

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

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

Run Date: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,903,842.05	ADJUSTMENTS	394,380.56
COVERED CHARGES	23,396,333.78	CONTRACTUAL ALLOW	20,955,263.24
NON-COVERD CHARGES	507,508.27	TOTAL MEDICAID LIAB	2,441,070.54
		LESS: COB	51,538.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,389,531.70

TOTAL NUMBER OF ADMISSIONS 35

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,615		0	7,883,868.93		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	1,615		0	7,883,868.93		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	1,615		0	7,883,868.93		0.00

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,555,415.33	0.00	OTHER LAB	5,869.35	0.00
MED/SURG SUPPLY	1,664,060.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	802,201.54	0.00	EDUCATION & TRAINING	27,318.46	0.00
RADIOLOGY-DIAGNOSTIC	133,887.18	0.00	OTHER THERAPEUTIC SVC	0.00	212,822.74
CT SCAN	0.00	168,521.39	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	341,463.03	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	990,906.41	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	111,472.11	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,876,332.88	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,128.00	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	122,843.36
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,320.90	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	244,981.27	3,320.78	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	187,779.48	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	529,098.07	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,475.88	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	23,152.56	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,602.04	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	0.00	0.00			
			TOTAL ANCILLARY	15,512,464.85	507,508.27
			TOTAL ACCOMODATIONS	7,883,868.93	0.00
			TOTAL CHARGES	23,396,333.78	507,508.27

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: 08/06/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0808-0
Process : CLMJO800
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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,298.37	ADJUSTMENTS	8,523.54
COVERED CHARGES	77,298.37	CONTRACTUAL ALLOW	45,662.24
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	31,636.13
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	31,636.13

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	23		0	18,528.00		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	23		0	18,528.00		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	23		0	18,528.00		0.00

Report : CLM-0800-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,952.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	419.12	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	23,885.00	0.00	EDUCATION & TRAINING	280.00	0.00
RADIOLOGY-DIAGNOSTIC	1,061.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,732.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	571.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	588.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,991.00	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	3,323.00	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	252.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	288.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	428.00	0.00			
			TOTAL ANCILLARY	58,770.37	0.00
			TOTAL ACCOMODATIONS	18,528.00	0.00
			TOTAL CHARGES	77,298.37	0.00

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

Run Date: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,134,402.03
COVERED CHARGES 1,038,796.27
NON-COVERD CHARGES 95,605.76

-----PAYMENTS-----
ADJUSTMENTS 46,072.52
CONTRACTUAL ALLOW 728,920.27
TOTAL MEDICAID LIAB 309,876.00
LESS: COB 16.63
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 309,859.37
ALL OTHER 251,180.54
FEE SCHEDULE-LAB 57,257.05
INJECTABLE DRUGS 1,421.78

TOTAL NUMBER OF CLAIMS 1,170

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,870.75	0.00	OTHER LAB	4,279.00	0.00
MED/SURG SUPPLY	4,072.02	69.01	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	46,005.00	949.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	282,793.00	62,132.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	43,399.00	5,214.00	FEE SCHEDULE LAB	349,698.00	8,021.00
EKG/ECG	11,956.00	196.00	MRI SERVICES	0.00	0.00
IV THERAPY	28,663.00	6,582.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	92.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	344.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	180,734.00	959.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	44,504.50	7,991.75
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,901.00	772.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,040.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,319.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,588.00	1,588.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,670.00	0.00			
			TOTAL ANCILLARY	1,038,796.27	95,605.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,038,796.27	95,605.76

Report : CLM-0806-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,082.10	ADJUSTMENTS	0.00
COVERED CHARGES	2,594.10	CONTRACTUAL ALLOW	1,813.79
NON-COVERD CHARGES	2,488.00	TOTAL MEDICAID LIAB	780.31
		LESS: COB	780.31
		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
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 08/06/2023
Run Time: 18:31:43
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	82.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	26.60	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	2,440.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	874.00	48.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	331.00	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	1,105.00	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	175.50	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	2,594.10	2,488.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,594.10	2,488.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	47,456.66	ADJUSTMENTS	210.00
COVERED CHARGES	45,362.40	CONTRACTUAL ALLOW	39,972.40
NON-COVERD CHARGES	2,094.26	TOTAL MEDICAID LIAB	5,390.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,390.00

TOTAL NUMBER OF CLAIMS 77

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	712.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	175.90	69.01	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,060.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,809.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,648.00	794.00
EKG/ECG	392.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,434.00	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	25,363.00	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	2,768.50	1,231.25
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	45,362.40	2,094.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	45,362.40	2,094.26

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	376.00	ADJUSTMENTS	0.00
COVERED CHARGES	376.00	CONTRACTUAL ALLOW	306.00
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 : 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	105.00	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	271.00	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	376.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	376.00	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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** END OF REPORT **

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

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

Run Date: 08/06/2023
Run Time: 19:00:52
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,896,467.05	ADJUSTMENTS	284,148.85
COVERED CHARGES	36,243,059.08	CONTRACTUAL ALLOW	28,535,674.26
NON-COVERD CHARGES	653,407.97	TOTAL MEDICAID LIAB	7,707,384.82
		LESS: COB	192,031.48
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	16,128.00
		REIMBURSEMENT	7,531,481.34

TOTAL NUMBER OF ADMISSIONS 1,099

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,206		0	6,001,300.00		0.00
ROUTINE NURSERY	845		0	1,656,050.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,051		0	7,657,350.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	531		0	2,356,600.00		0.00
NICU	41		0	157,850.00		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	572		0	2,514,450.00		0.00
TOTAL ACCOMODATIONS	4,623		0	10,171,800.00		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: 08/06/2023
Run Time: 19:00:52
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,022,493.80	0.00	OTHER LAB	261,364.19	0.00
MED/SURG SUPPLY	2,117,017.67	412.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,311,047.93	0.00	EDUCATION & TRAINING	13,376.18	0.00
RADIOLOGY-DIAGNOSTIC	548,756.88	0.00	OTHER THERAPEUTIC SVC	0.00	2,270.99
CT SCAN	1,644,161.21	162,200.68	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	195,450.06	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	277,872.62	0.00	MRI SERVICES	355,082.65	0.00
IV THERAPY	35,730.83	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,488,891.84	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	637,919.82	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,643,070.72	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	422,335.71	0.00	AMBULANCE	0.00	0.00
GI SERVICES	99,545.70	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,046,302.73	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	234,358.24	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	108,665.09	0.00	INJECTABLE DRUGS	796,317.46	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	58,596.76	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,353.46	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	238,359.82	9,272.33	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	29,629.24	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,045,709.41	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	337,702.63	0.00	NO CC/INVALID REV CODE	8,103.64	0.00
BLOOD	10,040.00	0.00			
BLOOD STORAGE & PRO.	254,267.30	192,068.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	227,132.02	31,688.82			
AUDIOLOGY	66,440.25	255,494.00			
CARDIOLOGY	1,360,336.35	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	23,167.98	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	90,658.89	0.00			
			TOTAL ANCILLARY	26,071,259.08	653,407.97
			TOTAL ACCOMODATIONS	10,171,800.00	0.00
			TOTAL CHARGES	36,243,059.08	653,407.97

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

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

Run Date: 08/06/2023
Run Time: 19:00:52
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022319074634	11/01/22 - 11/02/22	11/21/22	4,051.82	0.00	0.00	0.00	0.00
615	2023006105359	11/20/22 - 12/31/22	01/16/23	4,051.82	0.00	0.00	0.00	0.00
TOTAL				8,103.64	0.00	0.00	0.00	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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,440.85	ADJUSTMENTS	0.00
COVERED CHARGES	38,982.24	CONTRACTUAL ALLOW	23,211.91
NON-COVERD CHARGES	6,458.61	TOTAL MEDICAID LIAB	15,770.33
		LESS: COB	15,770.33
		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	1		0	1,500.00		0.00
ROUTINE NURSERY	5		0	14,750.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	16,250.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	4,000.00		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	1		0	4,000.00		0.00
TOTAL ACCOMODATIONS	7		0	20,250.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	415.96	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,865.88	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,542.63	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	806.30	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,136.36	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	702.35	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	375.72	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	4,643.60	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	2,219.99	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	375.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	1,322.25			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	598.06	0.00			
			TOTAL ANCILLARY	18,732.24	6,458.61
			TOTAL ACCOMODATIONS	20,250.00	0.00
			TOTAL CHARGES	38,982.24	6,458.61

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,139,353.89	ADJUSTMENTS	314,202.68
COVERED CHARGES	12,391,075.25	CONTRACTUAL ALLOW	10,768,180.63
NON-COVERD CHARGES	748,278.64	TOTAL MEDICAID LIAB	1,622,894.62
		LESS: COB	2,929.69
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,619,964.93
		ALL OTHER	1,458,131.11
		FEE SCHEDULE-LAB	143,585.90
		INJECTABLE DRUGS	18,247.92
TOTAL NUMBER OF CLAIMS		2,814	

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	71,781.30	196.78	OTHER LAB	283,378.46	15,260.00
MED/SURG SUPPLY	388,766.44	1,196.83	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	342.48
RADIOLOGY-DIAGNOSTIC	509,226.51	11,938.63	OTHER THERAPEUTIC SVC	0.00	3,133.95
CT SCAN	1,446,909.92	232,441.35	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	136,167.03	12,761.73	FEE SCHEDULE LAB	2,977,484.17	184,314.63
EKG/ECG	187,114.39	13,269.30	MRI SERVICES	75,594.31	3,768.00
IV THERAPY	770,208.70	14,390.69	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	461,840.50	14,153.15	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	22,993.45	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	42,737.36	16,067.42	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	103,414.44	0.00	AMBULANCE	0.00	0.00
GI SERVICES	227,131.06	38,778.26	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,902,806.12	7,105.90	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	95,074.73	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	132,035.19	80,019.99
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	22,764.94	14,483.37	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,991.45	2,967.82	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,966.03	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,581.72	1,211.19	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	15,903.13	884.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	176,018.62	42,746.69	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	27,286.72	2,149.80			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	32,147.00	7,912.68			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	101,940.57	19,817.97			
AMBULATORY SURGERY	1,245.58	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	91,955.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	74,576.19	0.00			
			TOTAL ANCILLARY	12,391,075.25	748,278.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,391,075.25	748,278.64

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	86,722.85	ADJUSTMENTS	0.00
COVERED CHARGES	64,187.11	CONTRACTUAL ALLOW	55,825.89
NON-COVERD CHARGES	22,535.74	TOTAL MEDICAID LIAB	8,361.22
		LESS: COB	8,361.22
		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 : 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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	717.08	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	914.18	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,795.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,948.77	10,377.24	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,504.62	248.47
EKG/ECG	1,272.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,786.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,063.27	11,230.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,946.30	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,544.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,418.45	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	276.64	679.23
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	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	64,187.11	22,535.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	64,187.11	22,535.74

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	334,557.29	ADJUSTMENTS	537.04
COVERED CHARGES	310,778.00	CONTRACTUAL ALLOW	300,507.11
NON-COVERD CHARGES	23,779.29	TOTAL MEDICAID LIAB	10,270.89
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,270.89

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,178.87	0.00	OTHER LAB	1,731.00	0.00
MED/SURG SUPPLY	285.26	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,672.40	720.43	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,975.74	13,232.93	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	41,513.76	6,864.72
EKG/ECG	2,598.93	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,643.09	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	210,625.85	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,553.10	910.68
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,050.53	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	310,778.00	23,779.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	310,778.00	23,779.29

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,399.30	ADJUSTMENTS	0.00
COVERED CHARGES	1,399.30	CONTRACTUAL ALLOW	1,332.17
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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	1,399.30	0.00	SPECIAL SERVICES	0.00	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	1,399.30	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,399.30	0.00

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,153,641.30	ADJUSTMENTS	84,190.40
COVERED CHARGES	1,757,520.89	CONTRACTUAL ALLOW	1,620,711.49
NON-COVERD CHARGES	396,120.41	TOTAL MEDICAID LIAB	136,809.40
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	136,809.40
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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,657.32	71.51	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	448,142.56	97,200.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,599.13	8,724.18	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	508.25	FEE SCHEDULE LAB	12,182.62	912.80
EKG/ECG	1,750.93	848.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,144.14	242.80	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	763,574.43	104,558.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	72,009.66	11,012.02	AMBULANCE	0.00	0.00
GI SERVICES	0.00	12,891.33	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	62,867.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,790.06	10,269.73
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	246,120.61	72,499.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,356.40	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	84,167.23	76,380.84			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,158.80	0.00			
			TOTAL ANCILLARY	1,757,520.89	396,120.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,757,520.89	396,120.41

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:23:03
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	76,930.50	ADJUSTMENTS	0.00
COVERED CHARGES	76,930.50	CONTRACTUAL ALLOW	53,859.14
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	23,071.36
		LESS: COB	677.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	22,394.05

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	18		0	16,795.00		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	16,795.00		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	16,795.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	27,764.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	200.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,032.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,148.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,205.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	236.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	196.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,004.00	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	2,062.00	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	288.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	60,135.50	0.00
			TOTAL ACCOMODATIONS	16,795.00	0.00
			TOTAL CHARGES	76,930.50	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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	976,479.34	ADJUSTMENTS	39,075.57
COVERED CHARGES	918,799.59	CONTRACTUAL ALLOW	726,016.54
NON-COVERD CHARGES	57,679.75	TOTAL MEDICAID LIAB	192,783.05
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	192,783.05
		ALL OTHER	157,721.46
		FEE SCHEDULE-LAB	33,638.66
		INJECTABLE DRUGS	1,422.93
TOTAL NUMBER OF CLAIMS		775	

Report : CLM-0804-O
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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,009.50	0.00	OTHER LAB	4,267.00	0.00
MED/SURG SUPPLY	788.59	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	57,517.00	1,067.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	248,628.00	36,538.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	255,649.00	9,376.00
EKG/ECG	13,328.00	392.00	MRI SERVICES	0.00	0.00
IV THERAPY	25,837.00	3,642.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	92.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	225,114.00	722.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	43,063.50	4,823.75
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	520.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,383.00	599.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,803.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,320.00	0.00			
			TOTAL ANCILLARY	918,799.59	57,679.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	918,799.59	57,679.75

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

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

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,357.25	ADJUSTMENTS	0.00
COVERED CHARGES	2,271.00	CONTRACTUAL ALLOW	1,855.53
NON-COVERD CHARGES	86.25	TOTAL MEDICAID LIAB	415.47
		LESS: COB	415.47
		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 1

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: 08/06/2023
Run Time: 19:23:03
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	37.00	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	213.00	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	1,002.00	24.00
EKG/ECG	196.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	167.00	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	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	179.00	62.25
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	2,271.00	86.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,271.00	86.25

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,932.60	ADJUSTMENTS	156.64
COVERED CHARGES	69,599.85	CONTRACTUAL ALLOW	62,786.01
NON-COVERD CHARGES	1,332.75	TOTAL MEDICAID LIAB	6,813.84
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,813.84

TOTAL NUMBER OF CLAIMS 87

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	645.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	51.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,951.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,614.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,653.00	347.00
EKG/ECG	196.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,028.00	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	41,833.00	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	2,956.25	813.75
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	672.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	69,599.85	1,332.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,599.85	1,332.75

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	799,910.67	ADJUSTMENTS	0.00
COVERED CHARGES	799,910.67	CONTRACTUAL ALLOW	515,339.62
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	284,571.05
		LESS: COB	4,009.05
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	280,562.00

TOTAL NUMBER OF ADMISSIONS 42

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	110		0	95,240.00		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	110		0	95,240.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	40		0	38,920.00		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	38,920.00		0.00
TOTAL ACCOMODATIONS	150		0	134,160.00		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: 08/06/2023
Run Time: 20:15:17
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	220,343.40	0.00	OTHER LAB	2,978.00	0.00
MED/SURG SUPPLY	87,592.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	78,534.26	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,429.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	62,024.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,067.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,170.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,636.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,554.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,286.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,459.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	66,415.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,184.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	705.32	0.00	INJECTABLE DRUGS	339.40	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,472.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	894.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,943.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,024.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	15,381.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	19,564.00	0.00			
			TOTAL ANCILLARY	665,750.67	0.00
			TOTAL ACCOMODATIONS	134,160.00	0.00
			TOTAL CHARGES	799,910.67	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

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,136,217.55	ADJUSTMENTS	156,852.59
COVERED CHARGES	2,967,542.90	CONTRACTUAL ALLOW	2,414,325.53
NON-COVERD CHARGES	168,674.65	TOTAL MEDICAID LIAB	553,217.37
		LESS: COB	500.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	552,717.37
		ALL OTHER	490,827.76
		FEE SCHEDULE-LAB	58,799.41
		INJECTABLE DRUGS	3,090.20
TOTAL NUMBER OF CLAIMS		1,232	

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	224,190.98	0.00	OTHER LAB	17,468.00	0.00
MED/SURG SUPPLY	247,586.77	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	161,980.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	533,486.00	44,087.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	375,090.69	12,725.52
EKG/ECG	88,626.00	262.00	MRI SERVICES	0.00	0.00
IV THERAPY	201,218.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	170,952.35	29,287.65	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,439.00	2,392.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	19,578.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	698,052.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,568.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	90,646.11	71,983.48
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	766.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,457.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	153.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,888.00	2,081.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,438.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,192.00	2,633.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,990.00	0.00			
			TOTAL ANCILLARY	2,967,542.90	168,674.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,967,542.90	168,674.65

Report : CLM-0806-O
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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,998.25	ADJUSTMENTS	0.00
COVERED CHARGES	9,849.19	CONTRACTUAL ALLOW	8,886.61
NON-COVERD CHARGES	149.06	TOTAL MEDICAID LIAB	962.58
		LESS: COB	962.58
		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
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	393.18	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	296.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	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	0.00	0.00	FEE SCHEDULE LAB	1,317.04	20.00
EKG/ECG	262.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,024.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	810.00	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	2,583.00	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	505.16	129.06
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	2,417.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	9,849.19	149.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,849.19	149.06

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

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

Run Date: 08/06/2023
Run Time: 20:15:17
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	73,076.37	ADJUSTMENTS	78.32
COVERED CHARGES	70,223.81	CONTRACTUAL ALLOW	66,464.45
NON-COVERD CHARGES	2,852.56	TOTAL MEDICAID LIAB	3,759.36
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,759.36

TOTAL NUMBER OF CLAIMS 48

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: 08/06/2023
Run Time: 20:15:17
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,227.83	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,819.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,391.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,374.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,166.32	955.44
EKG/ECG	786.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,820.00	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	522.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,036.00	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	895.66	1,897.12
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	1,186.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	70,223.81	2,852.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	70,223.81	2,852.56

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	304,861.46	ADJUSTMENTS	32,414.52
COVERED CHARGES	282,718.15	CONTRACTUAL ALLOW	239,498.79
NON-COVERD CHARGES	22,143.31	TOTAL MEDICAID LIAB	43,219.36
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	43,219.36

TOTAL NUMBER OF CLAIMS

8

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: 08/06/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	48,535.33	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	158,679.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,388.00	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	6,354.00	FEE SCHEDULE LAB	1,250.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,660.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	31,240.00	4,440.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	522.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,704.00	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	5,335.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,404.52	5,395.31
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	5,954.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	282,718.15	22,143.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	282,718.15	22,143.31

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:01:06
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,182,764.37	ADJUSTMENTS	15,800.00
COVERED CHARGES	5,181,399.64	CONTRACTUAL ALLOW	2,999,419.64
NON-COVERD CHARGES	1,364.73	TOTAL MEDICAID LIAB	2,181,980.00
		LESS: COB	37,978.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,144,001.35

TOTAL NUMBER OF ADMISSIONS 101

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,381		0	1,928,815.08		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	1,381		0	1,928,815.08		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	1,381		0	1,928,815.08		0.00

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

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

Run Date: 08/06/2023
Run Time: 14:01:06
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	559,802.88	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	24,708.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	409,242.74	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	59,044.44	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,922.98	1,020.73	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	669,519.57	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	14,809.34	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	344.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	199,897.82	0.00	FREE STANDING CLINIC	0.00	0.00
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	1,062,151.45	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	232,492.63	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	5,108.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,884.00	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	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,252,584.56	1,364.73
			TOTAL ACCOMODATIONS	1,928,815.08	0.00
			TOTAL CHARGES	5,181,399.64	1,364.73

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

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

Run Date: 08/06/2023
Run Time: 14:01:06
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2022012056987	12/27/21 - 01/07/22	01/17/22	0.00	0.00	0.00	0.00	0.00
TOTAL				0.00	0.00	0.00	0.00	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: 08/06/2023
Run Time: 14:01:06
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:01:06
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:01:06
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 21:11:13
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,454,103.51	ADJUSTMENTS	0.00
COVERED CHARGES	1,448,191.30	CONTRACTUAL ALLOW	696,940.16
NON-COVERD CHARGES	5,912.21	TOTAL MEDICAID LIAB	751,251.14
		LESS: COB	10,545.26
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	740,705.88

TOTAL NUMBER OF ADMISSIONS 116

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	784		0	455,651.00		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	784		0	455,651.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	18		0	17,775.00		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	18		0	17,775.00		0.00
TOTAL ACCOMODATIONS	802		0	473,426.00		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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	416,327.80	1,984.21	OTHER LAB	960.00	0.00
MED/SURG SUPPLY	31,075.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	151,811.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,296.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,040.00	1,900.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,149.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	19,065.00	0.00	MRI SERVICES	8,932.00	0.00
IV THERAPY	150,296.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	403.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	40,253.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	72,205.16	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	171.00	0.00	INJECTABLE DRUGS	25,031.67	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	4,064.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	394.42	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	566.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,104.00	2,028.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,220.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,401.00	0.00			
			TOTAL ANCILLARY	974,765.30	5,912.21
			TOTAL ACCOMODATIONS	473,426.00	0.00
			TOTAL CHARGES	1,448,191.30	5,912.21

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 21:11:13
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,238,040.70	ADJUSTMENTS	17,167.06
COVERED CHARGES	1,179,234.50	CONTRACTUAL ALLOW	787,039.16
NON-COVERD CHARGES	58,806.20	TOTAL MEDICAID LIAB	392,195.34
		LESS: COB	337.61
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	391,857.73
		ALL OTHER	351,160.40
		FEE SCHEDULE-LAB	36,809.01
		INJECTABLE DRUGS	3,888.32
TOTAL NUMBER OF CLAIMS		834	

Report : CLM-0804-O
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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	28,002.66	986.00	OTHER LAB	6,366.00	421.00
MED/SURG SUPPLY	15,908.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	51,051.00	3,045.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	243,477.00	12,372.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	38,289.00	1,889.00	FEE SCHEDULE LAB	189,958.00	15,761.00
EKG/ECG	22,630.00	0.00	MRI SERVICES	51,045.00	0.00
IV THERAPY	187,051.00	2,610.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,442.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,171.00	864.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	965.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	253,820.52	1,116.88	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	923.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	25,642.15	8,692.49
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,956.00	230.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,775.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	869.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	2,450.00	3,685.00	IMPL DEV CHARGE PATIENTS	0.00	788.83
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,454.00	0.00	NO CC/INVALID REV CODE	0.00	523.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,616.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,062.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,330.00	3,017.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	13,625.00	161.00			
			TOTAL ANCILLARY	1,179,234.50	58,806.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,179,234.50	58,806.20

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
-1	2322292000402	05/31/22 - 05/31/22	11/14/22	0.00	523.00	0.00	0.00	0.00
TOTAL				0.00	523.00	0.00	0.00	0.00

Report : CLM-0806-O
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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,163.17	ADJUSTMENTS	0.00
COVERED CHARGES	1,163.17	CONTRACTUAL ALLOW	808.41
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	354.76
		LESS: COB	354.76
		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 : 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	303.00	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	245.00	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	590.88	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	24.29	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.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,163.17	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,163.17	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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	65,485.58	ADJUSTMENTS	78.32
COVERED CHARGES	64,322.18	CONTRACTUAL ALLOW	59,309.70
NON-COVERD CHARGES	1,163.40	TOTAL MEDICAID LIAB	5,012.48
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,012.48
TOTAL NUMBER OF CLAIMS		64	

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: 08/05/2023
Run Time: 21:11:13
Page: 10

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

PROVIDER NUMBER
000000052A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	687.15	0.00	OTHER LAB	539.00	0.00
MED/SURG SUPPLY	620.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,982.00	155.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,839.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,243.00	852.00
EKG/ECG	1,550.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,005.00	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	34,912.02	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	1,944.29	156.40
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	64,322.18	1,163.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	64,322.18	1,163.40

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	661.12	ADJUSTMENTS	0.00
COVERED CHARGES	661.12	CONTRACTUAL ALLOW	582.80
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 : 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	108.00	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	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	5.12	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	661.12	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	661.12	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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,346.04	ADJUSTMENTS	0.00
COVERED CHARGES	24,529.26	CONTRACTUAL ALLOW	19,304.37
NON-COVERD CHARGES	816.78	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 : 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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	884.65	36.08	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	443.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	220.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	225.00	0.00	FEE SCHEDULE LAB	2,344.00	220.00
EKG/ECG	155.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,867.00	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	75.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	929.00	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	349.44	119.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	230.00	87.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	461.00	354.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	1,540.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,806.00	0.00			
			TOTAL ANCILLARY	24,529.26	816.78
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,529.26	816.78

