	121,790.00	15,868.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,322.00	7,740.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,855.00	7,041.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,678.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,412,818.33	2,862.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,655.00	551.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	46,051.87	39,008.54
RADIOLOGY THERAPEUTIC	112,448.00	939,120.00	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	1,269.00	2,463.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,900.00	3,764.00	NO CC/INVALID REV CODE	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	23,525.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,854.00	6,778.00			
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	65,867.00	4,480.00			
			TOTAL ANCILLARY	3,498,629.12	1,381,004.21
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,498,629.12	1,381,004.21

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:54
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CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	24,168.16	ADJUSTMENTS	0.00
COVERED CHARGES	19,237.41	CONTRACTUAL ALLOW	17,021.23
NON-COVERD CHARGES	4,930.75	TOTAL MEDICAID LIAB	2,216.18
		LESS: COB	2,216.18
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	11

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	24.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	432.00	1,949.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,571.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,373.00	643.00
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	12,316.26	732.00	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	92.15	35.75
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	19,237.41	4,930.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,237.41	4,930.75

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	383,224.95	ADJUSTMENTS	522.04
COVERED CHARGES	358,117.38	CONTRACTUAL ALLOW	347,040.93
NON-COVERD CHARGES	25,107.57	TOTAL MEDICAID LIAB	11,076.45
		LESS: COB	0.00
		LESS: COPAYMENT	237.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,839.45

TOTAL NUMBER OF CLAIMS 165

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:04:54
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CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	637.85	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	124.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,090.00	1,973.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,933.00	11,456.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	104,576.00	4,809.00
EKG/ECG	7,293.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,251.00	569.00	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	1,370.00	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	202,080.68	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	2,175.85	5,377.57
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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	586.00	923.00	NO CC/INVALID REV CODE	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	358,117.38	25,107.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	358,117.38	25,107.57

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:04:55
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CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE,GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,861.75	ADJUSTMENTS	0.00
COVERED CHARGES	13,085.75	CONTRACTUAL ALLOW	12,817.23
NON-COVERD CHARGES	1,776.00	TOTAL MEDICAID LIAB	268.52
		LESS: COB	265.52
		LESS: COPAYMENT	3.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 4

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
 Run Time: 21:04:55
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CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	18.00	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	1,571.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,714.00	46.00
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	343.00	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	6,917.00	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	93.75	159.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	13,085.75	1,776.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,085.75	1,776.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:04:55
Page: 12

CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/19 THROUGH 06/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,173.00	ADJUSTMENTS	0.00
COVERED CHARGES	52,171.00	CONTRACTUAL ALLOW	47,084.70
NON-COVERD CHARGES	2.00	TOTAL MEDICAID LIAB	5,086.30
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,086.30

TOTAL NUMBER OF CLAIMS 1

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

Run Date: 09/20/2021
 Run Time: 21:04:55
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHI MEMORIAL HOSPITAL - GEORGIA
 100 GROSS CRESCENT CIRCLE
 FORT OGLETHORPE, GA 30742-3643

PROVIDER NUMBER
 003180661A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/19 THROUGH 06/30/20
 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	421.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,621.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,424.00	0.00
EKG/ECG	561.00	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	44,100.00	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	44.00	2.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	52,171.00	2.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	52,171.00	2.00

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

Run Date: 09/20/2021
Run Time: 21:04:55
Page: 14

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHI MEMORIAL HOSPITAL - GEORGIA
100 GROSS CRESCENT CIRCLE
FORT OGLETHORPE,GA 30742-3643

PROVIDER NUMBER
003180661A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/19	THROUGH	06/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:31
 Page: 1

ES REHABILITATION, LLC
 1441 CLIFTON ROAD NE
 ATLANTA, GA 30322-1004

PROVIDER NUMBER 003212414A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,464,318.78	ADJUSTMENTS	0.00
COVERED CHARGES	1,449,833.86	CONTRACTUAL ALLOW	1,052,342.27
NON-COVERED CHARGES	14,484.92	TOTAL MEDICAID LIAB	397,491.59
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	397,491.59

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	304		0	677,909.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	304		0	677,909.00		0.00
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	304		0	677,909.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:31
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ES REHABILITATION, LLC
 1441 CLIFTON ROAD NE
 ATLANTA, GA 30322-1004