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

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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,080,790.28	ADJUSTMENTS	60,395.37
COVERED CHARGES	2,073,298.28	CONTRACTUAL ALLOW	1,580,422.36
NON-COVERD CHARGES	7,492.00	TOTAL MEDICAID LIAB	492,875.92
		LESS: COB	19,030.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	11,000.00
		REIMBURSEMENT	484,845.30

TOTAL NUMBER OF ADMISSIONS 80

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	264		0	443,218.00		0.00
ROUTINE NURSERY	19		0	21,614.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	283		0	464,832.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	29		0	70,455.00		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	29		0	70,455.00		0.00
TOTAL ACCOMODATIONS	312		0	535,287.00		0.00

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	190,875.09	0.00	OTHER LAB	16,877.00	0.00
MED/SURG SUPPLY	188,204.01	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	354,825.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	54,288.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	70,757.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	21,032.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	16,146.00	0.00	MRI SERVICES	16,087.00	0.00
IV THERAPY	24,516.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	72,709.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	52,650.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	138,438.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,744.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,501.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	36,474.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,183.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	245.00	0.00	INJECTABLE DRUGS	193,018.18	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	16,755.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,034.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	68.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,661.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,383.00	7,424.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	3,108.00	0.00			
CARDIOLOGY	2,350.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	25,151.00	0.00			
			TOTAL ANCILLARY	1,538,011.28	7,492.00
			TOTAL ACCOMODATIONS	535,287.00	0.00
			TOTAL CHARGES	2,073,298.28	7,492.00

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: 08/05/2023
Run Time: 21:55:41
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,145.98	ADJUSTMENTS	0.00
COVERED CHARGES	6,145.98	CONTRACTUAL ALLOW	3,580.10
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	2,565.88
		LESS: COB	2,565.88
		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	0		0	0.00		0.00
ROUTINE NURSERY	3		0	3,296.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3		0	3,296.00		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	3		0	3,296.00		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: 08/05/2023
Run Time: 21:55:41
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	264.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	736.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,025.00	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	66.78	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	758.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	2,849.98	0.00
			TOTAL ACCOMODATIONS	3,296.00	0.00
			TOTAL CHARGES	6,145.98	0.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,105,994.12
COVERED CHARGES	1,984,144.09
NON-COVERD CHARGES	121,850.03

-----PAYMENTS-----	
ADJUSTMENTS	125,838.18
CONTRACTUAL ALLOW	1,442,146.74
TOTAL MEDICAID LIAB	541,997.35
LESS: COB	1,460.94
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	540,536.41
ALL OTHER	486,651.23
FEE SCHEDULE-LAB	51,489.44
INJECTABLE DRUGS	2,395.74

TOTAL NUMBER OF CLAIMS	1,190
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Report : CLM-0804-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	73,078.37	2,356.78	OTHER LAB	68,242.00	0.00
MED/SURG SUPPLY	108,123.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	97,237.00	698.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	317,859.00	8,470.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	37,584.00	2,216.00	FEE SCHEDULE LAB	458,714.00	7,673.00
EKG/ECG	32,390.00	2,483.00	MRI SERVICES	51,408.00	2,715.00
IV THERAPY	109,333.00	8,915.13	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	81,530.50	6,152.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	47,904.00	43,446.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	52,028.00	1,521.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	184,825.00	1,326.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,565.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	77,207.93	10,012.62
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,982.00	1,384.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	768.00	529.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	144.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	20,073.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,150.00	1,879.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	45,305.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,638.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	64,117.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	23,011.00	0.00			
			TOTAL ANCILLARY	1,984,144.09	121,850.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,984,144.09	121,850.03

Report : CLM-0806-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,505.07	ADJUSTMENTS	0.00
COVERED CHARGES	14,025.28	CONTRACTUAL ALLOW	9,984.58
NON-COVERD CHARGES	5,479.79	TOTAL MEDICAID LIAB	4,040.70
		LESS: COB	4,040.70
		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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	100.30	79.91	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	458.00	20.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	985.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,596.00	2,124.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,696.00	78.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	598.00	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	2,064.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,022.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,446.00	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	81.98	155.88
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	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	14,025.28	5,479.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,025.28	5,479.79

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	101,433.70	ADJUSTMENTS	420.00
COVERED CHARGES	100,882.09	CONTRACTUAL ALLOW	92,897.09
NON-COVERD CHARGES	551.61	TOTAL MEDICAID LIAB	7,985.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,985.00

TOTAL NUMBER OF CLAIMS 116

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	603.92	0.00	OTHER LAB	2,535.00	0.00
MED/SURG SUPPLY	3,479.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,251.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,176.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,583.00	182.00	FEE SCHEDULE LAB	23,302.00	185.00
EKG/ECG	1,367.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,022.00	62.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	618.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	328.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	31,454.00	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	3,162.37	122.61
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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	100,882.09	551.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	100,882.09	551.61

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Location: CLMP8000

SUMMARY TYPE VII

Page: 12

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ALMA, GA 31510-2922

000000118A

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

REIMBURSEMENT 10/27/01

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,866.82	1,495.91	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	144,644.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,995.00	954.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,613.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	252.00	FEE SCHEDULE LAB	2,820.00	0.00
EKG/ECG	0.00	191.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,341.00	542.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	45,294.17	3,384.83	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	383.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	658.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,419.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,938.84	3,137.58
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	206,298.36	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	3,680.00	0.00			
			TOTAL ANCILLARY	424,951.59	9,957.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	424,951.59	9,957.32

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 21:12:43
Page: 1

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,717,532.41	ADJUSTMENTS	85,647.56
COVERED CHARGES	5,677,151.97	CONTRACTUAL ALLOW	4,003,463.03
NON-COVERD CHARGES	40,380.44	TOTAL MEDICAID LIAB	1,673,688.94
		LESS: COB	34,218.04
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,639,470.90

TOTAL NUMBER OF ADMISSIONS 221

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	164		0	148,347.00		0.00
ROUTINE NURSERY	58		0	56,343.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.04
TOTAL ROUTINE	222		0	204,690.00		0.04
SPECIAL CARE SERVICES						
CCU	472		0	702,385.00		0.00
ICU	227		0	573,581.00		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	699		0	1,275,966.00		0.00
TOTAL ACCOMODATIONS	921		0	1,480,656.00		0.04

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

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

Run Date: 08/05/2023
Run Time: 21:12:43
Page: 2

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,038,025.03	0.00	OTHER LAB	20,707.10	0.00
MED/SURG SUPPLY	52,310.54	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	899,314.61	0.00	EDUCATION & TRAINING	662.10	0.00
RADIOLOGY-DIAGNOSTIC	53,537.35	0.00	OTHER THERAPEUTIC SVC	75,194.85	0.00
CT SCAN	450,090.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	28,254.80	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	25,944.70	0.00	MRI SERVICES	27,043.71	0.00
IV THERAPY	114,422.35	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	140,804.60	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	64,462.30	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	404,067.30	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	39,710.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	262,064.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,744.05	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,823.20
LABORATORY PATHOLOGIC	4,187.85	0.00	INJECTABLE DRUGS	110,074.95	0.00
RADIOLOGY THERAPEUTIC	4,478.60	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,660.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,112.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	18,622.80	1,330.20	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,674.45	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	28,753.10	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	34,224.65	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	29,411.75	12,869.65			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	18,699.63	21,062.45			
AUDIOLOGY	2,063.60	0.00			
CARDIOLOGY	137,212.35	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	71,959.30	3,294.90			
			TOTAL ANCILLARY	4,196,495.97	40,380.40
			TOTAL ACCOMODATIONS	1,480,656.00	0.04
			TOTAL CHARGES	5,677,151.97	40,380.44

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: 08/05/2023
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NAVICENT HEALTH BALDWIN INC
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	69,475.20	ADJUSTMENTS	0.00
COVERED CHARGES	69,475.20	CONTRACTUAL ALLOW	57,412.45
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	12,062.75
		LESS: COB	12,062.75
		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	1		0	904.00		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	904.00		0.00
SPECIAL CARE SERVICES						
CCU	4		0	5,936.00		0.00
ICU	4		0	10,612.00		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	8		0	16,548.00		0.00
TOTAL ACCOMODATIONS	9		0	17,452.00		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: 08/05/2023
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NAVICENT HEALTH BALDWIN INC
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8,194.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	202.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,212.55	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,368.15	0.00	OTHER THERAPEUTIC SVC	402.40	0.00
CT SCAN	9,765.80	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	606.95	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,263.20	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,079.45	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,542.55	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,244.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,446.65	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	285.05	0.00	INJECTABLE DRUGS	1,075.80	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	86.55	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	423.35	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,822.70	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	0.00	0.00			
			TOTAL ANCILLARY	52,023.20	0.00
			TOTAL ACCOMODATIONS	17,452.00	0.00
			TOTAL CHARGES	69,475.20	0.00

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

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 4,791,267.84
COVERED CHARGES 4,176,654.39
NON-COVERD CHARGES 614,613.45

-----PAYMENTS-----
ADJUSTMENTS 165,773.81
CONTRACTUAL ALLOW 3,256,538.73
TOTAL MEDICAID LIAB 920,115.66
LESS: COB 3,158.72
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 916,956.94
ALL OTHER 733,304.81
FEE SCHEDULE-LAB 174,797.51
INJECTABLE DRUGS 8,854.62

TOTAL NUMBER OF CLAIMS 2,072

Report : CLM-0804-O
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: 08/05/2023
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NAVICENT HEALTH BALDWIN INC
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	83,088.55	100.00	OTHER LAB	16,080.05	0.00
MED/SURG SUPPLY	65,267.97	1,100.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	113,787.25	3,932.80	OTHER THERAPEUTIC SVC	135,031.65	25,661.75
CT SCAN	642,974.50	169,364.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	68,879.90	5,675.15	FEE SCHEDULE LAB	878,884.25	25,686.80
EKG/ECG	33,678.95	1,239.80	MRI SERVICES	69,459.70	7,076.85
IV THERAPY	82,543.25	6,771.90	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	92,339.05	16,773.20	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,894.15	3,674.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	46,023.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	87,869.65	21,833.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,128,356.85	1,769.85	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	72,192.10	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	99,353.02	52,851.00
RADIOLOGY THERAPEUTIC	51,556.50	193,857.95	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,355.50	5,079.70	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,045.60	4,192.60	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,330.20	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	271.00	1,163.20	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	21,193.65	0.00
LITHOTRIPSY	20,051.20	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	122,689.25	17,875.10	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,270.50	559.55			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	44,444.30	22,557.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	23,311.75	21,872.40			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	44,396.35	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	100,364.15	2,613.75			
			TOTAL ANCILLARY	4,176,654.39	614,613.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,176,654.39	614,613.45

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,974.80	ADJUSTMENTS	0.00
COVERED CHARGES	28,717.10	CONTRACTUAL ALLOW	22,245.28
NON-COVERD CHARGES	8,257.70	TOTAL MEDICAID LIAB	6,471.82
		LESS: COB	6,471.82
		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
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,142.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,902.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,003.85	0.00	OTHER THERAPEUTIC SVC	599.45	0.00
CT SCAN	1,401.05	7,808.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,253.60	234.50
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	58.45	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,773.35	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	1,938.60	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,102.10	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,306.10	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	788.25	215.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	447.15	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	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	28,717.10	8,257.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,717.10	8,257.70

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

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	387,823.05	ADJUSTMENTS	1,331.44
COVERED CHARGES	332,401.30	CONTRACTUAL ALLOW	311,803.14
NON-COVERD CHARGES	55,421.75	TOTAL MEDICAID LIAB	20,598.16
		LESS: COB	29.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	20,568.32

TOTAL NUMBER OF CLAIMS 263

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: 08/05/2023
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NAVICENT HEALTH BALDWIN INC
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,688.30	0.00	OTHER LAB	663.35	0.00
MED/SURG SUPPLY	1,170.90	150.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,079.10	0.00	OTHER THERAPEUTIC SVC	19,071.20	885.85
CT SCAN	33,796.20	47,776.45	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	46,547.10	1,797.20
EKG/ECG	3,378.95	0.00	MRI SERVICES	1,945.80	0.00
IV THERAPY	4,794.90	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,681.25	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	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	192,808.05	723.65	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	5,776.20	1,542.35
RADIOLOGY THERAPEUTIC	0.00	2,239.30	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	306.95	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	332,401.30	55,421.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	332,401.30	55,421.75

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

PROVIDER NUMBER000000129A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES01/01/22THROUGH12/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,011.75	ADJUSTMENTS	0.00
COVERED CHARGES	3,572.85	CONTRACTUAL ALLOW	3,416.21
NON-COVERD CHARGES	2,438.90	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 : 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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NAVICENT HEALTH BALDWIN INC
821 N COBB ST
MILLEDGEVILLE, GA 31061-2343

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	288.05	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	0.00	0.00	OTHER THERAPEUTIC SVC	126.55	0.00
CT SCAN	0.00	2,413.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,110.35	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	388.30	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	1,659.60	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	0.00	25.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	3,572.85	2,438.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,572.85	2,438.90

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

PROVIDER NUMBER000000129A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES01/01/22THROUGH12/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	195,600.13	ADJUSTMENTS	0.00
COVERED CHARGES	172,009.73	CONTRACTUAL ALLOW	141,395.33
NON-COVERD CHARGES	23,590.40	TOTAL MEDICAID LIAB	30,614.40
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	30,614.40

TOTAL NUMBER OF CLAIMS

6

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

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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

PROVIDER NUMBER
000000129A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8,085.75	0.00	OTHER LAB	116.15	0.00
MED/SURG SUPPLY	28,785.78	175.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	625.10	582.25	OTHER THERAPEUTIC SVC	2,247.90	126.55
CT SCAN	0.00	2,940.35	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	362.10	FEE SCHEDULE LAB	10,154.85	556.65
EKG/ECG	132.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,258.20	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,575.55	4,286.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,765.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,339.20	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	23,894.90	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,800.05	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,576.25	10,128.20
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	45,960.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	844.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,374.05	4,432.80			
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	1,474.00	0.00			
			TOTAL ANCILLARY	172,009.73	23,590.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	172,009.73	23,590.40

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

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

PROVIDER NUMBER
000000129A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,838.64	ADJUSTMENTS	3,734.50
COVERED CHARGES	58,990.29	CONTRACTUAL ALLOW	24,030.64
NON-COVERD CHARGES	1,848.35	TOTAL MEDICAID LIAB	34,959.65
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	34,959.65

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	24		0	11,640.00		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	24		0	11,640.00		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	24		0	11,640.00		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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,401.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,782.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,600.35	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	634.15	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,382.50	1,720.40	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	728.75	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	360.00	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	6,518.30	127.95	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,456.00	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	10,611.76	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	50.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,804.80	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	19.80	0.00			
			TOTAL ANCILLARY	47,350.29	1,848.35
			TOTAL ACCOMODATIONS	11,640.00	0.00
			TOTAL CHARGES	58,990.29	1,848.35

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: 08/05/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	379,056.50
COVERED CHARGES	353,268.42
NON-COVERD CHARGES	25,788.08

-----PAYMENTS-----	
ADJUSTMENTS	13,935.18
CONTRACTUAL ALLOW	159,106.51
TOTAL MEDICAID LIAB	194,161.91
LESS: COB	37.35
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	194,124.56
ALL OTHER	173,089.60
FEE SCHEDULE-LAB	20,657.83
INJECTABLE DRUGS	377.13

TOTAL NUMBER OF CLAIMS	418
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Report : CLM-0804-O
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: 08/05/2023
Run Time: 21:56:46
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,977.52	9,377.19	OTHER LAB	9,873.66	130.00
MED/SURG SUPPLY	6,259.18	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,867.20	659.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	60,085.95	6,433.30	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,380.80	85.80	FEE SCHEDULE LAB	136,360.49	1,147.60
EKG/ECG	5,610.00	375.00	MRI SERVICES	0.00	0.00
IV THERAPY	16,449.80	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	270.90	90.30	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,485.20	44.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	75,722.45	2,554.04	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,103.75	3,491.25
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	450.00	76.75	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	996.80	0.00	NO CC/INVALID REV CODE	250.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,215.50	1,323.85			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,561.70	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	2,262.70	0.00			
			TOTAL ANCILLARY	353,268.42	25,788.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	353,268.42	25,788.08

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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021271053778	09/20/21 - 09/20/21	10/04/21	125.00	0.00	0.00	0.00	20.52
780	2021326008499	11/03/21 - 11/03/21	11/29/21	125.00	0.00	0.00	0.00	20.52
TOTAL				250.00	0.00	0.00	0.00	41.04

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: 08/05/2023
Run Time: 21:56:46
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	82.80	ADJUSTMENTS	0.00
COVERED CHARGES	69.00	CONTRACTUAL ALLOW	59.23
NON-COVERD CHARGES	13.80	TOTAL MEDICAID LIAB	9.77
		LESS: COB	9.77
		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			1

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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 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	69.00	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	69.00	13.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69.00	13.80

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	20,231.40
COVERED CHARGES	19,299.40
NON-COVERD CHARGES	932.00

-----PAYMENTS-----	
ADJUSTMENTS	210.00
CONTRACTUAL ALLOW	16,849.40
TOTAL MEDICAID LIAB	2,450.00
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	2,450.00

TOTAL NUMBER OF CLAIMS	35
------------------------	----

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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8.50	792.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	183.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	543.15	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,153.20	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,005.15	0.00
EKG/ECG	250.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	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	8,184.00	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	990.00	140.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	19,299.40	932.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,299.40	932.00

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: 08/05/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	92,133.00	ADJUSTMENTS	0.00
COVERED CHARGES	92,133.00	CONTRACTUAL ALLOW	66,803.15
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	25,329.85
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	25,329.85

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	22		0	20,148.00		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	22		0	20,148.00		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	22		0	20,148.00		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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,512.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,462.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	24,878.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,502.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,298.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,150.00	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	10,617.00	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	7,639.00	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.	2,315.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,612.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	71,985.00	0.00
			TOTAL ACCOMODATIONS	20,148.00	0.00
			TOTAL CHARGES	92,133.00	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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 21:57:05
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,018,083.00	ADJUSTMENTS	34,817.54
COVERED CHARGES	970,009.00	CONTRACTUAL ALLOW	659,495.94
NON-COVERD CHARGES	48,074.00	TOTAL MEDICAID LIAB	310,513.06
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	310,513.06
		ALL OTHER	280,605.62
		FEE SCHEDULE-LAB	28,447.30
		INJECTABLE DRUGS	1,460.14
TOTAL NUMBER OF CLAIMS		955	

Report : CLM-0804-O
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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	46,575.00	270.00	OTHER LAB	1,858.00	0.00
MED/SURG SUPPLY	7,649.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	75,192.00	843.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	144,363.00	25,048.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	46,100.00	2,613.00	FEE SCHEDULE LAB	252,432.00	9,352.00
EKG/ECG	14,449.00	230.00	MRI SERVICES	0.00	0.00
IV THERAPY	63,544.00	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	4,177.00	1,440.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	265,705.00	567.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	18,163.00	4,798.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,658.00	1,058.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	492.00	388.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	570.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,968.00	897.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,836.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,848.00	0.00			
			TOTAL ANCILLARY	970,009.00	48,074.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	970,009.00	48,074.00

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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
Run Time: 21:57:05
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,950.00	ADJUSTMENTS	70.00
COVERED CHARGES	31,817.00	CONTRACTUAL ALLOW	28,807.00
NON-COVERD CHARGES	133.00	TOTAL MEDICAID LIAB	3,010.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,010.00

TOTAL NUMBER OF CLAIMS 43

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	192.00	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	2,169.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,899.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,035.00	0.00
EKG/ECG	460.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,929.00	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	459.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	18,371.00	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	248.00	133.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	31,817.00	133.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,817.00	133.00

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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

Run Date: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	106,823.00	ADJUSTMENTS	0.00
COVERED CHARGES	106,396.00	CONTRACTUAL ALLOW	86,028.84
NON-COVERD CHARGES	427.00	TOTAL MEDICAID LIAB	20,367.16
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	20,367.16

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	95,876.00	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	10,520.00	427.00
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	106,396.00	427.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	106,396.00	427.00

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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:19:59
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	33,327,744.75	ADJUSTMENTS	106,860.06
COVERED CHARGES	33,195,978.75	CONTRACTUAL ALLOW	28,005,563.92
NON-COVERD CHARGES	131,766.00	TOTAL MEDICAID LIAB	5,190,414.83
		LESS: COB	63,192.39
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,717.00
		REIMBURSEMENT	5,130,939.44

TOTAL NUMBER OF ADMISSIONS 585

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	542		0	803,887.00		0.00
ROUTINE NURSERY	145		0	210,872.25		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	687		0	1,014,759.25		0.00
SPECIAL CARE SERVICES						
CCU	287		0	724,342.50		0.00
ICU	1,813		0	3,814,744.25		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	2,100		0	4,539,086.75		0.00
TOTAL ACCOMODATIONS	2,787		0	5,553,846.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 23:19:59
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,676,118.20	3,121.50	OTHER LAB	88,026.55	0.00
MED/SURG SUPPLY	750,527.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,975,153.54	6,039.03	EDUCATION & TRAINING	5,664.75	0.00
RADIOLOGY-DIAGNOSTIC	770,186.84	6,322.45	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,821,573.38	14,675.85	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	260,311.85	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	120,094.05	447.30	MRI SERVICES	323,376.80	0.01
IV THERAPY	2,417.10	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,950,660.52	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	234,879.35	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	973,111.75	2,393.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	631,549.45	0.00	AMBULANCE	0.00	0.00
GI SERVICES	261,269.25	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,287,500.95	287.70	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	208,579.05	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	186,776.05	0.00	INJECTABLE DRUGS	15,193.08	3,989.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,083.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	27,954.75	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	216,977.25	5,439.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,512.25	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,058,294.70	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	153,368.80	0.00	NO CC/INVALID REV CODE	97,832.75	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	192,608.25	79,974.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	33,415.35	9,076.76			
AUDIOLOGY	29,933.25	0.00			
CARDIOLOGY	2,064,110.05	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	56,245.75	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	144,825.99	0.00			
			TOTAL ANCILLARY	27,642,132.75	131,766.00
			TOTAL ACCOMODATIONS	5,553,846.00	0.00
			TOTAL CHARGES	33,195,978.75	131,766.00

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

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

Run Date: 08/05/2023
Run Time: 23:19:59
Page: 3

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021291013266	10/05/21 - 10/10/21	10/25/21	1,908.00	0.00	0.00	0.00	0.00
614	2021317021967	10/25/21 - 10/29/21	11/22/21	1,908.00	0.00	0.00	0.00	0.00
614	2021323066590	11/06/21 - 11/10/21	11/22/21	1,925.00	0.00	0.00	0.00	0.00
615	2022014043492	01/02/22 - 01/04/22	01/17/22	3,882.90	0.00	0.00	0.00	0.00
614	2022017015650	12/27/21 - 01/06/22	01/24/22	1,908.00	0.00	0.00	0.00	0.00
614	5922047001279	01/18/22 - 02/01/22	02/21/22	10,162.95	0.00	0.00	0.00	0.00
615	2022054047121	02/10/22 - 02/18/22	02/28/22	3,882.90	0.00	0.00	0.00	0.00
615	2022066020305	02/12/22 - 02/23/22	03/14/22	3,882.90	0.00	0.00	0.00	0.00
614	2022068045222	03/03/22 - 03/04/22	03/14/22	2,021.25	0.00	0.00	0.00	0.00
615	2022084058765	03/13/22 - 03/22/22	03/28/22	3,882.90	0.00	0.00	0.00	0.00
614	2022105052415	03/28/22 - 04/12/22	04/18/22	2,003.40	0.00	0.00	0.00	0.00
614	2022109053771	03/09/22 - 04/12/22	04/25/22	2,003.40	0.00	0.00	0.00	0.00
614	5922117000806	03/31/22 - 04/13/22	05/02/22	10,162.95	0.00	0.00	0.00	0.00
614	2022118050208	02/02/22 - 02/09/22	05/02/22	2,003.40	0.00	0.00	0.00	0.00
615	2022160047657	05/26/22 - 05/28/22	06/13/22	3,882.90	0.00	0.00	0.00	0.00
614	2022195054956	06/20/22 - 07/06/22	07/18/22	2,003.40	0.00	0.00	0.00	0.00
614	2022203047909	05/30/22 - 06/03/22	07/25/22	2,003.40	0.00	0.00	0.00	0.00
614	9822208000010	12/20/21 - 12/28/21	08/01/22	3,816.00	0.00	0.00	0.00	0.00
614	2022224050079	07/25/22 - 08/05/22	08/15/22	2,003.40	0.00	0.00	0.00	0.00
615	2022234017857	08/09/22 - 08/16/22	08/29/22	8,666.70	0.00	0.00	0.00	0.00
614	2222262005724	06/05/22 - 06/16/22	09/26/22	2,003.40	0.00	0.00	0.00	0.00
614	2022266070861	09/10/22 - 09/17/22	09/26/22	2,003.40	0.00	0.00	0.00	0.00
615	2022279048886	09/26/22 - 09/29/22	10/10/22	9,164.40	0.00	0.00	0.00	0.00
614	2322326000121	04/29/22 - 05/11/22	12/05/22	8,726.55	0.00	0.00	4,040.04	0.00
614	2322355000284	09/01/22 - 09/07/22	12/26/22	2,021.25	0.00	0.00	2,186.90	0.00
TOTAL				97,832.75	0.00	0.00	6,226.94	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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	186,580.38	ADJUSTMENTS	0.00
COVERED CHARGES	186,580.38	CONTRACTUAL ALLOW	157,369.97
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	29,210.41
		LESS: COB	29,273.41
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	15		0	22,457.75		0.00
ROUTINE NURSERY	3		0	4,662.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	18		0	27,119.75		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	27,119.75		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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,028.49	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,451.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,165.41	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	78,423.60	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	33,235.30	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	224.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,429.45	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	7,616.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,278.20	0.00	INJECTABLE DRUGS	76.78	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	349.30	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	535.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	646.80	0.00			
			TOTAL ANCILLARY	159,460.63	0.00
			TOTAL ACCOMODATIONS	27,119.75	0.00
			TOTAL CHARGES	186,580.38	0.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,264,929.42	ADJUSTMENTS	371,058.87
COVERED CHARGES	20,166,897.00	CONTRACTUAL ALLOW	18,997,256.29
NON-COVERD CHARGES	2,098,032.42	TOTAL MEDICAID LIAB	1,169,640.71
		LESS: COB	3,074.59
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,166,566.12
		ALL OTHER	1,038,165.29
		FEE SCHEDULE-LAB	112,266.35
		INJECTABLE DRUGS	16,134.48
TOTAL NUMBER OF CLAIMS			2,910

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

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	393,410.22	0.00	OTHER LAB	337,541.80	4,166.40
MED/SURG SUPPLY	206,164.70	71.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,419.60
RADIOLOGY-DIAGNOSTIC	621,370.34	48,853.60	OTHER THERAPEUTIC SVC	0.00	1,799.70
CT SCAN	2,689,199.25	201,968.67	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	14,331.95	FEE SCHEDULE LAB	2,247,849.43	75,216.65
EKG/ECG	97,639.20	6,177.00	MRI SERVICES	275,479.20	39,350.75
IV THERAPY	336,513.95	89,350.95	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,531,413.89	488,518.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,259.60	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	141,587.20	106,477.39	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	589,461.65	7,313.25	AMBULANCE	0.00	0.00
GI SERVICES	454,377.26	34,741.90	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,007,688.50	219,585.70	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	446,049.35	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	859,919.41	77,203.51
RADIOLOGY THERAPEUTIC	1,646.10	0.00	HOME HEALTH SERVICES	0.00	401.10
OCCUPATIONAL THERAPY	0.00	497.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,459.60	1,877.40	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,616.40	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	32,952.30	3,061.20	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	249,296.02	342,604.55
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	376,201.80	40,111.65	NO CC/INVALID REV CODE	29,573.75	11,648.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	36,394.20	1,192.80			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	104,146.15	18,048.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,732,253.00	174,920.50			
AMBULATORY SURGERY	29,800.80	12,051.90			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,081.55	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	331,166.78	68,454.42			
			TOTAL ANCILLARY	20,166,897.00	2,098,032.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,166,897.00	2,098,032.42

Report : CLM-0804-O
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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021327040583	11/18/21 - 11/18/21	11/29/21	1,925.00	0.00	0.00	0.00	117.60
614	2021361015859	12/21/21 - 12/21/21	01/03/22	1,908.00	0.00	0.00	0.00	116.56
614	2022032040436	01/27/22 - 01/27/22	02/07/22	2,003.40	0.00	0.00	0.00	122.39
614	2022060052829	02/25/22 - 02/25/22	03/07/22	2,021.25	0.00	0.00	0.00	123.47
614	2022073020472	03/08/22 - 03/08/22	03/21/22	2,021.25	0.00	0.00	0.00	123.47
614	2022081035531	03/17/22 - 03/17/22	03/28/22	2,021.25	0.00	0.00	0.00	123.47
614	2022109040420	04/13/22 - 04/13/22	04/25/22	2,021.25	0.00	0.00	0.00	123.47
614	2022131040808	05/05/22 - 05/05/22	05/16/22	2,021.25	0.00	0.00	0.00	123.47
614	2022139080357	05/12/22 - 05/12/22	05/23/22	4,719.75	0.00	0.00	0.00	288.31
614	2022164019228	06/06/22 - 06/06/22	06/20/22	2,867.55	0.00	0.00	0.00	175.17
614	2022196049768	07/11/22 - 07/11/22	07/18/22	2,021.25	0.00	0.00	0.00	123.47
614	2022220018144	08/02/22 - 08/02/22	08/15/22	2,001.30	0.00	0.00	0.00	122.25
465	5922241001102	05/11/22 - 05/11/22	09/05/22	0.00	7,605.50	0.00	0.00	0.00
614	2022257065298	09/02/22 - 09/02/22	09/19/22	2,021.25	0.00	0.00	0.00	123.02
614	5922285000495	09/19/22 - 09/19/22	10/17/22	0.00	2,021.25	0.00	0.00	0.00
614	5922285000495	09/19/22 - 09/19/22	10/17/22	0.00	2,021.25	0.00	0.00	0.00
TOTAL				29,573.75	11,648.00	0.00	0.00	1,806.12

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

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

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	527,856.52	ADJUSTMENTS	0.00
COVERED CHARGES	452,385.25	CONTRACTUAL ALLOW	426,723.74
NON-COVERD CHARGES	75,471.27	TOTAL MEDICAID LIAB	25,661.51
		LESS: COB	25,661.51
		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 62

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,080.85	0.00	OTHER LAB	24,367.20	0.00
MED/SURG SUPPLY	26,468.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,189.88	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	16,209.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	65,119.96	2,411.59
EKG/ECG	1,789.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,389.45	2,545.65	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	83,813.10	17,838.45	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	1,380.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,377.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,843.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	162,855.80	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,102.30	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,945.26	4,659.03
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,302.25	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	5,263.65
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,673.50	13,421.10	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,685.25	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	5,898.90			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,225.60	0.00			
			TOTAL ANCILLARY	452,385.25	75,471.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	452,385.25	75,471.27

Report : CLM-0808-0
Process : CLMJO800
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,720,251.70
COVERED CHARGES 1,668,796.60
NON-COVERD CHARGES 51,455.10

-----PAYMENTS-----
ADJUSTMENTS 1,745.38
CONTRACTUAL ALLOW 1,644,831.19
TOTAL MEDICAID LIAB 23,965.41
LESS: COB 199.44
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 23,765.97

TOTAL NUMBER OF CLAIMS 357

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

Run Date: 08/05/2023
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EAST GA REGIONAL MEDICAL CTR., LLC
1499 FAIR RD
STATESBORO,GA 30458-1683

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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,714.53	0.00	OTHER LAB	2,755.20	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	68,420.66	2,193.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	318,917.20	31,182.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	171,913.72	5,624.15
EKG/ECG	5,719.05	436.65	MRI SERVICES	0.00	0.00
IV THERAPY	42,766.85	6,889.20	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	559.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	964,363.95	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	68,343.94	945.40
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	773.85
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,774.30	2,285.85	NO CC/INVALID REV CODE	0.00	1,123.50
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,548.20	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,668,796.60	51,455.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,668,796.60	51,455.10

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
455	5922213000862	07/11/22 - 07/11/22	08/08/22	0.00	1,123.50	0.00	0.00	0.00
455	5922213000862	07/11/22 - 07/11/22	08/08/22	0.00	0.00	0.00	0.00	0.00
TOTAL				0.00	1,123.50	0.00	0.00	0.00

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,957.11	ADJUSTMENTS	0.00
COVERED CHARGES	59,273.25	CONTRACTUAL ALLOW	58,534.82
NON-COVERD CHARGES	8,683.86	TOTAL MEDICAID LIAB	738.43
		LESS: COB	738.43
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 11

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,831.90	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	540.15	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,971.35	5,971.35	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,976.70	168.91
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,027.95	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	36,155.70	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	2,097.50	53.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,242.15	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,248.45	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	672.00	0.00			
			TOTAL ANCILLARY	59,273.25	8,683.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,273.25	8,683.86

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 10/01/21 THROUGH 09/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	1,782,343.17	ADJUSTMENTS 52,623.40
COVERED CHARGES	1,559,380.32	CONTRACTUAL ALLOW 1,496,232.24
NON-COVERD CHARGES	222,962.85	TOTAL MEDICAID LIAB 63,148.08
		LESS: COB 0.00
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 63,148.08
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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,120.04	0.00	OTHER LAB	815.85	0.00
MED/SURG SUPPLY	17,981.70	651.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,262.44	10,791.90	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	807.45	FEE SCHEDULE LAB	8,115.86	112.10
EKG/ECG	0.00	1,309.95	MRI SERVICES	0.00	0.00
IV THERAPY	501.90	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	827,800.71	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	586.95	5,916.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	33,789.35	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,822.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,500.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	22,691.82	337.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	444,722.00	172,843.80
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	159,586.50	28,500.00			
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	2,083.20	1,693.65			
			TOTAL ANCILLARY	1,559,380.32	222,962.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,559,380.32	222,962.85

Report : CLM-0814-O
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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 21:57:36
Page: 1

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	170,575.56	ADJUSTMENTS	0.00
COVERED CHARGES	161,074.39	CONTRACTUAL ALLOW	121,337.39
NON-COVERD CHARGES	9,501.17	TOTAL MEDICAID LIAB	39,737.00
		LESS: COB	1,608.21
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	38,128.79

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	33		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	33		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	33		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: 08/05/2023
Run Time: 21:57:36
Page: 2

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,849.40	0.00	OTHER LAB	698.05	0.00
MED/SURG SUPPLY	11,792.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	14,981.17	2,302.38	EDUCATION & TRAINING	148.10	0.00
RADIOLOGY-DIAGNOSTIC	4,432.67	990.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,003.29	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	873.35	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,568.75	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,883.98	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	67,026.39	6,208.79	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,828.00	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	4,994.06	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	496.38	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,947.84	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	2,350.00	0.00			
			TOTAL ANCILLARY	141,874.39	9,501.17
			TOTAL ACCOMODATIONS	19,200.00	0.00
			TOTAL CHARGES	161,074.39	9,501.17

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: 08/05/2023
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Page: 3

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 2,068,974.24
COVERED CHARGES 1,822,031.18
NON-COVERD CHARGES 246,943.06

-----PAYMENTS-----
ADJUSTMENTS 73,573.67
CONTRACTUAL ALLOW 1,377,674.01
TOTAL MEDICAID LIAB 444,357.17
LESS: COB 384.71
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 443,972.46
ALL OTHER 424,676.07
FEE SCHEDULE-LAB 18,115.40
INJECTABLE DRUGS 1,180.99

TOTAL NUMBER OF CLAIMS 738

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: 08/05/2023
Run Time: 21:57:36
Page: 5

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	19,969.85	13,466.67	OTHER LAB	13,031.38	0.00
MED/SURG SUPPLY	5,487.60	45.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	148.10
RADIOLOGY-DIAGNOSTIC	121,152.56	3,860.63	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	93,910.07	99,962.71	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	221.16	FEE SCHEDULE LAB	206,601.88	21,825.67
EKG/ECG	28,766.25	1,247.00	MRI SERVICES	14,928.16	1,297.98
IV THERAPY	158,589.51	17,792.23	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	69,921.96	23,560.93	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	45,650.46	31,745.93	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,736.79	2,411.20	CAST ROOM	0.00	0.00
EMERGENCY ROOM	901,613.57	10,794.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	26,134.12	5,855.90
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	271.90	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	2,110.35	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	2,280.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	44,485.99	2,037.16	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,432.76	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,613.92	3,947.84			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	28,894.00	4,170.00			
			TOTAL ANCILLARY	1,822,031.18	246,943.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,822,031.18	246,943.06

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: 08/05/2023
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
Run Time: 21:57:36
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	359,217.40	ADJUSTMENTS	704.88
COVERED CHARGES	334,582.58	CONTRACTUAL ALLOW	324,714.26
NON-COVERD CHARGES	24,634.82	TOTAL MEDICAID LIAB	9,868.32
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,868.32

TOTAL NUMBER OF CLAIMS 126

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

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

Run Date: 08/05/2023
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,133.00	1,193.95	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	11,749.81	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,421.48	17,933.73	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,983.16	1,983.23
EKG/ECG	1,207.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,135.79	298.89	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,468.54	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	263,714.61	1,904.27	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,236.83	273.45
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	0.00	522.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,532.36	524.80			
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	334,582.58	24,634.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	334,582.58	24,634.82

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: 08/05/2023
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,376,935.46
COVERED CHARGES	1,713,243.39
NON-COVERD CHARGES	663,692.07

-----PAYMENTS-----	
ADJUSTMENTS	48,506.88
CONTRACTUAL ALLOW	1,598,039.55
TOTAL MEDICAID LIAB	115,203.84
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	115,203.84

TOTAL NUMBER OF CLAIMS	19
------------------------	----

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: 08/05/2023
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BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO, GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,815.95	8,186.66	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	561,809.76	6,328.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,717.75	2,094.20	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,850.36	2,693.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,326.57	FEE SCHEDULE LAB	2,957.98	301.77
EKG/ECG	321.75	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,471.03	859.82	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,054,832.34	332,477.88	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,667.13	746.22	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	214.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,565.60	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	7,341.25	3,829.20
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,010.76	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,100.00	299,942.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	149.20	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	25,429.04	895.79			
			TOTAL ANCILLARY	1,713,243.39	663,692.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,713,243.39	663,692.07

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

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

Run Date: 08/05/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

BURKE HOSPITAL COMPANY
351 S LIBERTY ST
WAYNESBORO,GA 30830-9686

PROVIDER NUMBER
000000283A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 21:58:29
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,292,048.96	ADJUSTMENTS	15,232.01
COVERED CHARGES	1,286,302.96	CONTRACTUAL ALLOW	922,385.97
NON-COVERD CHARGES	5,746.00	TOTAL MEDICAID LIAB	363,916.99
		LESS: COB	7,424.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	356,492.16

TOTAL NUMBER OF ADMISSIONS 35

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	45		0	56,151.00		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	45		0	56,151.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	86		0	172,946.00		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	172,946.00		0.00
TOTAL ACCOMODATIONS	131		0	229,097.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 21:58:29
Page: 2

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

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	166,537.22	0.00	OTHER LAB	3,196.00	0.00
MED/SURG SUPPLY	89,433.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	271,891.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,412.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	141,707.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,689.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	13,939.00	0.00	MRI SERVICES	7,039.00	0.00
IV THERAPY	27,563.00	5,746.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	54,765.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	86,405.08	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,143.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	45,147.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,433.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	10,335.00	0.00	INJECTABLE DRUGS	53,816.55	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	1,970.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,625.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,215.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,100.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,304.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,540.90	0.00			
			TOTAL ANCILLARY	1,057,205.96	5,746.00
			TOTAL ACCOMODATIONS	229,097.00	0.00
			TOTAL CHARGES	1,286,302.96	5,746.00

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: 08/05/2023
Run Time: 21:58:29
Page: 3

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

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 21:58:29
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,101,840.39	ADJUSTMENTS	101,403.21
COVERED CHARGES	2,842,852.12	CONTRACTUAL ALLOW	2,233,226.70
NON-COVERD CHARGES	258,988.27	TOTAL MEDICAID LIAB	609,625.42
		LESS: COB	1,276.30
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	608,349.12
		ALL OTHER	551,481.66
		FEE SCHEDULE-LAB	53,606.08
		INJECTABLE DRUGS	3,261.38
TOTAL NUMBER OF CLAIMS		1,004	

Report : CLM-0804-O
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: 08/05/2023
Run Time: 21:58:29
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	56,256.35	597.00	OTHER LAB	9,714.00	0.00
MED/SURG SUPPLY	257,745.62	1,969.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	82,784.00	2,560.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	461,724.00	55,046.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	50,822.00	13,407.00	FEE SCHEDULE LAB	646,077.07	20,646.92
EKG/ECG	25,511.00	1,841.00	MRI SERVICES	75,824.00	0.00
IV THERAPY	139,269.00	3,120.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	352,772.17	92,076.83	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,398.60	25,148.52	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,655.00	5,575.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	355,109.00	2,730.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	126,573.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	45,398.81	24,521.25
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,467.00	652.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,429.00	233.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	380.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,697.00	3,354.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,028.00	818.00	NO CC/INVALID REV CODE	7,374.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,589.00	2,200.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,728.00	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	19,906.50	324.00			
			TOTAL ANCILLARY	2,842,852.12	258,988.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,842,852.12	258,988.27

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	5922087000698	02/09/22 - 02/09/22	04/04/22	3,687.00	0.00	0.00	0.00	1,047.85
615	2022213030027	06/27/22 - 06/27/22	08/08/22	3,687.00	0.00	0.00	0.00	1,047.85
TOTAL				7,374.00	0.00	0.00	0.00	2,095.70

Report : CLM-0806-O
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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,489.75	ADJUSTMENTS	0.00
COVERED CHARGES	7,172.75	CONTRACTUAL ALLOW	5,732.08
NON-COVERD CHARGES	7,317.00	TOTAL MEDICAID LIAB	1,440.67
		LESS: COB	1,440.67
		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 : 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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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	316.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,049.50	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	815.00	106.00
EKG/ECG	263.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	7,211.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	390.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,998.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	341.25	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	7,172.75	7,317.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,172.75	7,317.00

Report : CLM-0808-O
Process : CLMJO800
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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CANDLER COUNTY HOSP
400 CEDAR ST
METTER,GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,393.41	ADJUSTMENTS	0.00
COVERED CHARGES	15,213.41	CONTRACTUAL ALLOW	14,443.41
NON-COVERD CHARGES	180.00	TOTAL MEDICAID LIAB	770.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	770.00

TOTAL NUMBER OF CLAIMS 11

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

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	466.67	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	870.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	256.00	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	2,859.00	180.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,032.00	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	8,370.00	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	359.74	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	15,213.41	180.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,213.41	180.00

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

PROVIDER NUMBER 000000316A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,523.85	ADJUSTMENTS	0.00
COVERED CHARGES	1,501.85	CONTRACTUAL ALLOW	1,431.85
NON-COVERD CHARGES	22.00	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 : 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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CANDLER COUNTY HOSP
400 CEDAR ST
METTER, GA 30439-3338

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	401.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	364.60	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	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	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	0.00	0.00	INJECTABLE DRUGS	218.25	22.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,501.85	22.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,501.85	22.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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

PROVIDER NUMBER
000000316A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,094.90	ADJUSTMENTS	11,045.94
COVERED CHARGES	49,354.58	CONTRACTUAL ALLOW	38,308.64
NON-COVERD CHARGES	3,740.32	TOTAL MEDICAID LIAB	11,045.94
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,045.94

TOTAL NUMBER OF CLAIMS 2

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

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	920.86	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,798.45	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	256.00	512.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,345.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,315.00	213.00
EKG/ECG	263.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,082.00	440.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,298.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,414.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,331.00	892.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,954.00	646.00	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	1,201.27	1,037.32
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	7,697.00	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	49,354.58	3,740.32
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,354.58	3,740.32

Report : CLM-0814-O
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

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

PROVIDER NUMBER
000000316A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
 Run Time: 21:59:27
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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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,312,754.46	ADJUSTMENTS	396,916.19
COVERED CHARGES	30,937,674.54	CONTRACTUAL ALLOW	24,626,382.25
NON-COVERD CHARGES	375,079.92	TOTAL MEDICAID LIAB	6,311,292.29
		LESS: COB	127,656.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,183,636.16

TOTAL NUMBER OF ADMISSIONS 639

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,469		0	4,517,409.00		0.00
ROUTINE NURSERY	359		0	636,848.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,828		0	5,154,257.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	845		0	2,735,465.80		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	845		0	2,735,465.80		0.00
TOTAL ACCOMODATIONS	4,673		0	7,889,722.80		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,076,614.01	22,885.92	OTHER LAB	155,662.61	0.00
MED/SURG SUPPLY	597,859.88	846.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,244,356.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	925,781.75	0.00	OTHER THERAPEUTIC SVC	0.00	72,370.00
CT SCAN	1,615,901.00	32,624.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	369,783.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	125,690.00	0.00	MRI SERVICES	320,785.00	0.00
IV THERAPY	557,829.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,609,767.54	20,742.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	320,795.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,548,248.10	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	617,854.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	120,262.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	997,589.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	404,415.82	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	108,161.00	0.00	INJECTABLE DRUGS	3,052,251.71	0.00
RADIOLOGY THERAPEUTIC	71,214.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	128,743.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	121,443.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	436,142.00	37,797.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,377.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	272,737.00	0.00
LITHOTRIPSY	107,528.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	179,470.54	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	391,242.00	49,555.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	130,659.38	135,883.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	336,173.40	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	36,494.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	66,498.00	0.00			
			TOTAL ANCILLARY	23,047,951.74	375,079.92
			TOTAL ACCOMODATIONS	7,889,722.80	0.00
			TOTAL CHARGES	30,937,674.54	375,079.92

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	451,122.85	ADJUSTMENTS	0.00
COVERED CHARGES	445,277.85	CONTRACTUAL ALLOW	380,995.35
NON-COVERD CHARGES	5,845.00	TOTAL MEDICAID LIAB	64,282.50
		LESS: COB	64,282.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		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	49		0	63,847.00		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	63,847.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	11		0	46,717.00		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	46,717.00		0.00
TOTAL ACCOMODATIONS	60		0	110,564.00		0.00

Report : CLM-0802-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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ZERO PAID INPATIENT PAID CLAIMS

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CANDLER HOSPITAL
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,631.00	0.00	OTHER LAB	2,096.00	0.00
MED/SURG SUPPLY	8,420.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	59,093.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,235.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,961.00	4,292.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,049.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	270.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,696.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	37,283.84	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	24,860.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	15,487.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,856.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,087.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,589.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,607.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,443.00	0.00	INJECTABLE DRUGS	41,440.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,228.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,386.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,429.51	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,098.00	1,553.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,468.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	334,713.85	5,845.00
			TOTAL ACCOMODATIONS	110,564.00	0.00
			TOTAL CHARGES	445,277.85	5,845.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,813,045.84	ADJUSTMENTS	256,920.54
COVERED CHARGES	21,003,887.21	CONTRACTUAL ALLOW	17,276,014.99
NON-COVERD CHARGES	2,809,158.63	TOTAL MEDICAID LIAB	3,727,872.22
		LESS: COB	13,547.37
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,714,324.85
		ALL OTHER	2,819,689.75
		FEE SCHEDULE-LAB	183,357.73
		INJECTABLE DRUGS	711,277.37
TOTAL NUMBER OF CLAIMS		6,098	

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	75,755.57	16,554.20	OTHER LAB	108,638.00	1,922.00
MED/SURG SUPPLY	260,342.98	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	490.00
RADIOLOGY-DIAGNOSTIC	614,164.00	161,973.30	OTHER THERAPEUTIC SVC	0.00	1,980.00
CT SCAN	1,613,836.00	313,670.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	69,657.00	9,410.00	FEE SCHEDULE LAB	1,457,813.10	105,078.00
EKG/ECG	114,545.00	12,395.00	MRI SERVICES	408,271.00	31,819.00
IV THERAPY	1,986,236.00	160,556.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,008,105.65	339,135.65	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,972.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	206,156.00	12,583.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	806,796.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	154,511.00	28,406.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,954,173.50	104,309.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	694,420.64	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,787,306.05	836,855.98
RADIOLOGY THERAPEUTIC	2,972,667.00	141,202.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,017.00	1,126.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,340.00	2,032.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	38,408.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	143,442.00	7,143.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	132,245.00	137,118.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	606,729.00	112,022.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	509,336.00	6,212.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	85,310.39	208,428.00			
AUDIOLOGY	18,700.00	920.00			
CARDIOLOGY	29,060.00	16,426.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,236.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	172,105.33	984.00			
			TOTAL ANCILLARY	21,003,887.21	2,809,158.63
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,003,887.21	2,809,158.63

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	614,947.57	ADJUSTMENTS	0.00
COVERED CHARGES	338,121.60	CONTRACTUAL ALLOW	292,800.14
NON-COVERD CHARGES	276,825.97	TOTAL MEDICAID LIAB	45,321.46
		LESS: COB	45,321.46
		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			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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,546.09	628.97	OTHER LAB	2,072.00	0.00
MED/SURG SUPPLY	2,498.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,154.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	10,562.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	17,378.00	843.00
EKG/ECG	810.00	0.00	MRI SERVICES	0.00	7,525.00
IV THERAPY	54,022.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	71,315.00	36,696.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	909.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,450.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	44,609.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,910.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	42,848.51	202,724.00
RADIOLOGY THERAPEUTIC	36,322.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,336.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,655.00	366.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,518.00	13,273.00	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	1,044.00	2,872.00			
AUDIOLOGY	3,740.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	338,121.60	276,825.97
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	338,121.60	276,825.97