PROVIDER NUMBER
 003212414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	18,155.56	0.00	OTHER LAB	1,237.00	0.00
MED/SURG SUPPLY	10,707.00	74.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	101,811.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,674.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,672.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	196,307.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	308.00	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	39,695.00	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	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	143.00	0.00	INJECTABLE DRUGS	95,030.30	4,732.92
RADIOLOGY THERAPEUTIC	10,741.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	212,099.00	3,936.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	48,562.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	20,086.00	1,826.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,697.00	3,916.00			
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	771,924.86	14,484.92
			TOTAL ACCOMODATIONS	677,909.00	0.00
			TOTAL CHARGES	1,449,833.86	14,484.92

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 3

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 4

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,904.50	ADJUSTMENTS	0.00
COVERED CHARGES	6,113.60	CONTRACTUAL ALLOW	4,805.68
NON-COVERD CHARGES	12,790.90	TOTAL MEDICAID LIAB	1,307.92
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,292.92
		ALL OTHER	1,292.92
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	14

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:14:31
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ES REHABILITATION, LLC
 1441 CLIFTON ROAD NE
 ATLANTA, GA 30322-1004

PROVIDER NUMBER
 003212414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	56.60	85.90	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	6,057.00	9,206.00	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,811.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	688.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	6,113.60	12,790.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,113.60	12,790.90

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 6

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 7

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 8

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:14:31
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ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:14:31
Page: 10

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ES REHABILITATION, LLC
1441 CLIFTON ROAD NE
ATLANTA, GA 30322-1004

PROVIDER NUMBER
003212414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:31
 Page: 1

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
 3351 NORTHSIDE DRIVE
 MACON, GA 31210-2587

PROVIDER NUMBER
 003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,361,901.67	ADJUSTMENTS	0.00
COVERED CHARGES	1,358,177.67	CONTRACTUAL ALLOW	650,715.67
NON-COVERED CHARGES	3,724.00	TOTAL MEDICAID LIAB	707,462.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	707,462.00

TOTAL NUMBER OF ADMISSIONS 37

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	540		0	450,360.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	540		0	450,360.00		0.00
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	540		0	450,360.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:04:31
 Page: 2

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
 3351 NORTHSIDE DRIVE
 MACON, GA 31210-2587

PROVIDER NUMBER
 003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	202,970.67	0.00	OTHER LAB	3,336.00	0.00
MED/SURG SUPPLY	560.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	31,526.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,205.00	0.00	OTHER THERAPEUTIC SVC	0.00	3,724.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	287,861.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,968.00	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	40,983.00	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	237,199.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,580.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	28,203.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,526.00	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	900.00	0.00			
			TOTAL ANCILLARY	907,817.67	3,724.00
			TOTAL ACCOMODATIONS	450,360.00	0.00
			TOTAL CHARGES	1,358,177.67	3,724.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:04:32
Page: 4

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:32
Page: 5

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	403,192.00	ADJUSTMENTS	570.29
COVERED CHARGES	348,971.00	CONTRACTUAL ALLOW	270,478.46
NON-COVERD CHARGES	54,221.00	TOTAL MEDICAID LIAB	78,492.54
		LESS: COB	0.00
		LESS: COPAYMENT	636.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	77,856.54
		ALL OTHER	77,856.54
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00
		TOTAL NUMBER OF CLAIMS	397

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:04:32
 Page: 6

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
 3351 NORTHSIDE DRIVE
 MACON, GA 31210-2587

PROVIDER NUMBER
 003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	291.00	0.00
MED/SURG SUPPLY	0.00	607.00	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	231,347.00	20,708.00	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	338.00	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	106,290.00	27,928.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	9,778.00	4,215.00	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	927.00	763.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	348,971.00	54,221.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	348,971.00	54,221.00

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:04:32
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CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:04:32
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CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/20 THROUGH 12/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:04:32
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CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:04:32
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CENTRAL GEORGIA REHABILITATION HOSPITAL, LLC
3351 NORTHSIDE DRIVE
MACON, GA 31210-2587

PROVIDER NUMBER
003213433A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:16:57
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ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
 2101 E. NEWNAN CROSSING BLVD.
 NEWNAN, GA 30265-2406

PROVIDER NUMBER
 003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,992,405.13	ADJUSTMENTS	11,791.03
COVERED CHARGES	2,987,668.13	CONTRACTUAL ALLOW	1,314,651.54
NON-COVERED CHARGES	4,737.00	TOTAL MEDICAID LIAB	1,673,016.59
		LESS: COB	0.00
		LESS: COPAYMENT	25.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,672,991.59

TOTAL NUMBER OF ADMISSIONS 107

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,277		0	1,417,288.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,277		0	1,417,288.00		0.00
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	1,277		0	1,417,288.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:16:57
 Page: 2