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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CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	353,062.98	ADJUSTMENTS	335.65
COVERED CHARGES	339,275.71	CONTRACTUAL ALLOW	327,796.48
NON-COVERD CHARGES	13,787.27	TOTAL MEDICAID LIAB	11,479.23
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,479.23

TOTAL NUMBER OF CLAIMS 171

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,074.02	50.31	OTHER LAB	6,428.00	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	29,520.00	614.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	64,278.00	1,473.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,432.00	1,983.00
EKG/ECG	5,400.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	41,149.00	3,586.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	156,119.00	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	2,968.69	4,720.96
RADIOLOGY THERAPEUTIC	1,673.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,234.00	1,360.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	339,275.71	13,787.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	339,275.71	13,787.27

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,831.00	ADJUSTMENTS	0.00
COVERED CHARGES	3,807.00	CONTRACTUAL ALLOW	3,672.74
NON-COVERD CHARGES	24.00	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 : 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	393.00	24.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	838.00	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	1,824.00	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	58.00	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	694.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,807.00	24.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,807.00	24.00

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,129,491.72	ADJUSTMENTS	199,867.84
COVERED CHARGES	3,751,162.86	CONTRACTUAL ALLOW	2,841,238.22
NON-COVERD CHARGES	378,328.86	TOTAL MEDICAID LIAB	909,924.64
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	909,924.64

TOTAL NUMBER OF CLAIMS 173

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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CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,123.49	940.24	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	169,227.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,420.00	30,080.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,684.00	FEE SCHEDULE LAB	31,277.00	2,133.00
EKG/ECG	1,620.00	540.00	MRI SERVICES	0.00	0.00
IV THERAPY	86,172.00	10,174.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	426,633.18	42,738.82	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	684.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	104,943.00	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	43,561.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,377,640.19	154,685.80
RADIOLOGY THERAPEUTIC	210,700.00	3,145.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	135,313.00	126,792.00
LITHOTRIPSY	53,764.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,754.00	3,768.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	55,208.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,427.00	658.00			
AUDIOLOGY	7,480.00	368.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,216.00	622.00			
			TOTAL ANCILLARY	3,751,162.86	378,328.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,751,162.86	378,328.86

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

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	96,395.96
TOTAL MEDICAID LIAB	15,779.04
LESS: COB	15,779.04
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	3
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Report : CLM-0814-0
Process : CLMJ0800
Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CANDLER HOSPITAL
5353 REYNOLDS ST
SAVANNAH, GA 31405-6005

PROVIDER NUMBER
000000327A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	19.00	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	502.00	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	412.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,174.00	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	101,580.00	50.00
RADIOLOGY THERAPEUTIC	6,507.00	2,417.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	112,175.00	2,486.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	112,175.00	2,486.00

** 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	188,224.20	ADJUSTMENTS	0.00
COVERED CHARGES	188,224.20	CONTRACTUAL ALLOW	88,829.54
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	99,394.66
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	99,394.66

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	52		0	29,900.00		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	52		0	29,900.00		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	52		0	29,900.00		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: 08/05/2023
Run Time: 22:51:17
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	41,579.19	0.00	OTHER LAB	626.00	0.00
MED/SURG SUPPLY	19,626.99	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	29,776.02	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,364.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,560.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	358.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	14,335.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,941.00	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	11,767.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,654.00	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	12,480.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,083.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,604.00	0.00			
			TOTAL ANCILLARY	158,324.20	0.00
			TOTAL ACCOMODATIONS	29,900.00	0.00
			TOTAL CHARGES	188,224.20	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: 08/05/2023
Run Time: 22:51:17
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 22:51:17
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	517,494.76	ADJUSTMENTS	59,664.61
COVERED CHARGES	470,792.16	CONTRACTUAL ALLOW	177,929.66
NON-COVERD CHARGES	46,702.60	TOTAL MEDICAID LIAB	292,862.50
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	292,862.50
		ALL OTHER	270,667.05
		FEE SCHEDULE-LAB	22,195.45
		INJECTABLE DRUGS	0.00
TOTAL NUMBER OF CLAIMS		426	

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: 08/05/2023
Run Time: 22:51:17
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	36,133.02	616.40	OTHER LAB	1,497.00	0.00
MED/SURG SUPPLY	19,546.72	753.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,550.00	2,454.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	68,055.00	18,020.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	11,601.00	7,806.00	FEE SCHEDULE LAB	106,126.10	7,666.00
EKG/ECG	16,522.00	427.00	MRI SERVICES	0.00	0.00
IV THERAPY	51,445.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,569.90	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,697.85	6,303.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	61,647.00	400.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	532.00	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	6,713.00	854.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	230.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,070.00	90.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,617.25	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,813.00	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	23,924.32	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,732.00	0.00			
			TOTAL ANCILLARY	470,792.16	46,702.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	470,792.16	46,702.60

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: 08/05/2023
Run Time: 22:51:17
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	49,290.78	ADJUSTMENTS	210.00
COVERED CHARGES	40,804.38	CONTRACTUAL ALLOW	36,184.38
NON-COVERD CHARGES	8,486.40	TOTAL MEDICAID LIAB	4,620.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,620.00

TOTAL NUMBER OF CLAIMS 66

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

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

Run Date: 08/05/2023
Run Time: 22:51:17
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,371.03	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	959.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,365.00	210.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,500.00	7,640.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,420.20	533.40
EKG/ECG	1,204.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,702.00	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	83.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,200.00	103.00	SPECIAL SERVICES	0.00	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	40,804.38	8,486.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	40,804.38	8,486.40

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: 08/05/2023
Run Time: 22:51:17
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	73,155.30	ADJUSTMENTS	12,117.54
COVERED CHARGES	69,910.10	CONTRACTUAL ALLOW	39,616.25
NON-COVERD CHARGES	3,245.20	TOTAL MEDICAID LIAB	30,293.85
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	30,293.85

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

Run Date: 08/05/2023
Run Time: 22:51:17
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,847.38	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	17,901.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,494.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,720.00	2,535.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	250.00	FEE SCHEDULE LAB	7,659.35	223.20
EKG/ECG	4,518.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,334.00	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	10,343.66	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,460.00	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	237.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,632.00	0.00			
			TOTAL ANCILLARY	69,910.10	3,245.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,910.10	3,245.20

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 22:51:46
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,451,575.08	ADJUSTMENTS	271,547.59
COVERED CHARGES	13,159,563.08	CONTRACTUAL ALLOW	10,280,062.16
NON-COVERD CHARGES	292,012.00	TOTAL MEDICAID LIAB	2,879,500.92
		LESS: COB	154,495.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,142.00
		REIMBURSEMENT	2,727,147.11

TOTAL NUMBER OF ADMISSIONS 372

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,202		0	1,255,509.00		0.00
ROUTINE NURSERY	56		0	53,697.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,258		0	1,309,206.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	256		0	455,790.00		0.00
NICU	3		0	4,029.00		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	259		0	459,819.00		0.00
TOTAL ACCOMODATIONS	1,517		0	1,769,025.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 22:51:46
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,459,135.93	2,831.00	OTHER LAB	66,542.00	0.00
MED/SURG SUPPLY	156,714.59	3,504.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,773,694.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	369,411.00	282.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	672,199.00	9,985.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	108,226.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	175,953.00	0.00	MRI SERVICES	121,283.00	0.00
IV THERAPY	140,508.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,288,261.00	12,804.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	82,695.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	717,485.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	206,272.34	0.00	AMBULANCE	0.00	0.00
GI SERVICES	57,612.00	3,758.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	275,815.00	536.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	54,790.19	0.00	DRUG-SPECIFIC/HOME IV	0.00	118,936.00
LABORATORY PATHOLOGIC	30,463.63	0.00	INJECTABLE DRUGS	308,407.29	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,577.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	21,923.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	179,376.00	6,640.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	471.00	974.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	804,719.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	77,183.00	0.00	NO CC/INVALID REV CODE	3,014.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,755.00	126,360.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	86,116.00	5,402.00			
AUDIOLOGY	12,028.00	0.00			
CARDIOLOGY	776,221.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,926.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	309,760.66	0.00			
			TOTAL ANCILLARY	11,390,538.08	292,012.00
			TOTAL ACCOMODATIONS	1,769,025.00	0.00
			TOTAL CHARGES	13,159,563.08	292,012.00

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2322276000226	08/27/22 - 08/30/22	10/17/22	3,014.00	0.00	0.00	1,017.38	0.00
TOTAL				3,014.00	0.00	0.00	1,017.38	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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	77,656.00	ADJUSTMENTS	0.00
COVERED CHARGES	77,656.00	CONTRACTUAL ALLOW	56,037.43
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	21,618.57
		LESS: COB	21,870.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		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	5		0	5,665.00		0.00
ROUTINE NURSERY	12		0	11,412.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	17		0	17,077.00		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	17		0	17,077.00		0.00

Report : CLM-0802-0
Process : CLMJ0800
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
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PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,468.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,793.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,804.00	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	28,817.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	641.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,247.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,758.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,842.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	682.00	0.00	INJECTABLE DRUGS	468.00	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	2,716.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	343.00	0.00			
			TOTAL ANCILLARY	60,579.00	0.00
			TOTAL ACCOMODATIONS	17,077.00	0.00
			TOTAL CHARGES	77,656.00	0.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	11,275,980.26
COVERED CHARGES	10,762,188.51
NON-COVERD CHARGES	513,791.75

-----PAYMENTS-----	
ADJUSTMENTS	289,746.94
CONTRACTUAL ALLOW	8,923,911.25
TOTAL MEDICAID LIAB	1,838,277.26
LESS: COB	586.43
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,837,690.83
ALL OTHER	1,539,323.46
FEE SCHEDULE-LAB	168,259.06
INJECTABLE DRUGS	130,108.31

TOTAL NUMBER OF CLAIMS	3,124
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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

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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	294,889.97	2,972.00	OTHER LAB	95,026.00	0.00
MED/SURG SUPPLY	64,000.00	7,877.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	372,072.96	6,657.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,382,909.00	29,642.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	86,137.00	7,330.00	FEE SCHEDULE LAB	2,102,774.85	93,703.99
EKG/ECG	185,215.97	687.00	MRI SERVICES	443,453.00	11,534.00
IV THERAPY	816,620.00	3,789.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	873,186.50	47,459.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,910.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	125,346.99	7,934.00	FREE STANDING CLINIC	0.00	47.00
ANESTHESIA	227,875.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	97,992.00	9,716.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	775,899.27	4,840.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	53,418.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	32,796.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	807,106.34	120,460.53
RADIOLOGY THERAPEUTIC	52,086.00	420.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	25,162.00	849.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,665.00	972.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	20,256.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	114,066.00	157.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	133,256.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	266,123.00	7,958.00	NO CC/INVALID REV CODE	0.00	4,208.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,859.00	1,437.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	312,084.00	11,041.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	628,116.00	10,063.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,463.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	407,475.66	68,985.73			
			TOTAL ANCILLARY	10,762,188.51	513,791.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,762,188.51	513,791.75

Report : CLM-0804-0
Process : CLMJO800
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022033078529	01/13/22 - 01/13/22	02/07/22	0.00	4,208.00	0.00	0.00	0.00
TOTAL				0.00	4,208.00	0.00	0.00	0.00

COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
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PROVIDER NUMBER
000000448A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	252,747.25	ADJUSTMENTS	0.00
COVERED CHARGES	94,707.25	CONTRACTUAL ALLOW	78,370.68
NON-COVERD CHARGES	158,040.00	TOTAL MEDICAID LIAB	16,336.57
		LESS: COB	16,336.57
		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		35	

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,131.00	10.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,009.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	872.00	620.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,313.00	21,037.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,636.00	568.00	FEE SCHEDULE LAB	20,666.00	1,271.00
EKG/ECG	916.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,850.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,038.00	46,201.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	471.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,896.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,758.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,739.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,684.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	562.00	83,206.00
RADIOLOGY THERAPEUTIC	908.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	362.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	636.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,659.00	1,007.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,795.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	951.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,975.25	0.00			
			TOTAL ANCILLARY	94,707.25	158,040.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	94,707.25	158,040.00

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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COFFEE REGIONAL MEDICAL CENTER
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DOUGLAS,GA 31533-2207

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	460,286.37	ADJUSTMENTS	234.96
COVERED CHARGES	450,526.37	CONTRACTUAL ALLOW	432,978.30
NON-COVERD CHARGES	9,760.00	TOTAL MEDICAID LIAB	17,548.07
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,548.07

TOTAL NUMBER OF CLAIMS 247

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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COFFEE REGIONAL MEDICAL CENTER
1101 OCILLA RD
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,207.99	10.00	OTHER LAB	1,576.00	0.00
MED/SURG SUPPLY	547.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,849.97	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	129,523.00	3,857.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	118,990.80	4,710.00
EKG/ECG	9,314.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	28,238.00	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	384.00	268.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	498.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	127,271.24	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	3,671.00	315.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,495.00	600.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,281.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,679.37	0.00			
			TOTAL ANCILLARY	450,526.37	9,760.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	450,526.37	9,760.00

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	8,489.00
COVERED CHARGES	8,431.00
NON-COVERD CHARGES	58.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	8,117.72
TOTAL MEDICAID LIAB	313.28
LESS: COB	313.28
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	4
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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	54.00	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	282.00	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	2,893.00	58.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	745.00	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	384.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,360.00	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	22.00	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	1,691.00	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	8,431.00	58.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,431.00	58.00

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,408,854.15	ADJUSTMENTS	161,551.65
COVERED CHARGES	4,037,681.90	CONTRACTUAL ALLOW	3,649,957.92
NON-COVERD CHARGES	371,172.25	TOTAL MEDICAID LIAB	387,723.98
		LESS: COB	7,707.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	380,016.03

TOTAL NUMBER OF CLAIMS 72

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	29,467.98	532.00	OTHER LAB	4,538.00	0.00
MED/SURG SUPPLY	133,200.99	3,664.03	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,444.00	77,348.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,622.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	948.00	1,360.00	FEE SCHEDULE LAB	36,120.00	1,465.00
EKG/ECG	2,977.00	687.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,077.00	569.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	849,493.00	5,965.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,138.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	77,133.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,596.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	23,025.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,464,277.00	116,291.22
RADIOLOGY THERAPEUTIC	31,352.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	594.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	702,880.00	3,546.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,967.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	178,669.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	443,756.93	159,151.00			
			TOTAL ANCILLARY	4,037,681.90	371,172.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,037,681.90	371,172.25

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

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,623,680.63	ADJUSTMENTS	19,590.23
COVERED CHARGES	7,505,896.11	CONTRACTUAL ALLOW	5,474,667.76
NON-COVERD CHARGES	117,784.52	TOTAL MEDICAID LIAB	2,031,228.35
		LESS: COB	40,761.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	8,000.00
		REIMBURSEMENT	1,998,466.70

TOTAL NUMBER OF ADMISSIONS 227

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	827		0	699,344.00		0.00
ROUTINE NURSERY	25		0	27,000.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		150.00
TOTAL ROUTINE	852		0	726,344.00		150.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	433		0	719,530.00		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	433		0	719,530.00		0.00
TOTAL ACCOMODATIONS	1,285		0	1,445,874.00		150.00

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,812,707.89	0.00	OTHER LAB	16,320.21	0.00
MED/SURG SUPPLY	204,454.66	1,226.89	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,476,577.50	0.00	EDUCATION & TRAINING	1,476.00	0.00
RADIOLOGY-DIAGNOSTIC	110,877.69	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	495,218.01	15,518.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	60,696.18	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	44,625.50	0.00	MRI SERVICES	20,726.34	0.01
IV THERAPY	156,258.37	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	413,558.30	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	37,143.16	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	569,459.21	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	47,490.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	206,290.46	591.66	SPECIAL SERVICES	0.00	42,840.00
RECOVERY ROOM	36,508.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	19,922.42	0.00	INJECTABLE DRUGS	19,493.83	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,796.48	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,567.70	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	12,003.16	3,813.84	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	770.00	1,570.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	75,115.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	31,061.16	4,072.50	NO CC/INVALID REV CODE	0.00	15,660.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	59,778.80	30,839.62			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,319.16	1,501.00			
AUDIOLOGY	3,093.74	0.00			
CARDIOLOGY	85,350.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	916.20	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,446.59	0.00			
			TOTAL ANCILLARY	6,060,022.11	117,634.52
			TOTAL ACCOMODATIONS	1,445,874.00	150.00
			TOTAL CHARGES	7,505,896.11	117,784.52

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021223051329	07/30/21 - 08/05/21	08/16/21	0.00	180.00	0.00	0.00	0.00
780	2021238063121	08/09/21 - 08/12/21	08/30/21	0.00	180.00	0.00	0.00	0.00
780	2021250056963	08/09/21 - 08/14/21	09/13/21	0.00	180.00	0.00	0.00	0.00
780	2021270034905	09/16/21 - 09/20/21	10/04/21	0.00	270.00	0.00	0.00	0.00
780	2021285069432	09/26/21 - 10/06/21	10/18/21	0.00	630.00	0.00	0.00	0.00
780	2021286046961	09/22/21 - 10/07/21	10/18/21	0.00	900.00	0.00	0.00	0.00
780	2021314065844	10/24/21 - 11/04/21	11/15/21	0.00	540.00	0.00	0.00	0.00
780	2021319021488	11/02/21 - 11/06/21	11/22/21	0.00	270.00	0.00	0.00	0.00
780	2021322052805	11/05/21 - 11/06/21	11/22/21	0.00	90.00	0.00	0.00	0.00
780	2321335000381	08/01/21 - 08/17/21	12/06/21	0.00	180.00	0.00	4,784.37	0.00
780	2021357027949	12/12/21 - 12/17/21	12/27/21	0.00	90.00	0.00	0.00	0.00
780	2022003020294	12/07/21 - 12/24/21	01/10/22	0.00	990.00	0.00	0.00	0.00
780	2022003020856	12/24/21 - 12/27/21	01/10/22	0.00	270.00	0.00	0.00	0.00
780	2022024023209	01/12/22 - 01/17/22	01/31/22	0.00	180.00	0.00	0.00	0.00
780	2022026061251	01/07/22 - 01/20/22	01/31/22	0.00	540.00	0.00	0.00	0.00
780	2322028000145	10/07/21 - 10/08/21	02/21/22	0.00	90.00	0.00	602.65	0.00
780	2022039033784	11/25/21 - 12/11/21	02/14/22	0.00	90.00	0.00	0.00	0.00
780	2022059030482	02/12/22 - 02/22/22	03/07/22	0.00	270.00	0.00	0.00	0.00
780	2022061054298	12/19/21 - 01/11/22	03/07/22	0.00	900.00	0.00	0.00	0.00
780	2022062069647	02/19/22 - 02/25/22	03/07/22	0.00	360.00	0.00	0.00	0.00
780	2022073028096	02/24/22 - 03/02/22	03/21/22	0.00	90.00	0.00	0.00	0.00
780	2222088008325	01/19/22 - 02/03/22	04/04/22	0.00	900.00	0.00	0.00	0.00
780	2022094027120	03/27/22 - 03/29/22	04/11/22	0.00	180.00	0.00	0.00	0.00
780	2222098010114	02/20/22 - 02/23/22	04/11/22	0.00	90.00	0.00	0.00	0.00
780	2222110006440	03/30/22 - 03/30/22	04/25/22	0.00	90.00	0.00	0.00	0.00
780	2222115005336	02/13/22 - 02/14/22	05/02/22	0.00	270.00	0.00	0.00	0.00
780	2022124070538	12/25/21 - 02/03/22	05/09/22	0.00	1,710.00	0.00	0.00	0.00
780	2022138059910	05/09/22 - 05/12/22	05/23/22	0.00	90.00	0.00	0.00	0.00
780	2222159006452	01/30/22 - 02/17/22	06/13/22	0.00	180.00	0.00	0.00	0.00
780	2222182008984	05/13/22 - 05/18/22	07/04/22	0.00	180.00	0.00	0.00	0.00
780	2222186008083	05/18/22 - 05/24/22	07/11/22	0.00	180.00	0.00	0.00	0.00
780	2222187007483	12/18/21 - 03/18/22	07/11/22	0.00	450.00	0.00	0.00	0.00
780	2022197023098	06/18/22 - 06/21/22	07/25/22	0.00	270.00	0.00	0.00	0.00
780	2222201005840	06/17/22 - 06/19/22	07/25/22	0.00	180.00	0.00	0.00	0.00
780	2022206026337	06/23/22 - 06/27/22	08/01/22	0.00	90.00	0.00	0.00	0.00
780	2222206008409	06/24/22 - 06/27/22	08/01/22	0.00	270.00	0.00	0.00	0.00
780	2322249000349	08/26/21 - 09/25/21	09/12/22	0.00	720.00	0.00	5,876.31	0.00
780	2322249000374	01/19/22 - 02/08/22	09/12/22	0.00	990.00	0.00	4,630.05	0.00
780	2322270000173	02/28/22 - 03/03/22	10/03/22	0.00	180.00	0.00	793.59	0.00
780	2322285000328	10/21/21 - 10/27/21	10/17/22	0.00	270.00	0.00	1,434.49	0.00
780	2022290032040	06/28/22 - 07/25/22	10/24/22	0.00	630.00	0.00	0.00	0.00
780	2222339006255	05/02/22 - 05/06/22	12/12/22	0.00	450.00	0.00	0.00	0.00

Report : CLM-0800-O
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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CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000000514A	SERVICE DATES	07/01/21	THROUGH	06/30/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

TOTAL	0.00	15,660.00	0.00	18,121.46	0.00
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,139.04	ADJUSTMENTS	0.00
COVERED CHARGES	24,924.74	CONTRACTUAL ALLOW	13,979.01
NON-COVERD CHARGES	3,214.30	TOTAL MEDICAID LIAB	10,945.73
		LESS: COB	10,945.73
		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	4		0	3,324.00		0.00
ROUTINE NURSERY	2		0	2,160.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6		0	5,484.00		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	5,484.00		0.00

Report : CLM-0802-0
Process : CLMJO800
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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ZERO PAID INPATIENT PAID CLAIMS

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CRISP REGIONAL HOSPITAL
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	573.41	0.00	OTHER LAB	630.00	0.00
MED/SURG SUPPLY	179.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,523.88	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	172.80	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,147.45	3,214.30	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	693.68	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	142.00	0.00	MRI SERVICES	2,154.60	0.00
IV THERAPY	376.82	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,116.45	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	60.50	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	975.15	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	195.20	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	421.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	207.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	70.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	475.96	0.00			
CARDIOLOGY	1,324.80	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	19,440.74	3,214.30
			TOTAL ACCOMODATIONS	5,484.00	0.00
			TOTAL CHARGES	24,924.74	3,214.30

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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CRISP REGIONAL HOSPITAL
902 N 7TH ST
CORDELE,GA 31015-3234

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,731,930.16	ADJUSTMENTS	360,376.47
COVERED CHARGES	5,765,421.93	CONTRACTUAL ALLOW	4,667,059.00
NON-COVERD CHARGES	966,508.23	TOTAL MEDICAID LIAB	1,098,362.93
		LESS: COB	81.90
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,098,281.03
		ALL OTHER	869,767.39
		FEE SCHEDULE-LAB	141,592.52
		INJECTABLE DRUGS	86,921.12
TOTAL NUMBER OF CLAIMS		3,000	

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

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

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CRISP REGIONAL HOSPITAL
902 N 7TH ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	57,109.92	8,406.19	OTHER LAB	141,502.14	0.00
MED/SURG SUPPLY	100,735.97	39,591.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	4,510.00
RADIOLOGY-DIAGNOSTIC	199,760.83	17,081.37	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	990,418.85	199,894.45	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	70,462.68	8,184.54	FEE SCHEDULE LAB	1,205,918.89	143,892.35
EKG/ECG	46,292.00	7,107.50	MRI SERVICES	165,845.88	5,039.49
IV THERAPY	416,335.59	7,429.94	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	605,012.71	262,791.46	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,575.83	1,341.48	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,376.08	10,280.43	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	87,990.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	498,878.79	5,026.86	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	41,910.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	616,083.15	142,380.46
RADIOLOGY THERAPEUTIC	20,970.54	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	799.20	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	529.21	1,433.70	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	67,967.94	7,821.66	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	45.90	30,755.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	140,643.34	8,991.28	NO CC/INVALID REV CODE	13,101.40	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,379.73	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	52,797.35	11,850.68			
AUDIOLOGY	0.00	237.98			
CARDIOLOGY	22,866.96	9,273.60			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,832.40	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	166,077.85	32,387.41			
			TOTAL ANCILLARY	5,765,421.93	966,508.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,765,421.93	966,508.23

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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CRISP REGIONAL HOSPITAL
902 N 7TH ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021202044974	07/10/21 - 07/10/21	07/26/21	65.00	0.00	0.00	0.00	20.52
780	2021218060730	07/25/21 - 07/25/21	08/09/21	65.00	0.00	0.00	0.00	20.52
614	2021265059987	08/31/21 - 08/31/21	09/27/21	3,968.80	0.00	0.00	0.00	848.10
780	2021309055684	10/25/21 - 10/25/21	11/08/21	65.00	0.00	0.00	0.00	20.52
780	2021322053622	11/03/21 - 11/03/21	11/22/21	65.00	0.00	0.00	0.00	20.52
780	2021327056376	11/08/21 - 11/08/21	11/29/21	65.00	0.00	0.00	0.00	20.52
780	2021333031124	11/11/21 - 11/11/21	12/06/21	65.00	0.00	0.00	0.00	20.52
780	2021333031130	11/01/21 - 11/01/21	12/06/21	65.00	0.00	0.00	0.00	20.52
780	2021347027056	11/16/21 - 11/16/21	12/20/21	130.00	0.00	0.00	0.00	20.52
780	5922027001471	12/17/21 - 12/17/21	01/31/22	90.00	0.00	0.00	0.00	20.52
780	2022068060279	03/03/22 - 03/03/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	5922077001133	02/20/22 - 02/20/22	03/21/22	65.00	0.00	0.00	0.00	20.52
780	2022083061163	03/18/22 - 03/18/22	03/28/22	130.00	0.00	0.00	0.00	20.52
614	2022102063950	04/04/22 - 04/04/22	04/18/22	3,968.80	0.00	0.00	0.00	881.84
614	5922108000964	12/29/21 - 12/29/21	04/25/22	3,968.80	0.00	0.00	0.00	881.84
780	5922115001185	03/30/22 - 03/30/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	5922124000682	04/06/22 - 04/06/22	05/09/22	65.00	0.00	0.00	0.00	20.52
780	2022186045814	06/25/22 - 06/25/22	07/11/22	65.00	0.00	0.00	0.00	20.52
780	2022187044065	06/30/22 - 06/30/22	07/11/22	65.00	0.00	0.00	0.00	20.52
TOTAL				13,101.40	0.00	0.00	0.00	2,940.10

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CRISP REGIONAL HOSPITAL
902 N 7TH ST
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,298.86	ADJUSTMENTS	0.00
COVERED CHARGES	24,662.22	CONTRACTUAL ALLOW	20,121.10
NON-COVERD CHARGES	7,636.64	TOTAL MEDICAID LIAB	4,541.12
		LESS: COB	4,541.12
		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 34

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CRISP REGIONAL HOSPITAL
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9.86	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	397.49	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	82.00
RADIOLOGY-DIAGNOSTIC	2,381.01	189.97	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	6,687.50	195.08
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,155.07	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	4,500.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	447.16	447.16	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	655.20	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	1,566.81	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	60.00	195.92
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,058.13	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,411.61	2,026.51	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,502.38	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	70.00	0.00			
			TOTAL ANCILLARY	24,662.22	7,636.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,662.22	7,636.64

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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CRISP REGIONAL HOSPITAL
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PROVIDER NUMBER 000000514A
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SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	358,025.62	ADJUSTMENTS	1,331.44
COVERED CHARGES	328,052.61	CONTRACTUAL ALLOW	314,503.25
NON-COVERD CHARGES	29,973.01	TOTAL MEDICAID LIAB	13,549.36
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,549.36

TOTAL NUMBER OF CLAIMS 173

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,860.55	437.21	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,989.10	133.18	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	656.00
RADIOLOGY-DIAGNOSTIC	9,628.05	1,028.58	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	75,443.01	20,825.68	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	51,868.22	4,528.71
EKG/ECG	2,556.00	142.00	MRI SERVICES	0.00	0.00
IV THERAPY	32,037.51	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,226.89	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	223.58	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	590.41	56.46	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	69,887.58	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	74,275.25	1,480.33
RADIOLOGY THERAPEUTIC	2,688.64	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	427.98	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	253.03	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,664.13	684.86	NO CC/INVALID REV CODE	130.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,302.68	0.00			
			TOTAL ANCILLARY	328,052.61	29,973.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	328,052.61	29,973.01

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021236046338	08/15/21 - 08/15/21	08/30/21	130.00	0.00	0.00	0.00	0.00
TOTAL				130.00	0.00	0.00	0.00	0.00

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----

TOTAL CHARGES	7,725.00
COVERED CHARGES	2,793.33
NON-COVERD CHARGES	4,931.67

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	2,636.69
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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14.76	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	23.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	172.80	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,568.67	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	884.69	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	327.91	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	1,183.32	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	186.15	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	363.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	2,793.33	4,931.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,793.33	4,931.67

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	923,890.56	ADJUSTMENTS	44,884.08
COVERED CHARGES	910,284.56	CONTRACTUAL ALLOW	770,021.80
NON-COVERD CHARGES	13,606.00	TOTAL MEDICAID LIAB	140,262.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	140,262.76

TOTAL NUMBER OF CLAIMS 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,283.83	42.70	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,224.44	3.00	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	17,199.00	2,317.60
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,291.91	3,111.01	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,375.00	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	2,070.00	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	842,140.94	4,951.82
RADIOLOGY THERAPEUTIC	10,147.31	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	896.28	141.70	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	2,800.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,995.85	238.17			
			TOTAL ANCILLARY	910,284.56	13,606.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	910,284.56	13,606.00

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,625,984.92	ADJUSTMENTS	0.00
COVERED CHARGES	5,506,059.83	CONTRACTUAL ALLOW	4,109,103.78
NON-COVERD CHARGES	119,925.09	TOTAL MEDICAID LIAB	1,396,956.05
		LESS: COB	8,166.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,388,789.55

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	794		0	2,429,256.00		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	794		0	2,429,256.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	44		0	169,796.00		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	169,796.00		0.00
TOTAL ACCOMODATIONS	838		0	2,599,052.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 23:44:33
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	193,146.71	0.00	OTHER LAB	6,544.00	0.00
MED/SURG SUPPLY	160,759.70	2,907.24	RECREATIONAL THERAPY	1,959.00	0.00
LABORATORY-GENERAL	406,758.08	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,421.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,294.00	1,273.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	154,339.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	24,318.00	0.00	MRI SERVICES	6,108.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,807.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,169,750.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	240.00	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	45,325.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	360,951.93	419.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	174,691.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	135,925.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	64,672.00	PATIENT CONVENIENCE	0.00	23.75
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	432.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,985.41	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,165.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,316.00	5,180.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,306.00	124.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	27,369.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,192.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,230.00	0.00			
			TOTAL ANCILLARY	2,907,007.83	119,925.09
			TOTAL ACCOMODATIONS	2,599,052.00	0.00
			TOTAL CHARGES	5,506,059.83	119,925.09

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: 08/05/2023
Run Time: 23:44:33
Page: 3

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
Run Time: 23:44:33
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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,201,658.29	ADJUSTMENTS	433,073.53
COVERED CHARGES	60,000,744.44	CONTRACTUAL ALLOW	48,466,351.93
NON-COVERD CHARGES	1,200,913.85	TOTAL MEDICAID LIAB	11,534,392.51
		LESS: COB	172,418.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,361,973.72

TOTAL NUMBER OF ADMISSIONS 1,441

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,834		0	14,101,568.12		0.00
ROUTINE NURSERY	614		0	1,570,816.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,448		0	15,672,384.12		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,391		0	7,246,103.00		0.00
NICU	18		0	124,200.00		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	1,409		0	7,370,303.00		0.00
TOTAL ACCOMODATIONS	8,857		0	23,042,687.12		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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,381,547.92	75.00	OTHER LAB	365,810.00	0.00
MED/SURG SUPPLY	867,148.73	308.00	RECREATIONAL THERAPY	38,343.00	0.00
LABORATORY-GENERAL	7,082,715.98	1,651.00	EDUCATION & TRAINING	112.00	0.00
RADIOLOGY-DIAGNOSTIC	646,911.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,008,034.00	17,588.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,021,313.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	556,660.00	0.00	MRI SERVICES	586,998.00	0.00
IV THERAPY	880,898.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,197,382.90	1,427.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	115,705.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,376,688.15	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	479,507.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	159,646.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,798,409.00	12,517.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	761,498.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	163,822.85
LABORATORY PATHOLOGIC	173,302.00	0.00	INJECTABLE DRUGS	4,016,276.66	1,106.00
RADIOLOGY THERAPEUTIC	38,016.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	881,898.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	285,885.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	208,549.00	555,104.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,948.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	644,067.37	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	274,671.00	7,499.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	509,922.00	394,975.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	205,792.81	42,229.00			
AUDIOLOGY	59,137.80	0.00			
CARDIOLOGY	1,778,806.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	59,650.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	471,808.00	2,612.00			
			TOTAL ANCILLARY	36,958,057.32	1,200,913.85
			TOTAL ACCOMODATIONS	23,042,687.12	0.00
			TOTAL CHARGES	60,000,744.44	1,200,913.85

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	667,315.49	ADJUSTMENTS	0.00
COVERED CHARGES	665,861.49	CONTRACTUAL ALLOW	551,651.36
NON-COVERD CHARGES	1,454.00	TOTAL MEDICAID LIAB	114,210.13
		LESS: COB	114,210.13
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 33

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	75		0	140,290.00		0.00
ROUTINE NURSERY	63		0	123,500.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	138		0	263,790.00		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	138		0	263,790.00		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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,716.60	0.00	OTHER LAB	624.00	0.00
MED/SURG SUPPLY	10,543.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	69,030.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,232.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,445.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	489.00	0.00	MRI SERVICES	2,296.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	117,811.20	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	16,005.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,640.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,410.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,052.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	43,154.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,040.00	0.00	INJECTABLE DRUGS	13,594.40	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,536.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,620.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	18,812.63	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,136.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	1,454.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	10,336.20	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,548.00	0.00			
			TOTAL ANCILLARY	402,071.49	1,454.00
			TOTAL ACCOMODATIONS	263,790.00	0.00
			TOTAL CHARGES	665,861.49	1,454.00

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,531,976.64	ADJUSTMENTS	337,991.34
COVERED CHARGES	14,691,659.57	CONTRACTUAL ALLOW	12,310,807.47
NON-COVERD CHARGES	2,840,317.07	TOTAL MEDICAID LIAB	2,380,852.10
		LESS: COB	6,058.88
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,374,793.22
		ALL OTHER	2,145,936.55
		FEE SCHEDULE-LAB	169,350.67
		INJECTABLE DRUGS	59,506.00
TOTAL NUMBER OF CLAIMS		4,586	

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: 08/05/2023
Run Time: 23:29:11
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	254,578.50	410.50	OTHER LAB	282,194.00	9,664.00
MED/SURG SUPPLY	232,964.92	12,407.95	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	598,280.00	57,984.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	973,707.00	815,972.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	386,073.00	80,148.00	FEE SCHEDULE LAB	2,030,424.00	217,710.41
EKG/ECG	495,357.00	3,912.00	MRI SERVICES	220,203.00	47,718.00
IV THERAPY	39,289.00	3,266.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,416,488.99	297,119.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	95,785.35	4,309.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	234,459.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	98,131.17	27,778.83	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,611,639.00	12,599.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	410,925.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,594.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	411,852.10	540,644.30
RADIOLOGY THERAPEUTIC	96,254.00	33,926.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	123,526.00	83,224.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	37,688.00	13,237.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	140,602.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	4,536.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	179,340.16	73,637.01
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	516,838.00	147,709.00	NO CC/INVALID REV CODE	0.00	1,932.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	69,783.00	4,560.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	138,825.00	46,628.06			
AUDIOLOGY	7,717.81	1,104.00			
CARDIOLOGY	364,299.00	144,860.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,384.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	360,653.57	11,125.00			
			TOTAL ANCILLARY	14,691,659.57	2,840,317.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,691,659.57	2,840,317.07

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
948	2022174096894	04/12/22 - 04/12/22	06/27/22	0.00	644.00	0.00	0.00	0.00
948	2022174096894	04/14/22 - 04/14/22	06/27/22	0.00	322.00	0.00	0.00	0.00
948	2022174096894	04/21/22 - 04/21/22	06/27/22	0.00	322.00	0.00	0.00	0.00
948	2022174096894	04/27/22 - 04/27/22	06/27/22	0.00	322.00	0.00	0.00	0.00
948	2022174096894	05/03/22 - 05/03/22	06/27/22	0.00	322.00	0.00	0.00	0.00
TOTAL				0.00	1,932.00	0.00	0.00	0.00

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

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

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	206,045.57	ADJUSTMENTS	0.00
COVERED CHARGES	150,464.67	CONTRACTUAL ALLOW	126,936.34
NON-COVERD CHARGES	55,580.90	TOTAL MEDICAID LIAB	23,528.33
		LESS: COB	23,528.33
		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 46

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,015.60	0.00	OTHER LAB	1,636.00	624.00
MED/SURG SUPPLY	4,508.67	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,675.00	390.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,537.00	12,230.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	27,981.00	1,586.00
EKG/ECG	3,423.00	0.00	MRI SERVICES	4,592.00	2,296.00
IV THERAPY	1,425.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,831.00	26,350.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,347.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,701.00	6,930.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	41,299.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,022.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,941.40	2,633.90
RADIOLOGY THERAPEUTIC	2,277.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	549.00	246.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,704.00	2,295.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	150,464.67	55,580.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	150,464.67	55,580.90

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	267,485.70	ADJUSTMENTS	134.26
COVERED CHARGES	254,238.70	CONTRACTUAL ALLOW	240,678.44
NON-COVERD CHARGES	13,247.00	TOTAL MEDICAID LIAB	13,560.26
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,560.26

TOTAL NUMBER OF CLAIMS 202

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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,085.20	0.00	OTHER LAB	0.00	312.00
MED/SURG SUPPLY	19.00	267.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,922.00	830.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,069.00	3,867.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,673.00	3,438.00
EKG/ECG	5,379.00	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	175,273.00	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	6,845.50	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	7,973.00	4,533.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	254,238.70	13,247.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	254,238.70	13,247.00

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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,883.90	ADJUSTMENTS	0.00
COVERED CHARGES	7,799.90	CONTRACTUAL ALLOW	7,598.51
NON-COVERD CHARGES	84.00	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 : 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	773.00	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	1,983.00	84.00
EKG/ECG	489.00	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	4,385.00	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	169.90	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	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	7,799.90	84.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,799.90	84.00

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,983,286.18	ADJUSTMENTS	47,900.85
COVERED CHARGES	1,509,075.37	CONTRACTUAL ALLOW	1,264,338.27
NON-COVERD CHARGES	474,210.81	TOTAL MEDICAID LIAB	244,737.10
		LESS: COB	5,045.35
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	239,691.75

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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,357.80	0.00	OTHER LAB	1,636.00	0.00
MED/SURG SUPPLY	60,462.86	3,754.88	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,666.00	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	10,164.00	FEE SCHEDULE LAB	57,307.15	7,293.85
EKG/ECG	6,846.00	1,467.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,864.00	550.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	424,489.67	36,903.33	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	875.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	75,123.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,861.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	88,345.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	410,775.20	365,624.30
RADIOLOGY THERAPEUTIC	67,261.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	7,710.00	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	108.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	218,119.69	36,810.45
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,044.00	704.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,611.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	26,431.00	1,295.00			
			TOTAL ANCILLARY	1,509,075.37	474,210.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,509,075.37	474,210.81

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

TOTAL NUMBER OF CLAIMS	1
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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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,816.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,554.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	373.00	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	1,957.00	FEE SCHEDULE LAB	2,167.00	1,787.00
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	12,390.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,250.00	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	8,122.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	705.20	301.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	891.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	32,680.80	200.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	65,058.79	5,136.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	65,058.79	5,136.80

** 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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,183,352.49	ADJUSTMENTS	86,119.25
COVERED CHARGES	20,487,743.39	CONTRACTUAL ALLOW	15,595,444.85
NON-COVERD CHARGES	695,609.10	TOTAL MEDICAID LIAB	4,892,298.54
		LESS: COB	61,721.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,830,576.76

TOTAL NUMBER OF ADMISSIONS 504

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,969		0	3,822,625.00		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	1,969		0	3,822,625.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	711		0	3,868,138.00		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	711		0	3,868,138.00		0.00
TOTAL ACCOMODATIONS	2,680		0	7,690,763.00		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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,352,647.57	0.00	OTHER LAB	166,324.00	0.00
MED/SURG SUPPLY	172,145.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,208,998.90	139.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	230,550.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	967,909.00	3,612.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	137,816.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	222,006.00	489.00	MRI SERVICES	108,062.00	0.00
IV THERAPY	564,895.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	558,152.65	5,867.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,273,193.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	62,020.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	17,137.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,185,014.00	533.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	42,682.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	53,592.10
LABORATORY PATHOLOGIC	43,265.00	0.00	INJECTABLE DRUGS	1,153,167.69	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	102,746.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	58,573.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	31,042.00	365,200.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,780.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	33,132.95	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	113,375.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	202,145.00	243,460.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	101,957.00	17,537.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	537,372.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	22,533.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	124,339.00	5,180.00			
			TOTAL ANCILLARY	12,796,980.39	695,609.10
			TOTAL ACCOMODATIONS	7,690,763.00	0.00
			TOTAL CHARGES	20,487,743.39	695,609.10

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	136,485.00	ADJUSTMENTS	0.00
COVERED CHARGES	130,070.00	CONTRACTUAL ALLOW	105,007.59
NON-COVERD CHARGES	6,415.00	TOTAL MEDICAID LIAB	25,062.41
		LESS: COB	25,062.41
		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	9		0	16,263.00		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	9		0	16,263.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	26,240.00		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	26,240.00		0.00
TOTAL ACCOMODATIONS	13		0	42,503.00		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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,504.30	0.00	OTHER LAB	3,272.00	0.00
MED/SURG SUPPLY	588.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	26,785.54	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,011.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,476.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,467.00	0.00	MRI SERVICES	2,296.00	0.00
IV THERAPY	8,199.00	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	5,735.75	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	8,849.00	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	7,533.60	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.	829.00	1,295.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,787.81	5,120.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,041.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,192.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	87,567.00	6,415.00
			TOTAL ACCOMODATIONS	42,503.00	0.00
			TOTAL CHARGES	130,070.00	6,415.00

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 12,052,081.39
COVERED CHARGES 10,454,490.74
NON-COVERD CHARGES 1,597,590.65

-----PAYMENTS-----
ADJUSTMENTS 170,091.56
CONTRACTUAL ALLOW 8,813,836.72
TOTAL MEDICAID LIAB 1,640,654.02
LESS: COB 2,490.58
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,638,163.44
ALL OTHER 1,460,561.06
FEE SCHEDULE-LAB 145,713.14
INJECTABLE DRUGS 31,889.24

TOTAL NUMBER OF CLAIMS 3,276

Report : CLM-0804-O
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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	153,966.00	1,688.90	OTHER LAB	221,175.00	6,544.00
MED/SURG SUPPLY	84,145.42	1,349.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	442,238.00	26,786.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	816,594.00	867,098.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	178,552.00	28,554.00	FEE SCHEDULE LAB	1,716,413.60	157,885.27
EKG/ECG	459,171.00	978.00	MRI SERVICES	93,694.00	30,584.00
IV THERAPY	408.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	347,070.84	77,451.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	149,177.00	3,628.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	80,068.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	15,936.00	6,948.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,620,999.00	8,091.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	73,890.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	420.10
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	247,238.70	62,067.04
RADIOLOGY THERAPEUTIC	5,983.00	3,400.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	49,292.00	10,760.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,225.00	6,865.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	82,170.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	5,623.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	48,972.39	9,608.18
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	258,785.00	140,851.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	29,530.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	70,696.00	24,164.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	57,137.00	27,369.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,384.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	223,749.79	6,708.00			
			TOTAL ANCILLARY	10,454,490.74	1,597,590.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,454,490.74	1,597,590.65

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

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

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	107,084.80	ADJUSTMENTS	0.00
COVERED CHARGES	85,669.50	CONTRACTUAL ALLOW	72,640.75
NON-COVERD CHARGES	21,415.30	TOTAL MEDICAID LIAB	13,028.75
		LESS: COB	13,028.75
		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 32

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,553.20	0.00	OTHER LAB	3,272.00	0.00
MED/SURG SUPPLY	0.00	226.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,452.00	343.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	17,193.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,501.00	926.00
EKG/ECG	3,423.00	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	1,416.00	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	49,337.00	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	1,449.30	121.30
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	678.00	2,606.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,096.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,492.00	0.00			
			TOTAL ANCILLARY	85,669.50	21,415.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	85,669.50	21,415.30

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 09/01/21 THROUGH 08/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	280,060.50	ADJUSTMENTS 134.26
COVERED CHARGES	257,672.50	CONTRACTUAL ALLOW 244,515.02
NON-COVERD CHARGES	22,388.00	TOTAL MEDICAID LIAB 13,157.48
		LESS: COB 0.00
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 13,157.48
TOTAL NUMBER OF CLAIMS		196

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

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

Run Date: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	815.80	0.00	OTHER LAB	3,272.00	0.00
MED/SURG SUPPLY	0.00	130.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,944.00	1,679.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,156.00	10,496.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,109.00	2,840.00
EKG/ECG	7,335.00	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	319.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	182,670.00	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	5,339.70	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	216.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,712.00	7,027.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	257,672.50	22,388.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	257,672.50	22,388.00

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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,866.90	ADJUSTMENTS	0.00
COVERED CHARGES	5,622.90	CONTRACTUAL ALLOW	5,287.25
NON-COVERD CHARGES	2,244.00	TOTAL MEDICAID LIAB	335.65
		LESS: COB	335.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 5

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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3.50	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	452.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,202.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	582.00	42.00
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	4,542.00	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	43.40	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	5,622.90	2,244.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,622.90	2,244.00

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	144,847,118.72	ADJUSTMENTS	2,758,729.74
COVERED CHARGES	142,552,342.92	CONTRACTUAL ALLOW	130,561,230.72
NON-COVERD CHARGES	2,294,775.80	TOTAL MEDICAID LIAB	11,991,112.20
		LESS: COB	105,961.14
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,772.00
		REIMBURSEMENT	11,887,923.06

TOTAL NUMBER OF ADMISSIONS 726

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,934		0	7,013,948.91		0.00
ROUTINE NURSERY	165		0	693,703.14		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,099		0	7,707,652.05		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,522		0	7,643,350.13		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	31		0	189,944.08		0.00
BURN UNIT	488		0	8,572,905.41		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	2,041		0	16,406,199.62		0.00
TOTAL ACCOMODATIONS	6,140		0	24,113,851.67		0.00

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

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

Run Date: 08/05/2023
Run Time: 23:09:46
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,850,622.36	3,674.89	OTHER LAB	536,239.70	0.00
MED/SURG SUPPLY	11,732,814.54	73,228.43	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,918,338.36	35,725.86	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,551,122.91	1,901.15	OTHER THERAPEUTIC SVC	1,566.00	1,338.35
CT SCAN	3,472,901.54	886,528.42	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,611,330.57	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	712,052.80	2,424.95	MRI SERVICES	817,803.59	6,115.90
IV THERAPY	53,655.22	2,486.51	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,577,124.54	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	170,555.73	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,636,139.83	888.14	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	53,026.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	422,616.30	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,642,520.36	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,450,334.09	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	438,451.25	0.00	INJECTABLE DRUGS	25,990,802.43	13,168.64
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,947,859.98	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	346,757.57	531.42	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	585,587.88	16,135.30	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,696.38	46,108.30	TRAUMA RESPONSE	0.00	256,608.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	618,200.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	357,451.08	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	753,944.45	883,871.36			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	418,868.08	64,040.18			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,244,847.16	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	107,492.98	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	404,765.92	0.00			
			TOTAL ANCILLARY	118,438,491.25	2,294,775.80
			TOTAL ACCOMODATIONS	24,113,851.67	0.00
			TOTAL CHARGES	142,552,342.92	2,294,775.80

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: 08/05/2023
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Page: 3

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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	877,258.48	ADJUSTMENTS	0.00
COVERED CHARGES	869,113.94	CONTRACTUAL ALLOW	763,854.12
NON-COVERD CHARGES	8,144.54	TOTAL MEDICAID LIAB	105,259.82
		LESS: COB	105,322.82
		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	28		0	68,119.20		0.00
ROUTINE NURSERY	10		0	56,752.80		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	38		0	124,872.00		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	124,872.00		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: 08/05/2023
Run Time: 23:09:46
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38,020.58	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	62,252.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	64,259.16	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,050.24	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,525.28	5,332.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,420.99	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,270.21	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	401,143.65	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	856.68	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,254.38	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	41,754.84	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,951.78	0.00	INJECTABLE DRUGS	95,629.38	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,341.76	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,164.49	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	383.69	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	90.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,539.54	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	971.94	2,811.62			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,360.60	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	0.00	0.00			
			TOTAL ANCILLARY	744,241.94	8,144.54
			TOTAL ACCOMODATIONS	124,872.00	0.00
			TOTAL CHARGES	869,113.94	8,144.54

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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,487,620.58	ADJUSTMENTS	217,426.49
COVERED CHARGES	24,866,864.11	CONTRACTUAL ALLOW	23,332,986.00
NON-COVERD CHARGES	7,620,756.47	TOTAL MEDICAID LIAB	1,533,878.11
		LESS: COB	10,003.33
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,523,874.78
		ALL OTHER	1,407,036.13
		FEE SCHEDULE-LAB	107,144.48
		INJECTABLE DRUGS	9,694.17
TOTAL NUMBER OF CLAIMS		3,992	