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
 2101 E. NEWNAN CROSSING BLVD.
 NEWNAN, GA 30265-2406

PROVIDER NUMBER
 003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 10/01/19 THROUGH 09/30/20
 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	545,711.02	0.00	OTHER LAB	6,212.37	0.00
MED/SURG SUPPLY	42,481.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	46,294.35	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,930.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	350,506.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	524.00	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	34,910.00	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	373,055.40	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	69,478.30	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	83,482.48	4,737.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	601.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	4,194.00	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	1,570,380.13	4,737.00
			TOTAL ACCOMODATIONS	1,417,288.00	0.00
			TOTAL CHARGES	2,987,668.13	4,737.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:16:57
Page: 3

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:16:57
Page: 4

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:16:57
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ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:16:57
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ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:16:57
Page: 7

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:16:57
Page: 8

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:16:57
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF NEWNAN
2101 E. NEWNAN CROSSING BLVD.
NEWNAN, GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:32
 Page: 1

ROOSEVELT WARM SPRINGS LTAC
 6135 ROOSEVELT HIGHWAY
 WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER 003214227A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,933,701.30	ADJUSTMENTS	90,780.55
COVERED CHARGES	4,926,964.85	CONTRACTUAL ALLOW	2,110,656.59
NON-COVERED CHARGES	6,736.45	TOTAL MEDICAID LIAB	2,816,308.26
		LESS: COB	16,278.87
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,800,029.39

TOTAL NUMBER OF ADMISSIONS 42

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,334		0	1,854,262.20		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,334		0	1,854,262.20		0.00
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	1,334		0	1,854,262.20		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:41:32
 Page: 2

ROOSEVELT WARM SPRINGS LTAC
 6135 ROOSEVELT HIGHWAY
 WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
 003214227A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 01/01/20 THROUGH 12/31/20
 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	1,097,154.30	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	228,734.69	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	433,678.19	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	68,026.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,575.00	5,103.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	145,087.23	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,844.42	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	1,172.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	40,523.62	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	758,989.16	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	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	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	165,948.61	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	71,027.58	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	55,113.85	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	460.80			
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	3,072,702.65	6,736.45
			TOTAL ACCOMODATIONS	1,854,262.20	0.00
			TOTAL CHARGES	4,926,964.85	6,736.45

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 3

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 4

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 5

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 6

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 7

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:41:32
Page: 8

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:41:32
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/20	THROUGH	12/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:51
 Page: 1

REGENCY HOSPITAL COMPANY OF MACON, LLC
 535 COLISEUM DR
 MACON, GA 31217-0104

PROVIDER NUMBER
 003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/01/19 THROUGH 10/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,392,938.68	ADJUSTMENTS	0.00
COVERED CHARGES	2,317,111.06	CONTRACTUAL ALLOW	1,866,044.47
NON-COVERED CHARGES	75,827.62	TOTAL MEDICAID LIAB	451,066.59
		LESS: COB	40,379.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	410,687.28

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	267		0	1,019,016.96		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	267		0	1,019,016.96		0.00
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	267		0	1,019,016.96		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 20:59:51
 Page: 2

REGENCY HOSPITAL COMPANY OF MACON, LLC
 535 COLISEUM DR
 MACON,GA 31217-0104

PROVIDER NUMBER
 003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/01/19 THROUGH 10/31/20
 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	203,817.99	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	143,552.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	124,380.98	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,249.62	0.00	OTHER THERAPEUTIC SVC	0.00	13,374.64
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	14,288.35	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	81,973.48	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	686,029.59	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	0.00	0.00	SPECIAL SERVICES	0.00	62,452.98
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	17,128.74	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,711.92	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	3,960.91	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	1,298,094.10	75,827.62
			TOTAL ACCOMODATIONS	1,019,016.96	0.00
			TOTAL CHARGES	2,317,111.06	75,827.62

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 3

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/01/19 THROUGH 10/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 4

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/01/19 THROUGH 10/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 5

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/01/19 THROUGH 10/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 6

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/01/19 THROUGH 10/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 7

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/01/19 THROUGH 10/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 8

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/01/19	THROUGH	10/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 20:59:52
Page: 9

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

REGENCY HOSPITAL COMPANY OF MACON, LLC
535 COLISEUM DR
MACON,GA 31217-0104

PROVIDER NUMBER
003225152A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/01/19	THROUGH	10/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:36:02
 Page: 1