Report : CLM-0804-O
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: 08/05/2023
Run Time: 23:09:46
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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	500,632.52	34,843.81	OTHER LAB	98,495.36	0.00
MED/SURG SUPPLY	2,196,202.06	1,046,951.94	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	748,247.07	46,467.85	OTHER THERAPEUTIC SVC	0.00	494.89
CT SCAN	3,137,614.09	364,418.84	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	214,661.94	136,607.45	FEE SCHEDULE LAB	1,613,390.58	56,992.79
EKG/ECG	493,069.77	8,314.12	MRI SERVICES	250,656.20	48,413.72
IV THERAPY	496,891.24	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,900,596.18	4,105,617.10	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	252,368.50	8,206.33	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	138,758.72	339.41	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,832.35	0.00	AMBULANCE	0.00	0.00
GI SERVICES	389,341.87	16,910.48	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,693,515.25	6,944.32	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,295,396.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	686,142.77	300,211.40
RADIOLOGY THERAPEUTIC	784,621.58	584,669.56	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	46,394.34	151,025.04	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,393.30	9,729.36	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	372,916.75	9,543.31	TRAUMA RESPONSE	0.00	134,719.20
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	117,409.00	189,915.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	508,135.70	129,706.98	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	15,407.05	4,186.88			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	179,105.36	91,278.72			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	52,023.93	26,051.70			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,027.97	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	668,615.91	108,195.77			
			TOTAL ANCILLARY	24,866,864.11	7,620,756.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,866,864.11	7,620,756.47

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

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

Run Date: 08/05/2023
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SUMMARY TYPE IV
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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	508,610.55	ADJUSTMENTS	0.00
COVERED CHARGES	340,127.94	CONTRACTUAL ALLOW	319,739.58
NON-COVERD CHARGES	168,482.61	TOTAL MEDICAID LIAB	20,388.36
		LESS: COB	20,388.36
		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 69

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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,210.97	0.00	OTHER LAB	1,037.19	0.00
MED/SURG SUPPLY	50,329.75	3,706.45	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,271.40	1,734.89	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,614.06	18,083.85	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	5,306.70	FEE SCHEDULE LAB	17,384.60	849.08
EKG/ECG	3,579.69	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,596.26	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,613.94	97,800.85	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	27,063.27	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,753.23	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	7,966.03	CAST ROOM	0.00	0.00
EMERGENCY ROOM	38,526.11	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,489.04	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,466.96	13,235.69
RADIOLOGY THERAPEUTIC	82,810.81	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,949.66	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	568.25	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	4,030.63	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	24,418.89	13,112.49	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,168.67			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,931.14	0.00			
			TOTAL ANCILLARY	340,127.94	168,482.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	340,127.94	168,482.61

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,085,487.70
COVERED CHARGES	954,669.98
NON-COVERD CHARGES	130,817.72

-----PAYMENTS-----	
ADJUSTMENTS	134.26
CONTRACTUAL ALLOW	936,813.40
TOTAL MEDICAID LIAB	17,856.58
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	17,856.58

TOTAL NUMBER OF CLAIMS	266
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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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,598.11	1,000.43	OTHER LAB	8,874.84	0.00
MED/SURG SUPPLY	99.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	71,237.07	1,577.17	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	289,700.66	81,175.13	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	88,000.01	2,960.13
EKG/ECG	36,374.25	0.00	MRI SERVICES	0.00	11,953.81
IV THERAPY	41,463.23	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,699.91	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	7,515.12	CAST ROOM	0.00	0.00
EMERGENCY ROOM	363,486.95	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	30,467.71	17,516.73
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	15,667.74	7,119.20	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	0.00	0.00			
			TOTAL ANCILLARY	954,669.98	130,817.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	954,669.98	130,817.72

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----

TOTAL CHARGES	7,689.02
COVERED CHARGES	3,673.77
NON-COVERD CHARGES	4,015.25

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	3,472.38
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
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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: 08/05/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 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	4,015.25	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	3,673.77	0.00	SPECIAL SERVICES	0.00	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	3,673.77	4,015.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,673.77	4,015.25

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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,167,398.10	ADJUSTMENTS	6,748.25
COVERED CHARGES	1,112,643.15	CONTRACTUAL ALLOW	1,058,657.15
NON-COVERD CHARGES	54,754.95	TOTAL MEDICAID LIAB	53,986.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	53,986.00

TOTAL NUMBER OF CLAIMS

8

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: 08/05/2023
Run Time: 23:09:46
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,129.17	2,346.42	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	286,561.00	3,570.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,788.61	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	3,609.77	FEE SCHEDULE LAB	25,188.69	44.96
EKG/ECG	5,080.84	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	469,952.31	31,714.42	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	59,715.34	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,040.76	8,202.91
RADIOLOGY THERAPEUTIC	198,096.06	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,794.22	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	246.54	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	36,291.75	471.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,552.08	0.00			
			TOTAL ANCILLARY	1,112,643.15	54,754.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,112,643.15	54,754.95

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: 08/05/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:14:18
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,426,632.70	ADJUSTMENTS	0.00
COVERED CHARGES	2,418,236.05	CONTRACTUAL ALLOW	1,655,842.18
NON-COVERD CHARGES	8,396.65	TOTAL MEDICAID LIAB	762,393.87
		LESS: COB	15,814.11
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	746,579.76

TOTAL NUMBER OF ADMISSIONS 95

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	763		0	659,725.00		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		1,500.00
TOTAL ROUTINE	763		0	659,725.00		1,500.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	63		0	91,980.00		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	63		0	91,980.00		0.00
TOTAL ACCOMODATIONS	826		0	751,705.00		1,500.00

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	185,686.65	0.00	OTHER LAB	8,507.88	0.00
MED/SURG SUPPLY	74,203.70	25.73	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	276,527.61	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,721.66	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	268,452.38	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	191,550.30	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	18,669.88	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	46,376.60	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	65,875.74	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	87,712.69	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	55,341.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,065.43	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	121,295.32	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,623.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	628.93	0.00	INJECTABLE DRUGS	103,345.00	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	77,610.92	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,029.44	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	15,654.59	6,746.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,208.90	124.92			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	11,731.88	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	5,711.55	0.00			
			TOTAL ANCILLARY	1,666,531.05	6,896.65
			TOTAL ACCOMODATIONS	751,705.00	1,500.00
			TOTAL CHARGES	2,418,236.05	8,396.65

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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,992,182.28	ADJUSTMENTS	64,065.52
COVERED CHARGES	2,837,282.47	CONTRACTUAL ALLOW	2,317,819.18
NON-COVERD CHARGES	154,899.81	TOTAL MEDICAID LIAB	519,463.29
		LESS: COB	1,854.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	517,608.45
		ALL OTHER	457,324.38
		FEE SCHEDULE-LAB	57,689.31
		INJECTABLE DRUGS	2,594.76
TOTAL NUMBER OF CLAIMS		1,368	

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	39,908.16	382.98	OTHER LAB	88,332.68	452.00
MED/SURG SUPPLY	106,036.77	67.53	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	156,135.79	3,663.84	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	498,648.80	6,040.57	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	81,485.88	4,660.30	FEE SCHEDULE LAB	425,085.86	49,580.27
EKG/ECG	32,267.08	1,509.64	MRI SERVICES	71,915.61	5,406.34
IV THERAPY	213,241.64	7,920.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	104,985.00	16,569.91	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,995.55	13,727.38	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	130,436.00	78.00	AMBULANCE	0.00	0.00
GI SERVICES	68,035.81	7,712.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	600,327.30	2,268.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,413.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	20,327.62	13,324.20
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	5,845.61	1,602.40	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,510.27	12,173.02
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	57,051.71	550.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,616.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	30,693.36	4,098.57			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,124.36	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,589.82	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	36,272.79	3,111.86			
			TOTAL ANCILLARY	2,837,282.47	154,899.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,837,282.47	154,899.81

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,161.72	ADJUSTMENTS	0.00
COVERED CHARGES	31,822.26	CONTRACTUAL ALLOW	25,762.59
NON-COVERD CHARGES	18,339.46	TOTAL MEDICAID LIAB	6,059.67
		LESS: COB	6,059.67
		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 : 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

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	139.98	174.46	OTHER LAB	4,938.34	0.00
MED/SURG SUPPLY	902.62	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,170.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,375.57	5,542.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	425.00	0.00	FEE SCHEDULE LAB	2,946.00	438.00
EKG/ECG	1,053.48	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	922.02	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	2,435.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,922.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,624.18	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	728.07	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	162.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	8,263.00			
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	31,822.26	18,339.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,822.26	18,339.46

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

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

Run Date: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	134,730.19	ADJUSTMENTS	0.00
COVERED CHARGES	132,476.20	CONTRACTUAL ALLOW	124,957.48
NON-COVERD CHARGES	2,253.99	TOTAL MEDICAID LIAB	7,518.72
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,518.72

TOTAL NUMBER OF CLAIMS 96

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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	853.81	4.24	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,565.86	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,808.05	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,936.03	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,943.00	1,810.00
EKG/ECG	1,053.48	351.16	MRI SERVICES	0.00	0.00
IV THERAPY	8,169.48	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	80,116.16	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,868.33	88.59
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	162.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	132,476.20	2,253.99
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	132,476.20	2,253.99

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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DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER 000000591A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,598.33	ADJUSTMENTS	0.00
COVERED CHARGES	3,525.33	CONTRACTUAL ALLOW	3,447.01
NON-COVERD CHARGES	73.00	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 : 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: 08/05/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38.99	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9.00	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	1,120.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	409.00	73.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	731.30	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	1,178.32	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	38.72	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	3,525.33	73.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,525.33	73.00

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: 08/05/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

DODGE COUNTY HOSPITAL
901 GRIFFIN AVE
EASTMAN, GA 31023-6720

PROVIDER NUMBER
000000591A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:17:15
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,252,003.00	ADJUSTMENTS	47,452.54
COVERED CHARGES	3,125,444.50	CONTRACTUAL ALLOW	2,162,833.38
NON-COVERD CHARGES	126,558.50	TOTAL MEDICAID LIAB	962,611.12
		LESS: COB	21,962.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	940,648.27

TOTAL NUMBER OF ADMISSIONS 117

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	621		0	549,029.00		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	621		0	549,029.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	218		0	291,030.00		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	218		0	291,030.00		0.00
TOTAL ACCOMODATIONS	839		0	840,059.00		0.00

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

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

Run Date: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	443,941.58	30,817.00	OTHER LAB	11,303.25	0.00
MED/SURG SUPPLY	217,736.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	486,130.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	64,526.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	198,558.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,339.25	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	40,377.00	0.00	MRI SERVICES	31,354.75	0.00
IV THERAPY	2,220.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	67,008.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	289,015.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,998.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	176,772.75	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,059.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	106,351.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	815.50	231.75	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,531.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,566.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	77,481.00	24,073.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,219.75	170.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	27,079.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	71,266.25			
			TOTAL ANCILLARY	2,285,385.50	126,558.50
			TOTAL ACCOMODATIONS	840,059.00	0.00
			TOTAL CHARGES	3,125,444.50	126,558.50

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: 08/05/2023
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,668,850.78	ADJUSTMENTS	113,981.97
COVERED CHARGES	3,341,975.57	CONTRACTUAL ALLOW	2,855,564.75
NON-COVERD CHARGES	326,875.21	TOTAL MEDICAID LIAB	486,410.82
		LESS: COB	124.67
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	486,286.15
		ALL OTHER	382,706.31
		FEE SCHEDULE-LAB	92,750.23
		INJECTABLE DRUGS	10,829.61
TOTAL NUMBER OF CLAIMS		1,492	

Report : CLM-0804-O
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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	63,403.71	18,909.50	OTHER LAB	23,894.75	0.00
MED/SURG SUPPLY	108,664.14	481.57	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	146,280.00	2,721.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	451,285.00	137,975.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	16,182.25	4,322.50	FEE SCHEDULE LAB	869,220.10	45,182.00
EKG/ECG	75,558.75	3,526.50	MRI SERVICES	99,366.75	0.00
IV THERAPY	129,187.75	1,521.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	214,180.62	24,319.89	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,104.25	8,650.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	36,131.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	396,590.75	2,798.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	50,928.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	442,161.75	28,341.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	640.00	231.75	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	293.00	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	19,427.50	924.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	20,488.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	48,281.50	5,001.50	NO CC/INVALID REV CODE	0.00	610.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,595.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,392.75	7,084.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,937.50	6,249.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	34,139.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	62,128.00	6,305.50			
			TOTAL ANCILLARY	3,341,975.57	326,875.21
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,341,975.57	326,875.21

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: 08/05/2023
Run Time: 23:17:15
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2221267002191	09/17/21 - 09/17/21	09/27/21	0.00	610.00	0.00	0.00	0.00
TOTAL				0.00	610.00	0.00	0.00	0.00

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,245.52	ADJUSTMENTS	0.00
COVERED CHARGES	4,226.02	CONTRACTUAL ALLOW	3,766.71
NON-COVERD CHARGES	6,019.50	TOTAL MEDICAID LIAB	459.31
		LESS: COB	459.31
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/05/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 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	122.02	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	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	5,957.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,671.50	62.50
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	0.00	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	766.50	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	4,226.02	6,019.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,226.02	6,019.50

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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	93,161.19	ADJUSTMENTS	156.64
COVERED CHARGES	85,032.19	CONTRACTUAL ALLOW	76,651.95
NON-COVERD CHARGES	8,129.00	TOTAL MEDICAID LIAB	8,380.24
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,380.24

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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,493.00	253.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	830.19	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,500.50	254.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,257.75	6,512.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,544.00	580.50
EKG/ECG	690.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,605.00	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	43,900.75	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	211.00	528.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	85,032.19	8,129.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	85,032.19	8,129.00

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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,645.75	ADJUSTMENTS	0.00
COVERED CHARGES	5,347.25	CONTRACTUAL ALLOW	5,190.61
NON-COVERD CHARGES	2,298.50	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 : 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: 08/05/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 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	1,582.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,498.50	2,298.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	224.25	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	1,042.00	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	5,347.25	2,298.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,347.25	2,298.50

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

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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	109,315.25	ADJUSTMENTS	0.00
COVERED CHARGES	106,259.00	CONTRACTUAL ALLOW	100,867.53
NON-COVERD CHARGES	3,056.25	TOTAL MEDICAID LIAB	5,391.47
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,391.47

TOTAL NUMBER OF CLAIMS 1

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

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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,796.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,952.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	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	0.00	0.00	FEE SCHEDULE LAB	2,977.75	156.25
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,468.75	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	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	82,900.00	2,900.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	10,843.00	0.00			
			TOTAL ANCILLARY	106,259.00	3,056.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	106,259.00	3,056.25

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

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

Run Date: 08/05/2023
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:24:56
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	446,938.75	ADJUSTMENTS	9,948.01
COVERED CHARGES	446,938.75	CONTRACTUAL ALLOW	237,363.05
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	209,575.70
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	209,575.70

TOTAL NUMBER OF ADMISSIONS 15

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	48		0	121,114.00		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	121,114.00		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	121,114.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 23:24:56
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	73,008.73	0.00	OTHER LAB	4,948.26	0.00
MED/SURG SUPPLY	5,592.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	42,764.55	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,192.96	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	76,602.69	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,027.08	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,625.00	0.00	MRI SERVICES	12,223.34	0.00
IV THERAPY	6,374.18	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,180.26	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,142.43	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,767.53	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	28,938.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,236.32	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	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,282.71	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,708.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	21,210.00	0.00			
			TOTAL ANCILLARY	325,824.75	0.00
			TOTAL ACCOMODATIONS	121,114.00	0.00
			TOTAL CHARGES	446,938.75	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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,376,591.87	ADJUSTMENTS	189,496.60
COVERED CHARGES	3,217,214.62	CONTRACTUAL ALLOW	2,458,103.75
NON-COVERD CHARGES	159,377.25	TOTAL MEDICAID LIAB	759,110.87
		LESS: COB	371.93
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	758,738.94
		ALL OTHER	706,155.89
		FEE SCHEDULE-LAB	41,616.38
		INJECTABLE DRUGS	10,966.67
TOTAL NUMBER OF CLAIMS		1,165	

Report : CLM-0804-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	50,552.26	2,193.58	OTHER LAB	34,522.10	0.00
MED/SURG SUPPLY	94,185.49	187.67	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	222,619.96	14,814.40	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	729,723.74	30,052.95	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	77,351.63	350.00	FEE SCHEDULE LAB	278,790.16	9,375.47
EKG/ECG	25,096.06	0.00	MRI SERVICES	79,789.20	1,500.00
IV THERAPY	149,225.66	7,715.86	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	134,179.12	3,121.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,407.51	6,696.36	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	83,261.83	3,097.48	AMBULANCE	0.00	0.00
GI SERVICES	45,664.45	3,800.94	CAST ROOM	0.00	0.00
EMERGENCY ROOM	659,219.00	3,623.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	48,862.93	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	263,471.62	29,963.59
RADIOLOGY THERAPEUTIC	7,424.08	2,444.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,657.64	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,097.64	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	50,485.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	91,440.94	2,840.42	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,669.92	532.48			
ONCOLOGY	2,016.00	0.00			
NUCLEAR MEDICINE	9,222.00	9,499.01			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	18,888.00	1,236.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	41,488.32	23,235.00			
			TOTAL ANCILLARY	3,217,214.62	159,377.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,217,214.62	159,377.25

Report : CLM-0806-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,063.10	ADJUSTMENTS	0.00
COVERED CHARGES	23,938.66	CONTRACTUAL ALLOW	18,131.54
NON-COVERD CHARGES	7,124.44	TOTAL MEDICAID LIAB	5,807.12
		LESS: COB	5,807.12
		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 12

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	1,421.42	0.00
MED/SURG SUPPLY	178.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,633.19	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,597.60	6,884.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	438.80	61.44
EKG/ECG	0.00	0.00	MRI SERVICES	2,143.00	0.00
IV THERAPY	744.24	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,994.87	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	5,069.00	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	1,528.37	179.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,189.57	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	23,938.66	7,124.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,938.66	7,124.44

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	158,798.50	ADJUSTMENTS	240.00
COVERED CHARGES	157,746.25	CONTRACTUAL ALLOW	151,926.25
NON-COVERD CHARGES	1,052.25	TOTAL MEDICAID LIAB	5,820.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,820.00

TOTAL NUMBER OF CLAIMS 97

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	139.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	75.24	12.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,854.21	613.79	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,442.74	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,909.37	99.84
EKG/ECG	1,250.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,350.30	22.08	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	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	114,107.00	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	1,618.39	141.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	163.54	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	157,746.25	1,052.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	157,746.25	1,052.25

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	165,466.04	ADJUSTMENTS	9,476.40
COVERED CHARGES	162,589.68	CONTRACTUAL ALLOW	143,636.88
NON-COVERD CHARGES	2,876.36	TOTAL MEDICAID LIAB	18,952.80
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	18,952.80

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	174.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,847.01	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,041.01	1,551.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	350.00	FEE SCHEDULE LAB	640.00	0.00
EKG/ECG	250.00	125.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,409.04	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	10,762.62	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	4,951.40	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,070.10	820.36
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	112,614.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,830.00	30.00			
			TOTAL ANCILLARY	162,589.68	2,876.36
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	162,589.68	2,876.36

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	526,195.13	ADJUSTMENTS	42,919.57
COVERED CHARGES	525,820.13	CONTRACTUAL ALLOW	211,767.37
NON-COVERD CHARGES	375.00	TOTAL MEDICAID LIAB	314,052.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	314,052.76

TOTAL NUMBER OF ADMISSIONS 40

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	140		0	98,354.00		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	140		0	98,354.00		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	140		0	98,354.00		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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	110,983.30	0.00	OTHER LAB	4,425.00	0.00
MED/SURG SUPPLY	15,431.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	79,402.14	0.00	EDUCATION & TRAINING	156.00	0.00
RADIOLOGY-DIAGNOSTIC	7,421.76	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	49,479.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,356.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	19,155.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	22,659.73	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,945.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	38,346.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	403.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,399.70	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,120.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,488.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	111.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,289.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	998.00	0.00	NO CC/INVALID REV CODE	2,550.00	88.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,683.00	287.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,320.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,344.00	0.00			
			TOTAL ANCILLARY	427,466.13	375.00
			TOTAL ACCOMODATIONS	98,354.00	0.00
			TOTAL CHARGES	525,820.13	375.00

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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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021271053475	09/16/21 - 09/18/21	10/04/21	0.00	88.00	0.00	0.00	0.00
614	5921327000687	10/19/21 - 10/30/21	11/29/21	2,550.00	0.00	0.00	0.00	0.00
TOTAL				2,550.00	88.00	0.00	0.00	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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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,677,865.26
COVERED CHARGES 1,616,460.21
NON-COVERD CHARGES 61,405.05

-----PAYMENTS-----
ADJUSTMENTS 212,674.80
CONTRACTUAL ALLOW 1,069,007.20
TOTAL MEDICAID LIAB 547,453.01
LESS: COB 129.74
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 547,323.27
ALL OTHER 510,349.07
FEE SCHEDULE-LAB 27,722.78
INJECTABLE DRUGS 9,251.42

TOTAL NUMBER OF CLAIMS 1,001

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

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

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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,887.00	15,796.10	OTHER LAB	12,838.00	0.00
MED/SURG SUPPLY	19,215.71	2,982.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	371.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	77,412.34	490.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	362,955.40	17,058.40	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	85,597.40	1,779.00	FEE SCHEDULE LAB	202,105.98	3,848.60
EKG/ECG	41,659.00	1,880.00	MRI SERVICES	32,024.00	0.00
IV THERAPY	134,928.22	7,888.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,625.00	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	13,022.50	2,601.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,520.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	340,980.50	464.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,136.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	40,302.10	3,697.45
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	460.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	170.00	210.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	17,479.00	273.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	54,952.01	250.00	NO CC/INVALID REV CODE	19,601.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,023.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,230.00	316.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,205.05	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	35,130.00	0.00			
			TOTAL ANCILLARY	1,616,460.21	61,405.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,616,460.21	61,405.05

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021208024772	07/21/21 - 07/21/21	08/02/21	3,003.00	0.00	0.00	0.00	1,138.96
614	2021229060171	08/12/21 - 08/12/21	08/23/21	3,063.00	0.00	0.00	0.00	1,161.72
614	5921256000367	08/11/21 - 08/11/21	09/20/21	3,741.00	0.00	0.00	0.00	1,418.86
614	5921302000847	10/14/21 - 10/14/21	11/01/21	3,911.00	0.00	0.00	0.00	1,440.89
614	5922151000917	05/05/22 - 05/05/22	06/06/22	3,741.00	0.00	0.00	0.00	1,378.26
614	2022200042892	06/30/22 - 06/30/22	07/25/22	2,142.00	0.00	0.00	0.00	789.16
TOTAL				19,601.00	0.00	0.00	0.00	7,327.85

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	785.00	ADJUSTMENTS	0.00
COVERED CHARGES	785.00	CONTRACTUAL ALLOW	501.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	284.00
		LESS: COB	284.00
		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 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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	26.00	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	150.00	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	589.00	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	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	785.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	785.00	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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,179.00	ADJUSTMENTS	78.32
COVERED CHARGES	24,889.00	CONTRACTUAL ALLOW	22,461.08
NON-COVERD CHARGES	290.00	TOTAL MEDICAID LIAB	2,427.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,427.92

TOTAL NUMBER OF CLAIMS 31

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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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	65.00	104.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	170.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,236.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,502.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,799.50	155.00
EKG/ECG	376.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,316.00	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	15,224.50	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	282.00	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	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	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	24,889.00	290.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,889.00	290.00

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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ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

ELBERT MEMORIAL HOSPITAL
4 MEDICAL DR
ELBERTON, GA 30635-1830

PROVIDER NUMBER
000000668A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	47,914.00	ADJUSTMENTS	0.00
COVERED CHARGES	47,702.00	CONTRACTUAL ALLOW	42,075.14
NON-COVERD CHARGES	212.00	TOTAL MEDICAID LIAB	5,626.86
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,626.86

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	45,601.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	160.00	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	1,130.00	192.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	211.00	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	600.00	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	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	47,702.00	212.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	47,702.00	212.00

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:27:16
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,422,968.06	ADJUSTMENTS	10,268.52
COVERED CHARGES	3,416,747.06	CONTRACTUAL ALLOW	2,373,901.17
NON-COVERD CHARGES	6,221.00	TOTAL MEDICAID LIAB	1,042,845.89
		LESS: COB	10,324.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,032,521.10

TOTAL NUMBER OF ADMISSIONS 138

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	754		0	1,092,978.00		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	754		0	1,092,978.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	140		0	155,198.00		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	140		0	155,198.00		0.00
TOTAL ACCOMODATIONS	894		0	1,248,176.00		0.00

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	550,803.89	0.00	OTHER LAB	5,310.00	0.00
MED/SURG SUPPLY	71,114.87	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	568,459.30	621.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	56,111.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	289,521.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,580.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	25,415.00	0.00	MRI SERVICES	5,015.00	0.00
IV THERAPY	100,284.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,793.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	221,516.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,740.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	187,951.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,960.00	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	7,976.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,074.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	123.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,800.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	3,498.00	0.00			
BLOOD STORAGE & PRO.	3,498.00	5,600.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,047.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	20,295.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,686.00	0.00			
			TOTAL ANCILLARY	2,168,571.06	6,221.00
			TOTAL ACCOMODATIONS	1,248,176.00	0.00
			TOTAL CHARGES	3,416,747.06	6,221.00

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: 08/05/2023
Run Time: 23:27:16
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 23:27:16
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,111,425.18	ADJUSTMENTS	133,504.95
COVERED CHARGES	3,701,213.51	CONTRACTUAL ALLOW	3,278,743.05
NON-COVERD CHARGES	410,211.67	TOTAL MEDICAID LIAB	422,470.46
		LESS: COB	230.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	422,239.65
		ALL OTHER	340,678.28
		FEE SCHEDULE-LAB	76,424.73
		INJECTABLE DRUGS	5,136.64
TOTAL NUMBER OF CLAIMS		1,562	

Report : CLM-0804-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	92,688.77	48,839.77	OTHER LAB	21,347.00	0.00
MED/SURG SUPPLY	95,660.25	10,629.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	34.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	175,210.00	16,025.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	567,701.00	80,992.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	231.00	FEE SCHEDULE LAB	1,065,826.95	78,094.80
EKG/ECG	54,029.00	897.00	MRI SERVICES	81,571.00	0.00
IV THERAPY	229,272.00	12,801.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	55,043.00	21,277.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,396.00	3,120.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,948.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	821,596.00	6,338.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	33,331.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	22,299.54	47,205.90
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	631.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,600.00	9,195.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	4,756.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	113,353.00	3,307.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	1,166.00	0.00			
BLOOD STORAGE & PRO.	14,761.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,257.00	35,101.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	34,404.00	7,380.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	15,875.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	131,878.00	5,757.00			
			TOTAL ANCILLARY	3,701,213.51	392,611.67
			TOTAL ACCOMODATIONS	0.00	17,600.00
			TOTAL CHARGES	3,701,213.51	410,211.67

Report : CLM-0806-O
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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,691.51	ADJUSTMENTS	0.00
COVERED CHARGES	17,777.51	CONTRACTUAL ALLOW	15,813.82
NON-COVERD CHARGES	14,914.00	TOTAL MEDICAID LIAB	1,963.69
		LESS: COB	1,963.69
		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		8	

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: 08/05/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	366.01	546.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	556.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	312.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,618.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,068.70	781.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,506.00	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	4,669.00	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	25.00	2,088.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	4,881.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,274.00	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	0.00	0.00			
			TOTAL ANCILLARY	17,777.51	14,914.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,777.51	14,914.00

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	395,661.85	ADJUSTMENTS	1,174.80
COVERED CHARGES	367,309.31	CONTRACTUAL ALLOW	354,229.87
NON-COVERD CHARGES	28,352.54	TOTAL MEDICAID LIAB	13,079.44
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,079.44

TOTAL NUMBER OF CLAIMS 167

Report : CLM-0808-O
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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EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,646.13	3,998.84	OTHER LAB	1,302.00	0.00
MED/SURG SUPPLY	8,926.93	198.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,362.00	2,177.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	44,202.00	10,180.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	78,172.25	6,437.70
EKG/ECG	4,485.00	299.00	MRI SERVICES	0.00	0.00
IV THERAPY	25,603.00	3,532.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,448.00	722.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	178,456.00	808.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	275.00	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	559.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	872.00	0.00			
			TOTAL ANCILLARY	367,309.31	28,352.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	367,309.31	28,352.54

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	3,451.00
COVERED CHARGES	3,213.00
NON-COVERD CHARGES	238.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	3,056.36
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 : 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	73.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	39.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	281.00	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	817.00	238.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	152.00	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	181.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,665.00	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	5.00	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	3,213.00	238.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,213.00	238.00

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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0814-O
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

EMANUEL MEDICAL CENTER
117 KITE RD
SWAINSBORO,GA 30401-3231

PROVIDER NUMBER
000000701A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:44:45
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	179,143,688.04	ADJUSTMENTS	11,475,861.45
COVERED CHARGES	175,579,543.26	CONTRACTUAL ALLOW	137,281,633.69
NON-COVERD CHARGES	3,564,144.78	TOTAL MEDICAID LIAB	38,297,909.57
		LESS: COB	334,139.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	37,963,770.25

TOTAL NUMBER OF ADMISSIONS 1,551

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9,289		0	16,843,094.00		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	9,289		0	16,843,094.00		0.00
SPECIAL CARE SERVICES						
CCU	270		0	2,083,590.00		0.00
ICU	5,421		0	33,842,083.00		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	5,691		0	35,925,673.00		0.00
TOTAL ACCOMODATIONS	14,980		0	52,768,767.00		0.00

Run Date: 08/05/2023
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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,157,186.76	553.33	OTHER LAB	997,400.00	0.00
MED/SURG SUPPLY	4,855,215.05	1,639,845.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	27,923,870.00	2,447.00	EDUCATION & TRAINING	334.00	0.00
RADIOLOGY-DIAGNOSTIC	2,170,539.00	15,412.00	OTHER THERAPEUTIC SVC	0.00	17,909.00
CT SCAN	4,377,548.00	16,274.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	998,910.00	834.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	490,903.00	177.00	MRI SERVICES	1,970,424.00	0.00
IV THERAPY	661,724.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	20,219,195.10	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,256,668.00	1,320.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,897,597.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	625,701.00	30,766.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,040,804.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,005,807.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,099,919.00	0.00	INJECTABLE DRUGS	18,215,798.49	2,189.00
RADIOLOGY THERAPEUTIC	342,804.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	731,093.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	259,174.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,080,673.00	68,866.00	PATIENT CONVENIENCE	0.00	2,888.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,352.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,890,333.77	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	1,468,250.00
OTHER IMAGING SERVICE	564,171.00	186,926.00	NO CC/INVALID REV CODE	28,852.00	1,045.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,929,133.59	73,815.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	59,896.00	30,491.45			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,376,626.00	3,041.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	661,506.00	1,096.00			
ORGAN ACQUISITION	1,770,059.50	0.00			
TREATMENT/OBSERV. RM	126,559.00	0.00			
			TOTAL ANCILLARY	122,810,776.26	3,564,144.78
			TOTAL ACCOMODATIONS	52,768,767.00	0.00
			TOTAL CHARGES	175,579,543.26	3,564,144.78

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

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

Run Date: 08/05/2023
Run Time: 23:44:45
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2322105000148	02/17/22 - 03/03/22	04/25/22	3,358.00	0.00	0.00	4,517.03	0.00
614	2322129000246	01/11/22 - 01/31/22	05/16/22	7,170.00	0.00	0.00	3,497.16	0.00
614	2322173000104	04/22/22 - 05/11/22	06/27/22	3,812.00	0.00	0.00	5,851.20	0.00
614	5222208000459	05/07/22 - 05/26/22	08/01/22	3,812.00	0.00	0.00	6,918.33	0.00
615	2222266005880	09/24/21 - 12/23/21	09/26/22	3,812.00	0.00	0.00	0.00	0.00
615	2022346041537	10/01/21 - 12/23/21	12/19/22	2,296.00	0.00	0.00	0.00	0.00
874	5223040000324	08/28/22 - 09/17/22	02/13/23	0.00	1,045.00	0.00	0.00	0.00
614	2223150008032	08/23/22 - 10/29/22	06/05/23	4,592.00	0.00	0.00	0.00	0.00
TOTAL				28,852.00	1,045.00	0.00	20,783.72	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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,100,810.29	ADJUSTMENTS	0.00
COVERED CHARGES	2,082,171.29	CONTRACTUAL ALLOW	1,750,790.66
NON-COVERD CHARGES	18,639.00	TOTAL MEDICAID LIAB	331,380.63
		LESS: COB	331,380.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 28

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	122		0	220,454.00		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	122		0	220,454.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	49		0	266,251.00		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	49		0	266,251.00		0.00
TOTAL ACCOMODATIONS	171		0	486,705.00		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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	57,659.89	0.00	OTHER LAB	8,382.00	0.00
MED/SURG SUPPLY	27,777.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	259,182.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,975.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	67,159.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,452.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,372.00	0.00	MRI SERVICES	28,980.00	0.00
IV THERAPY	9,957.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	376,984.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,394.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	63,497.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,456.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	29,574.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,594.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	47,255.00	0.00	INJECTABLE DRUGS	372,229.40	12,048.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,092.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,600.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	116.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	230.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	18,118.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,654.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	56,828.00	6,475.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	50,937.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	28,584.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	544.00	0.00			
			TOTAL ANCILLARY	1,595,466.29	18,639.00
			TOTAL ACCOMODATIONS	486,705.00	0.00
			TOTAL CHARGES	2,082,171.29	18,639.00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,529,552.75	ADJUSTMENTS	731,528.27
COVERED CHARGES	20,790,366.01	CONTRACTUAL ALLOW	16,580,647.20
NON-COVERD CHARGES	6,739,186.74	TOTAL MEDICAID LIAB	4,209,718.81
		LESS: COB	19,653.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,190,065.24
		ALL OTHER	3,354,673.73
		FEE SCHEDULE-LAB	777,050.37
		INJECTABLE DRUGS	58,341.14
TOTAL NUMBER OF CLAIMS		10,546	

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

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	525,543.14	129,305.44	OTHER LAB	159,436.00	288.00
MED/SURG SUPPLY	355,353.75	28,534.00	RECREATIONAL THERAPY	26,578.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,026.00
RADIOLOGY-DIAGNOSTIC	408,491.00	154,509.00	OTHER THERAPEUTIC SVC	119,601.00	93,023.00
CT SCAN	1,557,037.00	682,742.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	29,046.00	FEE SCHEDULE LAB	4,762,129.88	694,702.18
EKG/ECG	150,627.00	531.00	MRI SERVICES	1,734,408.00	334,758.00
IV THERAPY	562,280.00	8,843.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,500,301.44	691,895.61	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,614.00	6,822.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	464,251.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	149,202.00	134,153.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,111,360.00	7,755.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	548,884.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	459,248.79	1,258,690.01
RADIOLOGY THERAPEUTIC	1,269,099.00	280,695.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	13,314.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,582.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	113,644.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,046.00	5,535.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	2,940.00	IMPL DEV CHARGE PATIENTS	152,784.84	448,902.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	19,595.00
OTHER IMAGING SERVICE	760,642.00	388,982.00	NO CC/INVALID REV CODE	16,977.00	30,131.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	168,177.00	27,205.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	152,500.00	17,272.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	893,250.00	825,413.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,582.00	2,038.00			
ORGAN ACQUISITION	0.00	7,362.50			
TREATMENT/OBSERV. RM	736,962.17	295,953.00			
			TOTAL ANCILLARY	20,790,366.01	6,739,186.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,790,366.01	6,739,186.74

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

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021257067727	09/03/21 - 09/03/21	09/20/21	34.00	0.00	0.00	0.00	20.52
780	2021273006145	09/22/21 - 09/22/21	10/04/21	33.00	0.00	0.00	0.00	20.52
614	2021293070763	10/14/21 - 10/14/21	10/25/21	0.00	1,222.00	0.00	0.00	0.00
780	2021294074778	09/21/21 - 09/21/21	10/25/21	33.00	0.00	0.00	0.00	20.52
780	2021313066170	11/01/21 - 11/01/21	11/15/21	33.00	0.00	0.00	0.00	20.52
614	2021326033994	11/16/21 - 11/16/21	11/29/21	0.00	1,222.00	0.00	0.00	0.00
780	2021336034630	11/05/21 - 11/05/21	12/06/21	34.00	0.00	0.00	0.00	20.52
780	2021346002769	12/06/21 - 12/06/21	12/20/21	34.00	0.00	0.00	0.00	20.52
614	2021351075868	12/10/21 - 12/10/21	12/27/21	564.00	0.00	0.00	0.00	125.06
780	2022010037712	12/30/21 - 12/30/21	01/17/22	34.00	0.00	0.00	0.00	20.52
780	2022018063054	01/10/22 - 01/10/22	01/24/22	34.00	0.00	0.00	0.00	20.52
614	2022026075668	10/12/21 - 10/12/21	01/31/22	4,747.00	0.00	0.00	0.00	1,052.63
780	2022027082547	01/19/22 - 01/19/22	01/31/22	33.00	0.00	0.00	0.00	20.52
780	2022046070517	02/08/22 - 02/08/22	02/21/22	33.00	0.00	0.00	0.00	20.52
780	2022074071935	03/02/22 - 03/02/22	03/21/22	33.00	0.00	0.00	0.00	20.52
780	2022081083782	03/11/22 - 03/11/22	03/28/22	34.00	0.00	0.00	0.00	20.52
780	2022093002466	03/08/22 - 03/08/22	04/11/22	34.00	0.00	0.00	0.00	20.52
780	2022094044194	03/25/22 - 03/25/22	04/11/22	33.00	0.00	0.00	0.00	20.52
780	2022095063485	03/24/22 - 03/24/22	04/11/22	33.00	0.00	0.00	0.00	20.52
614	2022122052341	04/25/22 - 04/25/22	05/09/22	564.00	0.00	0.00	0.00	125.06
780	2022138082149	05/10/22 - 05/10/22	05/23/22	33.00	0.00	0.00	0.00	20.52
871	2022175072956	06/15/22 - 06/15/22	07/04/22	0.00	25,965.00	0.00	0.00	0.00
872	2022175072956	06/15/22 - 06/15/22	07/04/22	0.00	500.00	0.00	0.00	0.00
780	2022194079372	02/08/22 - 02/08/22	07/18/22	33.00	0.00	0.00	0.00	20.52
780	2022204022946	07/13/22 - 07/13/22	08/01/22	33.00	0.00	0.00	0.00	20.52
614	2222207007369	12/22/21 - 12/22/21	08/01/22	2,376.00	0.00	0.00	0.00	526.87
780	2022207079096	07/08/22 - 07/08/22	08/01/22	34.00	0.00	0.00	0.00	20.52
780	2022209089785	07/15/22 - 07/15/22	08/01/22	33.00	0.00	0.00	0.00	20.52
780	2022213045579	07/26/22 - 07/26/22	08/08/22	33.00	0.00	0.00	0.00	20.52
780	2022220040948	07/29/22 - 07/29/22	08/15/22	34.00	0.00	0.00	0.00	20.52
780	2022222026231	08/02/22 - 08/02/22	08/15/22	33.00	0.00	0.00	0.00	20.52
780	2022224068062	08/02/22 - 08/02/22	08/22/22	66.00	0.00	0.00	0.00	20.52
614	2222227004616	06/07/22 - 06/07/22	08/22/22	0.00	1,222.00	0.00	0.00	0.00
780	2022228070678	08/05/22 - 08/05/22	08/22/22	34.00	0.00	0.00	0.00	20.52
780	2022229068436	08/10/22 - 08/10/22	08/22/22	34.00	0.00	0.00	0.00	20.52
780	2022236064856	08/16/22 - 08/16/22	08/29/22	33.00	0.00	0.00	0.00	20.52
780	2022239026988	08/16/22 - 08/16/22	09/05/22	34.00	0.00	0.00	0.00	20.52
780	2022241048087	08/17/22 - 08/17/22	09/05/22	34.00	0.00	0.00	0.00	20.52
780	2022243036842	08/24/22 - 08/24/22	09/05/22	33.00	0.00	0.00	0.00	20.52
780	2022244021682	08/25/22 - 08/25/22	09/05/22	33.00	0.00	0.00	0.00	20.52
780	2022249062579	08/31/22 - 08/31/22	09/12/22	33.00	0.00	0.00	0.00	20.52
614	5923122000517	12/20/21 - 12/20/21	05/08/23	3,812.00	0.00	0.00	785.42	401.68

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

614	5923122000517	12/20/21 - 12/20/21	05/08/23	3,812.00	0.00	0.00	785.42	401.68
TOTAL				16,977.00	30,131.00	0.00	1,570.84	3,289.62

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

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

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,061,972.14	ADJUSTMENTS	0.00
COVERED CHARGES	481,821.80	CONTRACTUAL ALLOW	390,540.80
NON-COVERD CHARGES	580,150.34	TOTAL MEDICAID LIAB	91,281.00
		LESS: COB	91,281.00
		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			132

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	20,972.40	5,295.13	OTHER LAB	1,636.00	0.00
MED/SURG SUPPLY	19,800.00	461.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,531.00	304.00	OTHER THERAPEUTIC SVC	7,598.00	15,196.00
CT SCAN	20,476.00	53,894.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	578.00	FEE SCHEDULE LAB	96,584.00	21,133.00
EKG/ECG	2,655.00	0.00	MRI SERVICES	15,248.00	71,666.00
IV THERAPY	8,561.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	85,059.00	130,737.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,379.00	237.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	37,600.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	9,642.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	52,433.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,814.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,259.40	45,155.21
RADIOLOGY THERAPEUTIC	14,209.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	687.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	105.00	95,124.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,725.00	40,288.00	NO CC/INVALID REV CODE	0.00	10,982.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,618.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,306.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,377.00	68,717.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,862.00	3,434.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	27,014.00	6,620.00			
			TOTAL ANCILLARY	481,821.80	580,150.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	481,821.80	580,150.34

Report : CLM-0806-O
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 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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022073044022	01/06/22 - 01/06/22	03/21/22	0.00	3,812.00	0.00	346.03	0.00
614	2022073044022	01/06/22 - 01/06/22	03/21/22	0.00	3,812.00	0.00	346.03	0.00
614	5922199001043	04/27/22 - 04/27/22	07/25/22	0.00	3,358.00	0.00	518.44	0.00
TOTAL				0.00	10,982.00	0.00	1,210.50	0.00

EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
ATLANTA,GA 30322-1059

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000000712A	SERVICE DATES	09/01/21	THROUGH	08/31/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	92,691.70	ADJUSTMENTS	67.13
COVERED CHARGES	82,612.63	CONTRACTUAL ALLOW	79,054.74
NON-COVERD CHARGES	10,079.07	TOTAL MEDICAID LIAB	3,557.89
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,557.89
TOTAL NUMBER OF CLAIMS		53	

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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EMORY UNIV HOSPPT FINANCIALSERV
1364 CLIFTON RD NE DEPT RM
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	40.74	760.00	OTHER LAB	1,636.00	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	3,155.00	608.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,734.00	3,959.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,702.00	0.00
EKG/ECG	1,062.00	0.00	MRI SERVICES	0.00	3,812.00
IV THERAPY	3,103.00	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	51,916.00	934.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,017.89	6.07
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.	246.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	82,612.63	10,079.07
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	82,612.63	10,079.07

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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ATLANTA, GA 30322-1059

000000712A

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

REFUND	0.00
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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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	2,202.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	597.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	771.00	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	2,886.00	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	46.90	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	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	4,300.90	2,202.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,300.90	2,202.00

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 5,994,045.68
COVERED CHARGES 5,125,488.93
NON-COVERD CHARGES 868,556.75

-----PAYMENTS-----
ADJUSTMENTS 280,392.24
CONTRACTUAL ALLOW 4,251,765.68
TOTAL MEDICAID LIAB 873,723.25
LESS: COB 6,529.73
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 867,193.52

TOTAL NUMBER OF CLAIMS 131

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	77,680.25	16,698.94	OTHER LAB	1,821.00	0.00
MED/SURG SUPPLY	204,886.76	26.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	554.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	96,772.00	113,120.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,571.00	12,610.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	22,564.00	FEE SCHEDULE LAB	153,749.00	7,176.00
EKG/ECG	2,655.00	0.00	MRI SERVICES	0.00	5,586.00
IV THERAPY	1,261.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,220,738.00	343,326.03	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,505.00	878.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	456,225.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	934.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	324,055.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	143.00	INJECTABLE DRUGS	269,656.46	38,727.42
RADIOLOGY THERAPEUTIC	313,943.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	14,079.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	12,260.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	347.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	777,675.46	273,238.36
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,731.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,638.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,702.00	1,676.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	184,649.00	3,740.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	969.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,672.00	0.00			
			TOTAL ANCILLARY	5,125,488.93	866,749.75
			TOTAL ACCOMODATIONS	0.00	1,807.00
			TOTAL CHARGES	5,125,488.93	868,556.75

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	187,605.55	ADJUSTMENTS	0.00
COVERED CHARGES	142,516.89	CONTRACTUAL ALLOW	122,446.83
NON-COVERD CHARGES	45,088.66	TOTAL MEDICAID LIAB	20,070.06
		LESS: COB	20,070.06
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
TOTAL NUMBER OF CLAIMS		3	

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,802.52	91.81	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,780.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	251.00	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	3,463.00	962.00
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	16,616.00	22,022.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,596.00	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	3,074.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,744.37	44.85
RADIOLOGY THERAPEUTIC	35,325.00	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	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	69,265.00	14,860.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	246.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	7,108.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	142,516.89	45,088.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	142,516.89	45,088.66

** 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: 08/05/2023
Run Time: 23:59:22
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,485,329.63	ADJUSTMENTS	276,145.93
COVERED CHARGES	6,485,329.63	CONTRACTUAL ALLOW	4,378,795.81
NON-COVERED CHARGES	0.00	TOTAL MEDICAID LIAB	2,106,533.82
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,106,533.82

TOTAL NUMBER OF ADMISSIONS 162

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,010		0	5,526,693.00		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	2,010		0	5,526,693.00		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	2,010		0	5,526,693.00		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: 08/05/2023
Run Time: 23:59:22
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38,539.89	0.00	OTHER LAB	1,636.00	0.00
MED/SURG SUPPLY	766.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	396,987.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,326.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,179.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,062.00	0.00	MRI SERVICES	9,920.00	0.00
IV THERAPY	771.00	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	8,713.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	56.00	0.00	INJECTABLE DRUGS	394,675.74	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	2,905.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	76,254.00	0.00	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	4,846.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	958,636.63	0.00
			TOTAL ACCOMODATIONS	5,526,693.00	0.00
			TOTAL CHARGES	6,485,329.63	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: 08/05/2023
Run Time: 23:59:22
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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
Run Time: 23:59:22
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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
Run Time: 23:59:22
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 UNIVERSITY HOSPITAL
1821 CLIFTON RD NE
ATLANTA, GA 30329-4021

PROVIDER NUMBER
000000712B

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	149,312,744.30	ADJUSTMENTS	7,044,545.02
COVERED CHARGES	148,507,946.88	CONTRACTUAL ALLOW	116,537,553.28
NON-COVERD CHARGES	804,797.42	TOTAL MEDICAID LIAB	31,970,393.60
		LESS: COB	143,214.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	31,827,178.76

TOTAL NUMBER OF ADMISSIONS 1,860

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	7,925		0	11,553,356.00		0.00
ROUTINE NURSERY	1,353		0	3,749,000.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		15.00
TOTAL ROUTINE	9,278		0	15,302,356.00		15.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4,208		0	14,019,902.00		0.00
NICU	178		0	879,436.00		0.00
PED ICU	954		0	4,498,678.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	213		0	913,770.00		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	5,553		0	20,311,786.00		0.00
TOTAL ACCOMODATIONS	14,831		0	35,614,142.00		15.00

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	16,716,714.12	7,916.49	OTHER LAB	2,319,878.00	0.00
MED/SURG SUPPLY	4,554,781.78	119.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	22,517,027.59	389.00	EDUCATION & TRAINING	1,931.00	0.00
RADIOLOGY-DIAGNOSTIC	2,555,158.48	0.00	OTHER THERAPEUTIC SVC	0.00	22,905.00
CT SCAN	4,952,511.00	25,591.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	794,396.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	470,482.00	6,690.00	MRI SERVICES	1,143,269.00	0.00
IV THERAPY	989,505.00	3,273.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,662,981.00	2,298.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	664,951.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,096,777.84	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,430,733.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	515,978.00	6,464.00	CAST ROOM	511.00	0.00
EMERGENCY ROOM	3,556,178.38	2,730.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	665,439.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	46,696.73
LABORATORY PATHOLOGIC	813,291.04	0.00	INJECTABLE DRUGS	12,685,849.91	33,251.20
RADIOLOGY THERAPEUTIC	325,656.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	593,660.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	406,396.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	396,203.00	34,854.00	PATIENT CONVENIENCE	0.00	27,060.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	590.00	69,272.00	TRAUMA RESPONSE	0.00	466,500.00
PSYCHIATRIC SERVICES	51,502.00	0.00	IMPL DEV CHARGE PATIENTS	3,758,296.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,078,914.00	44,919.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,434,425.00	3,118.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	93,263.00	736.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,711,469.48	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	689,047.00	0.00			
ORGAN ACQUISITION	464,166.00	0.00			
TREATMENT/OBSERV. RM	781,873.26	0.00			
			TOTAL ANCILLARY	112,893,804.88	804,782.42
			TOTAL ACCOMODATIONS	35,614,142.00	15.00
			TOTAL CHARGES	148,507,946.88	804,797.42