NGMC LUMPKIN, LLC
 227 MOUNTAIN DR
 DAHLONEGA, GA 30533-1606

PROVIDER NUMBER 003229414A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/15/19 THROUGH 09/30/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,148,812.00	ADJUSTMENTS	27,917.16
COVERED CHARGES	1,148,812.00	CONTRACTUAL ALLOW	1,007,042.55
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	141,769.45
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	141,769.45

TOTAL NUMBER OF ADMISSIONS 20

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	320		0	472,152.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	320		0	472,152.00		0.00
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	320		0	472,152.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:36:02
 Page: 2

NGMC LUMPKIN, LLC
 227 MOUNTAIN DR
 DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
 003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/15/19 THROUGH 09/30/20
 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	159,224.00	0.00	OTHER LAB	3,481.00	0.00
MED/SURG SUPPLY	56,285.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	128,946.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,227.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	73,616.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,074.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,424.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	46,184.00	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	93,204.00	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	30,890.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	150.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,058.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,183.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,178.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,190.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	19,596.00	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	12,750.00	0.00			
			TOTAL ANCILLARY	676,660.00	0.00
			TOTAL ACCOMODATIONS	472,152.00	0.00
			TOTAL CHARGES	1,148,812.00	0.00

Report : CLM-0802-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
Run Time: 21:36:02
Page: 3

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/15/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:36:02
Page: 4

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/15/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,862,958.45	ADJUSTMENTS	25,348.18
COVERED CHARGES	1,663,299.85	CONTRACTUAL ALLOW	1,340,931.17
NON-COVERD CHARGES	199,658.60	TOTAL MEDICAID LIAB	322,368.68
		LESS: COB	141.49
		LESS: COPAYMENT	6.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	322,221.19
		ALL OTHER	297,097.55
		FEE SCHEDULE-LAB	23,318.71
		INJECTABLE DRUGS	1,804.93
		TOTAL NUMBER OF CLAIMS	323

Report : CLM-0804-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:36:02
 Page: 5

NGMC LUMPKIN, LLC
 227 MOUNTAIN DR
 DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
 003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/15/19 THROUGH 09/30/20
 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	3,663.00	8,330.00	OTHER LAB	9,361.00	0.00
MED/SURG SUPPLY	33,526.00	415.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	74,520.00	901.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	395,364.00	80,584.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	287,633.85	52,257.00
EKG/ECG	46,332.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	188,251.00	5,026.00	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	23,633.00	3,209.00	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	490,223.00	2,080.00	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	57,242.00	39,705.60
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	798.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	22,155.00	2,538.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,842.00	2,865.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,784.00	950.00			
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	13,770.00	0.00			
			TOTAL ANCILLARY	1,663,299.85	199,658.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,663,299.85	199,658.60

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:36:04
Page: 6

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER 003229414A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/15/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,478.00	ADJUSTMENTS	0.00
COVERED CHARGES	11,091.00	CONTRACTUAL ALLOW	10,718.22
NON-COVERD CHARGES	387.00	TOTAL MEDICAID LIAB	372.78
		LESS: COB	372.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 3

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV
 ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
 Run Time: 21:36:04
 Page: 7

NGMC LUMPKIN, LLC
 227 MOUNTAIN DR
 DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
 003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/15/19 THROUGH 09/30/20
 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	250.00	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	2,572.00	0.00
EKG/ECG	351.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,370.00	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	5,519.00	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	29.00	387.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	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	11,091.00	387.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,091.00	387.00

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
Run Time: 21:36:04
Page: 8

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 11/15/19 THROUGH 09/30/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,937.00	ADJUSTMENTS	156.64
COVERED CHARGES	50,689.00	CONTRACTUAL ALLOW	49,044.28
NON-COVERD CHARGES	1,248.00	TOTAL MEDICAID LIAB	1,644.72
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,629.72

TOTAL NUMBER OF CLAIMS 21

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
 Run Time: 21:36:04
 Page: 9

NGMC LUMPKIN, LLC
 227 MOUNTAIN DR
 DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
 003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 11/15/19 THROUGH 09/30/20
 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	41.00	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	2,456.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,720.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,397.00	0.00
EKG/ECG	702.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,411.00	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	24,041.00	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	1,616.00	1,207.00
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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,346.00	0.00	NO CC/INVALID REV CODE	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	50,689.00	1,248.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	50,689.00	1,248.00

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
Run Time: 21:36:04
Page: 10

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/15/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 09/20/2021
Run Time: 21:36:04
Page: 11

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/15/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
Run Time: 21:36:04
Page: 12