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,544,452.58	ADJUSTMENTS	0.00
COVERED CHARGES	1,534,800.58	CONTRACTUAL ALLOW	1,196,331.55
NON-COVERD CHARGES	9,652.00	TOTAL MEDICAID LIAB	338,469.03
		LESS: COB	338,469.03
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 18

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	48		0	69,120.00		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	69,120.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	8		0	25,600.00		0.00
NICU	0		0	0.00		0.00
PED ICU	54		0	248,744.00		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	274,344.00		0.00
TOTAL ACCOMODATIONS	110		0	343,464.00		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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	150,191.50	0.00	OTHER LAB	17,055.00	0.00
MED/SURG SUPPLY	63,780.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	220,309.15	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,659.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,127.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,203.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,352.00	0.00	MRI SERVICES	6,786.00	0.00
IV THERAPY	3,384.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	142,509.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,483.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	122,358.68	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	61,876.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,807.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,389.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,719.00	0.00	INJECTABLE DRUGS	60,032.17	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,847.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,158.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	298.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	135,136.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,327.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,757.00	9,354.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	61,186.80	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	15,904.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,191,336.58	9,652.00
			TOTAL ACCOMODATIONS	343,464.00	0.00
			TOTAL CHARGES	1,534,800.58	9,652.00

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 74,916,367.99
COVERED CHARGES 64,861,784.84
NON-COVERD CHARGES 10,054,583.15

-----PAYMENTS-----
ADJUSTMENTS 1,906,978.69
CONTRACTUAL ALLOW 53,567,940.18
TOTAL MEDICAID LIAB 11,293,844.66
LESS: COB 19,967.90
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 11,273,876.76
ALL OTHER 8,856,529.68
FEE SCHEDULE-LAB 877,200.74
INJECTABLE DRUGS 1,540,146.34

TOTAL NUMBER OF CLAIMS 27,281

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,503,142.46	166,487.59	OTHER LAB	887,445.99	56,751.00
MED/SURG SUPPLY	1,193,805.36	239,261.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	12,088.00	47,994.00
RADIOLOGY-DIAGNOSTIC	1,708,440.00	248,515.32	OTHER THERAPEUTIC SVC	1,572.00	567.00
CT SCAN	3,268,393.00	741,761.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	72,250.00	25,455.00	FEE SCHEDULE LAB	10,063,948.85	438,297.83
EKG/ECG	502,352.00	7,888.00	MRI SERVICES	1,759,992.00	238,138.00
IV THERAPY	1,538,288.00	103,347.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,996,520.42	1,013,664.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	463,573.85	16,785.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,658,954.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	585,752.88	281,739.66	CAST ROOM	22,434.00	0.00
EMERGENCY ROOM	5,712,134.00	51,249.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,016,290.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,991.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	11,719,086.69	3,385,358.35
RADIOLOGY THERAPEUTIC	3,839,958.00	85,325.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,493.00	20,817.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	13,712.00	42,189.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	90,348.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,367,778.00	205,888.00	TRAUMA RESPONSE	0.00	365,500.00
PSYCHIATRIC SERVICES	52,858.00	12,331.00	IMPL DEV CHARGE PATIENTS	172,649.00	1,025,504.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,204,136.00	239,511.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	909,095.00	33,861.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	528,154.00	67,264.40			
AUDIOLOGY	12,840.00	600.00			
CARDIOLOGY	1,312,368.48	670,965.38			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	774.00			
E E G	662,553.00	13,368.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,083,726.86	109,767.09			
			TOTAL ANCILLARY	64,861,784.84	10,050,263.15
			TOTAL ACCOMODATIONS	0.00	4,320.00
			TOTAL CHARGES	64,861,784.84	10,054,583.15

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,104,140.66	ADJUSTMENTS	0.00
COVERED CHARGES	519,525.92	CONTRACTUAL ALLOW	435,727.08
NON-COVERD CHARGES	584,614.74	TOTAL MEDICAID LIAB	83,798.84
		LESS: COB	83,798.84
		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		255	

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	32,116.24	4,193.20	OTHER LAB	7,672.00	272.00
MED/SURG SUPPLY	10,594.00	12,762.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	798.00
RADIOLOGY-DIAGNOSTIC	5,953.00	2,040.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,087.00	13,068.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	361.00	FEE SCHEDULE LAB	69,666.87	5,339.00
EKG/ECG	3,890.00	0.00	MRI SERVICES	4,692.00	23,652.00
IV THERAPY	14,420.00	1,316.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	71,471.46	74,819.54	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,039.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	59,830.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	494.00
EMERGENCY ROOM	32,279.00	37.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	40,073.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	53,729.29	334,183.52
RADIOLOGY THERAPEUTIC	21,620.00	5,020.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	456.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	539.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	27,125.00	2,089.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	3,287.00	IMPL DEV CHARGE PATIENTS	0.00	6,256.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,851.00	954.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	776.00	1,559.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	10,216.00	6,401.00			
AUDIOLOGY	152.00	0.00			
CARDIOLOGY	6,244.00	46,195.48			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	25,294.00	36,063.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,735.06	2,460.00			
			TOTAL ANCILLARY	519,525.92	584,614.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	519,525.92	584,614.74

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

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

Run Date: 08/05/2023
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Page: 9

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,260,507.71
COVERED CHARGES 1,124,413.34
NON-COVERD CHARGES 136,094.37

-----PAYMENTS-----
ADJUSTMENTS 1,920.00
CONTRACTUAL ALLOW 1,096,033.34
TOTAL MEDICAID LIAB 28,380.00
LESS: COB 52.08
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 28,327.92

TOTAL NUMBER OF CLAIMS 473

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	86,796.81	1,745.72	OTHER LAB	20,926.00	0.00
MED/SURG SUPPLY	7,505.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	232.00
RADIOLOGY-DIAGNOSTIC	44,270.00	6,975.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	104,584.00	64,347.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	421.00	FEE SCHEDULE LAB	181,520.10	6,261.00
EKG/ECG	15,776.00	0.00	MRI SERVICES	6,258.00	3,792.00
IV THERAPY	47,266.00	2,694.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,277.50	4,188.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	413.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,697.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	512,517.00	6,523.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,024.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	39,846.93	3,205.99
RADIOLOGY THERAPEUTIC	1,265.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	607.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,956.00	0.00	TRAUMA RESPONSE	0.00	16,500.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,715.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,760.00	14,929.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,775.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,233.00	3,673.16			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,032.00	0.00			
			TOTAL ANCILLARY	1,124,413.34	136,094.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,124,413.34	136,094.37

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	29,837.97
COVERED CHARGES	25,342.97
NON-COVERD CHARGES	4,495.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	24,742.97
TOTAL MEDICAID LIAB	600.00
LESS: COB	600.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	10
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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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	533.96	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	1,558.00	492.00	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	3,424.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,121.00	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	14,228.00	2,918.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	251.01	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	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	514.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,333.00	1,085.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	25,342.97	4,495.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,342.97	4,495.00

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,188,610.02	ADJUSTMENTS	925,394.10
COVERED CHARGES	31,338,318.76	CONTRACTUAL ALLOW	28,154,686.81
NON-COVERD CHARGES	2,850,291.26	TOTAL MEDICAID LIAB	3,183,631.95
		LESS: COB	6,666.58
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,176,965.37

TOTAL NUMBER OF CLAIMS 461

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	449,688.62	13,196.56	OTHER LAB	53,900.00	5,908.00
MED/SURG SUPPLY	600,358.50	158,648.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	902.00
RADIOLOGY-DIAGNOSTIC	49,110.00	71,199.74	OTHER THERAPEUTIC SVC	0.00	49.00
CT SCAN	20,145.00	11,595.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	675.00	8,534.00	FEE SCHEDULE LAB	384,698.06	10,206.00
EKG/ECG	5,794.00	3,264.00	MRI SERVICES	3,792.00	22,481.00
IV THERAPY	117,839.00	12,384.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,543,509.09	277,787.69	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,831.33	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	305,456.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	20,727.43	5,373.56	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,033.00	422.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	88,565.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	24,355,982.68	423,576.03
RADIOLOGY THERAPEUTIC	745,292.00	25,065.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	332.00	6,677.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,033.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	13,063.00	3,051.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,725,884.00	1,391,449.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	18,100.00	1,305.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	35,838.00	3,659.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,353.00	9,711.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	716,312.99	356,474.68			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,618.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	21,421.06	26,340.00			
			TOTAL ANCILLARY	31,338,318.76	2,850,291.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,338,318.76	2,850,291.26

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

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

Run Date: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 20:53:59
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 16,692,267.05
COVERED CHARGES 16,542,358.46
NON-COVERD CHARGES 149,908.59

-----PAYMENTS-----
ADJUSTMENTS 241,834.54
CONTRACTUAL ALLOW 14,335,745.72
TOTAL MEDICAID LIAB 2,206,612.74
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 2,898.00
REIMBURSEMENT 2,209,510.74

TOTAL NUMBER OF ADMISSIONS 247

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	437		0	723,864.48		0.00
ROUTINE NURSERY	98		0	123,505.63		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	535		0	847,370.11		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	591		0	2,347,160.16		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	591		0	2,347,160.16		0.00
TOTAL ACCOMODATIONS	1,126		0	3,194,530.27		0.00

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

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

Run Date: 08/05/2023
Run Time: 20:53:59
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	834,476.13	0.00	OTHER LAB	71,432.20	0.00
MED/SURG SUPPLY	83,309.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,807,460.80	0.00	EDUCATION & TRAINING	64.84	0.00
RADIOLOGY-DIAGNOSTIC	279,267.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	481,946.36	32,447.31	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	108,814.39	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	280,400.88	0.00	MRI SERVICES	85,949.33	0.00
IV THERAPY	33,901.44	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,427,546.46	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	180,655.38	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,345,232.93	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	312,868.13	0.00	AMBULANCE	0.00	0.00
GI SERVICES	14,976.52	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	480,460.31	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	65,890.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	34,023.61	0.00	INJECTABLE DRUGS	2,942,831.55	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	22,451.39	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	14,703.53	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	65,984.64	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	63.60	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	260,847.67	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	55,412.44	0.00	NO CC/INVALID REV CODE	57,111.51	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	80,226.89	110,709.60			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	47,320.55	6,751.68			
AUDIOLOGY	13,628.70	0.00			
CARDIOLOGY	830,173.81	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	24,162.93	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,232.37	0.00			
			TOTAL ANCILLARY	13,347,828.19	149,908.59
			TOTAL ACCOMODATIONS	3,194,530.27	0.00
			TOTAL CHARGES	16,542,358.46	149,908.59

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022104072846	04/07/22 - 04/09/22	04/18/22	5,018.87	0.00	0.00	0.00	0.00
614	2022202078989	07/04/22 - 07/12/22	07/25/22	4,257.74	0.00	0.00	0.00	0.00
614	2022262023384	09/06/22 - 09/09/22	09/26/22	4,814.76	0.00	0.00	0.00	0.00
614	2222263007793	08/26/22 - 08/29/22	09/26/22	4,542.00	0.00	0.00	0.00	0.00
615	5922327001002	10/27/22 - 10/29/22	11/28/22	5,463.27	0.00	0.00	0.00	0.00
614	2022360005186	12/10/22 - 12/16/22	01/02/23	4,965.19	0.00	0.00	0.00	0.00
614	2023009027726	12/07/22 - 12/08/22	01/16/23	10,404.65	0.00	0.00	0.00	0.00
614	2023053075542	08/21/22 - 08/24/22	02/27/23	3,601.82	0.00	0.00	0.00	0.00
614	2023216087644	05/05/22 - 05/25/22	01/01/00	14,043.21	0.00	0.00	0.00	0.00
TOTAL				57,111.51	0.00	0.00	0.00	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: 08/05/2023
Run Time: 20:53:59
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,047,316.20
COVERED CHARGES 14,834,867.92
NON-COVERD CHARGES 2,212,448.28

-----PAYMENTS-----
ADJUSTMENTS 317,598.99
CONTRACTUAL ALLOW 12,984,141.81
TOTAL MEDICAID LIAB 1,850,726.11
LESS: COB 1,671.68
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,849,054.43
ALL OTHER 1,479,362.12
FEE SCHEDULE-LAB 173,125.39
INJECTABLE DRUGS 196,566.92

TOTAL NUMBER OF CLAIMS 3,628

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	66,667.15	94,099.12	OTHER LAB	380,572.08	0.00
MED/SURG SUPPLY	125,232.77	6,715.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	129.68
RADIOLOGY-DIAGNOSTIC	424,440.77	15,947.68	OTHER THERAPEUTIC SVC	0.00	1,843.86
CT SCAN	1,550,368.16	218,281.32	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	525,746.61	39,126.69	FEE SCHEDULE LAB	2,590,277.90	246,258.00
EKG/ECG	345,886.62	8,339.40	MRI SERVICES	286,735.40	23,067.14
IV THERAPY	844,172.24	18,236.30	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,730,836.92	552,057.86	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,510.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	41,903.93	10,589.31	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	561,226.94	1,570.45	AMBULANCE	0.00	0.00
GI SERVICES	92,557.00	14,085.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,706,486.83	11,245.60	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	170,405.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,029,835.47	456,561.90
RADIOLOGY THERAPEUTIC	120,184.89	3,504.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,374.83	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	379.77	873.48	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	12,372.12	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,384.11	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	25,377.40	225,748.43
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	217,862.29	41,360.48	NO CC/INVALID REV CODE	153,501.64	8,383.53
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	67,466.77	15,945.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	229,675.19	64,136.96			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	322,694.48	114,717.06			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,196.63	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	213,667.07	4,492.65			
			TOTAL ANCILLARY	14,834,867.92	2,212,448.28
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,834,867.92	2,212,448.28

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022087039748	03/22/22 - 03/22/22	04/04/22	4,963.44	0.00	0.00	0.00	675.25
614	2022090075306	03/25/22 - 03/25/22	04/04/22	4,963.44	0.00	0.00	0.00	675.25
614	2022096043655	03/30/22 - 03/30/22	04/11/22	3,919.71	0.00	0.00	0.00	533.26
614	2022107003238	04/13/22 - 04/13/22	04/25/22	3,053.43	0.00	0.00	0.00	415.41
615	2022193046514	06/30/22 - 06/30/22	07/18/22	3,194.53	0.00	0.00	0.00	434.60
614	2022206029891	07/20/22 - 07/20/22	08/01/22	4,980.78	0.00	0.00	0.00	677.61
614	2022206029898	07/19/22 - 07/19/22	08/01/22	4,130.25	0.00	0.00	0.00	561.91
614	2022215070699	03/08/22 - 03/08/22	08/08/22	4,959.49	0.00	0.00	0.00	674.71
614	2022218022885	02/26/22 - 02/26/22	08/15/22	0.00	5,189.00	0.00	0.00	0.00
614	2022220034901	08/03/22 - 08/03/22	08/15/22	4,963.44	0.00	0.00	0.00	675.25
614	2022226003181	07/28/22 - 07/28/22	08/22/22	3,919.71	0.00	0.00	0.00	533.26
614	2022235069477	08/15/22 - 08/15/22	08/29/22	3,919.71	0.00	0.00	0.00	533.26
614	2022256080295	08/30/22 - 08/30/22	09/19/22	3,919.71	0.00	0.00	0.00	493.79
614	2022259068750	09/06/22 - 09/06/22	09/19/22	4,963.44	0.00	0.00	0.00	625.27
614	2022264068754	09/09/22 - 09/09/22	09/26/22	3,919.71	0.00	0.00	0.00	493.79
614	2022278071617	09/29/22 - 09/29/22	10/10/22	4,963.44	0.00	0.00	0.00	625.27
614	2022281031533	03/18/22 - 03/18/22	10/17/22	4,963.44	0.00	0.00	0.00	625.27
614	2022298079863	10/21/22 - 10/21/22	10/31/22	4,963.44	0.00	0.00	0.00	625.27
614	2022304034058	10/24/22 - 10/24/22	11/07/22	3,919.71	0.00	0.00	0.00	493.79
615	5922308000600	10/04/22 - 10/04/22	11/07/22	3,194.53	0.00	0.00	0.00	402.43
614	2022312056202	11/02/22 - 11/02/22	11/14/22	4,959.49	0.00	0.00	0.00	624.78
614	2022318039497	11/07/22 - 11/07/22	11/21/22	3,053.43	0.00	0.00	0.00	384.67
614	2022333057915	11/21/22 - 11/21/22	12/05/22	4,980.78	0.00	0.00	0.00	627.47
614	2022334071520	11/09/22 - 11/09/22	12/05/22	5,439.46	0.00	0.00	0.00	685.24
614	2022335100819	11/25/22 - 11/25/22	12/05/22	3,919.71	0.00	0.00	0.00	493.79
614	2022336077844	11/19/22 - 11/19/22	12/05/22	2,846.11	0.00	0.00	0.00	358.54
614	2022343068010	11/28/22 - 11/28/22	12/19/22	4,130.25	0.00	0.00	0.00	520.32
614	2022347057083	12/06/22 - 12/06/22	12/19/22	3,053.43	0.00	0.00	0.00	384.67
614	2022354078749	12/13/22 - 12/13/22	12/26/22	4,959.49	0.00	0.00	0.00	624.78
615	5923003000560	08/29/22 - 08/29/22	01/09/23	3,776.96	0.00	0.00	0.00	475.81
615	5923003000560	08/29/22 - 08/29/22	01/09/23	0.00	3,194.53	0.00	0.00	0.00
614	2023003055668	12/21/22 - 12/21/22	01/09/23	4,814.76	0.00	0.00	0.00	606.55
614	2023005108761	09/06/22 - 09/06/22	01/09/23	5,189.00	0.00	0.00	0.00	653.69
614	2023010049747	12/06/22 - 12/06/22	01/16/23	4,703.74	0.00	0.00	0.00	592.56
614	2023046066689	12/13/22 - 12/13/22	02/20/23	5,972.80	0.00	0.00	0.00	752.44
614	5923101001010	12/07/22 - 12/07/22	04/17/23	9,926.88	0.00	0.00	0.00	1,250.56
TOTAL				153,501.64	8,383.53	0.00	0.00	19,810.52

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CALHOUN, GA 30701-2082

000000833A

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

FEE SCHEDULE LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS	13
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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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	542.08	227.25	OTHER LAB	10,996.10	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	1,800.77	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,403.05	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,011.20	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,134.60	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	12,516.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,292.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,865.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,548.53	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,086.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	663.68	23.52
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	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,151.59	565.04	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	68,629.60	16,196.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,629.60	16,196.81

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	436,821.15	ADJUSTMENTS	134.26
COVERED CHARGES	415,680.96	CONTRACTUAL ALLOW	406,484.15
NON-COVERD CHARGES	21,140.19	TOTAL MEDICAID LIAB	9,196.81
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,196.81

TOTAL NUMBER OF CLAIMS 137

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	660.08	765.19	OTHER LAB	2,798.64	0.00
MED/SURG SUPPLY	0.00	65.78	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,038.63	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,583.69	14,862.41	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	71,304.71	4,550.43
EKG/ECG	4,864.65	0.00	MRI SERVICES	11,565.81	0.00
IV THERAPY	36,324.65	425.25	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	249.50	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	204,420.14	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	15,029.92	195.63
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	840.54	275.50	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	415,680.96	21,140.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	415,680.96	21,140.19

ADVENTIST HEALTH SYSTEM GEORGIA INC.
1035 RED BUD RD NE
CALHOUN,GA 30701-2082

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000000833A	SERVICE DATES	01/01/22	THROUGH	12/31/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,513.02	ADJUSTMENTS	0.00
COVERED CHARGES	2,513.02	CONTRACTUAL ALLOW	2,445.89
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 : 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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	880.49	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,632.53	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	2,513.02	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,513.02	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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 6,698,129.15
COVERED CHARGES 5,303,748.77
NON-COVERD CHARGES 1,394,380.38

-----PAYMENTS-----
ADJUSTMENTS 183,309.97
CONTRACTUAL ALLOW 4,850,865.31
TOTAL MEDICAID LIAB 452,883.46
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 452,883.46

TOTAL NUMBER OF CLAIMS 84

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	32,312.02	15,658.45	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	128,044.62	402.83	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,787.62	3,585.44	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,694.71	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	23,757.65	FEE SCHEDULE LAB	173,646.08	8,968.77
EKG/ECG	25,018.20	0.00	MRI SERVICES	8,408.50	4,204.25
IV THERAPY	244,402.46	2,894.73	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,942,513.72	124,144.87	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	108,555.52	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	366,132.15	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	21,518.14	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	81,413.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,884,029.91	80,052.02
RADIOLOGY THERAPEUTIC	131,895.91	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,586.48	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	590.39	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	48.45	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	22,488.78	1,089,824.34
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	12,434.76	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,735.59	26,828.36			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,213.82	8,349.96			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,196.63	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	42,306.63	3,483.39			
			TOTAL ANCILLARY	5,303,748.77	1,394,380.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,303,748.77	1,394,380.38

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	5922164000215	05/17/22 - 05/17/22	06/20/22	3,776.96	0.00	0.00	0.00	513.84
615	5922164000215	05/17/22 - 05/17/22	06/20/22	3,194.53	0.00	0.00	0.00	434.60
615	5922236000563	07/31/22 - 07/31/22	08/29/22	2,268.74	0.00	0.00	0.00	308.65
615	5922236000563	07/31/22 - 07/31/22	08/29/22	3,194.53	0.00	0.00	0.00	434.60
TOTAL				12,434.76	0.00	0.00	0.00	1,691.69

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
 Run Time: 22:28:21
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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 01/01/22 THROUGH 12/31/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	315,485,836.43	ADJUSTMENTS	38,564,937.90
COVERED CHARGES	314,384,222.93	CONTRACTUAL ALLOW	233,723,261.19
NON-COVERD CHARGES	1,101,613.50	TOTAL MEDICAID LIAB	80,660,961.74
		LESS: COB	331,626.14
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	80,329,335.60

TOTAL NUMBER OF ADMISSIONS 2,300

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	12,644		0	36,496,253.50		0.00
ROUTINE NURSERY	1,537		0	9,467,380.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	14,181		0	45,963,634.00		0.00
SPECIAL CARE SERVICES						
CCU	1,290		0	14,354,488.50		0.00
ICU	0		0	0.00		0.00
NICU	506		0	5,217,181.00		0.00
PED ICU	2,823		0	23,167,231.50		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	4,619		0	42,738,901.00		0.00
TOTAL ACCOMODATIONS	18,800		0	88,702,535.00		0.00

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	73,082,103.50	0.00	OTHER LAB	876,855.50	0.00
MED/SURG SUPPLY	4,422,002.34	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	26,531,856.75	1,726.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,898,450.50	0.00	OTHER THERAPEUTIC SVC	51,254.00	73,029.00
CT SCAN	2,797,534.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,403,502.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	450,739.50	0.00	MRI SERVICES	2,383,027.00	0.00
IV THERAPY	1,176,063.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	38,888,177.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	23,002,493.78	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,820,955.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	25,728.50	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,258,418.43	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	894,655.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,485,663.06	0.00	INJECTABLE DRUGS	525,938.00	0.00
RADIOLOGY THERAPEUTIC	591,339.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	985,032.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	670,222.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	405,846.00	405,920.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,696.00	40,395.50	TRAUMA RESPONSE	0.00	77,897.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,027,265.57	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	906,323.00	113,239.50	NO CC/INVALID REV CODE	0.00	31,963.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,612,409.50	22,526.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	65,873.50	33,053.00			
AUDIOLOGY	46,693.00	0.00			
CARDIOLOGY	6,056,296.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,962,264.00	0.00			
ORGAN ACQUISITION	3,754,011.50	60,523.00			
TREATMENT/OBSERV. RM	1,620,997.50	241,340.00			
			TOTAL ANCILLARY	225,681,687.93	1,101,613.50
			TOTAL ACCOMODATIONS	88,702,535.00	0.00
			TOTAL CHARGES	314,384,222.93	1,101,613.50

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
871	2022126074045	04/03/22 - 04/06/22	05/09/22	0.00	7,215.00	0.00	0.00	0.00
872	2022126074045	04/03/22 - 04/06/22	05/09/22	0.00	8,935.50	0.00	0.00	0.00
873	2022327094580	11/02/22 - 11/10/22	11/28/22	0.00	6,877.00	0.00	0.00	0.00
872	5222338000174	06/29/22 - 07/14/22	12/12/22	0.00	8,935.50	0.00	0.00	0.00
TOTAL				0.00	31,963.00	0.00	0.00	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: 08/05/2023
Run Time: 22:28:21
Page: 4

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,549,209.91	ADJUSTMENTS	0.00
COVERED CHARGES	11,509,953.41	CONTRACTUAL ALLOW	9,703,606.92
NON-COVERD CHARGES	39,256.50	TOTAL MEDICAID LIAB	1,806,346.49
		LESS: COB	1,806,346.49
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 80

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	280		0	763,009.00		0.00
ROUTINE NURSERY	116		0	752,006.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	396		0	1,515,015.00		0.00
SPECIAL CARE SERVICES						
CCU	81		0	898,249.50		0.00
ICU	0		0	0.00		0.00
NICU	72		0	738,000.00		0.00