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	11/15/19	THROUGH	09/30/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:10
 Page: 1

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER 344886600A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,931,815.36	ADJUSTMENTS	373,619.03
COVERED CHARGES	12,794,407.42	CONTRACTUAL ALLOW	9,681,824.89
NON-COVERED CHARGES	137,407.94	TOTAL MEDICAID LIAB	3,112,582.53
		LESS: COB	129,097.43
		LESS: COPAYMENT	125.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,983,360.10

TOTAL NUMBER OF ADMISSIONS 285

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,126		0	1,831,398.00		0.00
ROUTINE NURSERY	116		0	260,921.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,242		0	2,092,319.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	265		0	1,531,346.00		0.00
NICU	104		0	552,968.00		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	369		0	2,084,314.00		0.00
TOTAL ACCOMODATIONS	1,611		0	4,176,633.00		0.00

Report : CLM-0800-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE I
 INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:10
 Page: 2

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	482,436.75	0.00	OTHER LAB	73,498.00	0.00
MED/SURG SUPPLY	301,506.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,809,114.00	0.00	EDUCATION & TRAINING	380.00	0.00
RADIOLOGY-DIAGNOSTIC	180,763.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	506,096.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	143,799.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	40,656.00	0.00	MRI SERVICES	267,061.00	0.00
IV THERAPY	98,337.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,007,193.01	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	53,422.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	440,710.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	153,335.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	80,692.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	454,849.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	129,608.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	7,697.42
LABORATORY PATHOLOGIC	71,782.00	0.00	INJECTABLE DRUGS	1,159,944.32	6,747.52
RADIOLOGY THERAPEUTIC	360.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	91,831.02	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	75,121.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	171,644.00	21,912.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,787.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	148,300.12	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	52,411.00	15,542.00	NO CC/INVALID REV CODE	0.00	39,030.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	160,263.00	42,097.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	47,582.00	4,382.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	395,509.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,699.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,085.00	0.00			
			TOTAL ANCILLARY	8,617,774.42	137,407.94
			TOTAL ACCOMODATIONS	4,176,633.00	0.00
			TOTAL CHARGES	12,794,407.42	137,407.94

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:12
 Page: 4

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER 344886600A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	186,136.43	ADJUSTMENTS	0.00
COVERED CHARGES	186,136.43	CONTRACTUAL ALLOW	138,473.07
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	47,663.36
		LESS: COB	47,663.36
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 11

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	20		0	32,480.00		0.00
ROUTINE NURSERY	8		0	13,950.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	28		0	46,430.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	23,927.00		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	4		0	23,927.00		0.00
TOTAL ACCOMODATIONS	32		0	70,357.00		0.00

Report : CLM-0802-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

Run Date: 09/20/2021
 Run Time: 21:14:12
 Page: 5

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	2,359.11	0.00	OTHER LAB	2,474.00	0.00
MED/SURG SUPPLY	3,899.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,945.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	471.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,676.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,005.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	616.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,012.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	37,310.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,537.00	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	9,505.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	733.00	0.00	INJECTABLE DRUGS	13,148.32	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	255.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,233.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,302.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,299.00	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	115,779.43	0.00
			TOTAL ACCOMODATIONS	70,357.00	0.00
			TOTAL CHARGES	186,136.43	0.00

Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:14:12
Page: 6

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,044,031.44	ADJUSTMENTS	24,871.64
COVERED CHARGES	2,370,799.50	CONTRACTUAL ALLOW	1,972,222.51
NON-COVERD CHARGES	673,231.94	TOTAL MEDICAID LIAB	398,576.99
		LESS: COB	916.27
		LESS: COPAYMENT	864.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	396,796.72
		ALL OTHER	357,343.05
		FEE SCHEDULE-LAB	30,696.85
		INJECTABLE DRUGS	8,756.82
		TOTAL NUMBER OF CLAIMS	793

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

Run Date: 09/20/2021
 Run Time: 21:14:12
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EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	13,719.85	28,218.52	OTHER LAB	22,266.00	0.00
MED/SURG SUPPLY	54,227.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	76,756.00	7,831.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	269,379.00	141,028.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,787.00	16,186.00	FEE SCHEDULE LAB	338,946.00	16,353.00
EKG/ECG	19,558.00	0.00	MRI SERVICES	140,046.00	30,891.00
IV THERAPY	75,295.00	3,832.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	173,066.00	247,135.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,125.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	28,086.00	1,885.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	74,285.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,766.00	6,892.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	440,157.00	2,866.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	61,238.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	129,542.39	21,945.42
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,515.00	13,199.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	247.00	2,655.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	11,760.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	491.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	16,072.00	38,020.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	74,744.00	22,415.00	NO CC/INVALID REV CODE	0.00	1,266.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,210.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	40,678.00	32,883.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	98,594.00	19,497.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	38,940.00	607.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	171,553.80	5,376.00			
			TOTAL ANCILLARY	2,370,799.50	673,231.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,370,799.50	673,231.94

Report : CLM-0806-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 09/20/2021
Run Time: 21:14:14
Page: 9

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	133,875.95	ADJUSTMENTS	0.00
COVERED CHARGES	75,340.21	CONTRACTUAL ALLOW	63,686.76
NON-COVERD CHARGES	58,535.74	TOTAL MEDICAID LIAB	11,653.45

LESS: COB	11,638.45
LESS: COPAYMENT	15.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00
ALL OTHER	0.00
FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 28

Report : CLM-0806-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE IV

Run Date: 09/20/2021
 Run Time: 21:14:14
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	224.91	1,688.90	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	838.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,158.00	648.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,569.00	23,776.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,633.00	1,349.00
EKG/ECG	462.00	0.00	MRI SERVICES	3,950.00	3,950.00
IV THERAPY	2,849.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	7,953.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	726.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,115.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,766.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,372.67	1,576.33	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	980.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,536.63	763.51
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	609.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,826.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	82.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	946.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,438.00	8,303.00	NO CC/INVALID REV CODE	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	2,299.00			
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	4,488.00	0.00			
			TOTAL ANCILLARY	75,340.21	58,535.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	75,340.21	58,535.74

Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	57,837.40	ADJUSTMENTS	0.00
COVERED CHARGES	49,115.75	CONTRACTUAL ALLOW	47,370.37
NON-COVERD CHARGES	8,721.65	TOTAL MEDICAID LIAB	1,745.38
		LESS: COB	0.00
		LESS: COPAYMENT	27.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,718.38

TOTAL NUMBER OF CLAIMS 26

Report : CLM-0808-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 09/20/2021
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EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	35.00	89.22	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	150.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,299.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,807.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,114.00	786.00
EKG/ECG	770.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,097.00	170.00	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	547.00	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	27,299.00	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	2,928.75	252.43
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	85.00	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	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	532.00	NO CC/INVALID REV CODE	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	3,876.00	0.00			
			TOTAL ANCILLARY	49,115.75	8,721.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,115.75	8,721.65

Report : CLM-0810-0
Process : CLMJO800
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

Run Date: 09/20/2021
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,670.36	ADJUSTMENTS	0.00
COVERED CHARGES	4,792.36	CONTRACTUAL ALLOW	4,658.10
NON-COVERD CHARGES	878.00	TOTAL MEDICAID LIAB	134.26
		LESS: COB	134.26
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 2

Report : CLM-0810-0
 Process : CLMJO800
 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

Run Date: 09/20/2021
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EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	184.36	56.00	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	1,688.00	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	2,920.00	309.00	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	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	513.00	NO CC/INVALID REV CODE	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	4,792.36	878.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,792.36	878.00

Report : CLM-0812-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/19 THROUGH 08/31/20
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	488,103.29	ADJUSTMENTS	22,200.56
COVERED CHARGES	438,946.95	CONTRACTUAL ALLOW	372,327.27
NON-COVERD CHARGES	49,156.34	TOTAL MEDICAID LIAB	66,619.68
		LESS: COB	0.00
		LESS: COPAYMENT	15.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	66,604.68

TOTAL NUMBER OF CLAIMS 12

Report : CLM-0812-0
 Process : CLMJO800
 Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY JOHNS CREEK HOSPITAL
 6325 HOSPITAL PARKWAY
 JONES CREEK,GA 30097-5775

PROVIDER NUMBER
 344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 09/01/19 THROUGH 08/31/20
 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	6,533.67	1,778.58	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	60,263.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,911.00	11,745.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	5,279.00	FEE SCHEDULE LAB	11,650.00	1,622.00
EKG/ECG	154.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	246,899.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,280.00	179.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	49,950.00	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	31,807.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,232.85	3,466.76
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,605.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,826.00	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	20,150.00	18,655.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,116.00	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	438,946.95	49,156.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	438,946.95	49,156.34

Report : CLM-0814-0
Process : CLMJO800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

Run Date: 09/20/2021
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JONES CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/19	THROUGH	08/31/20
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **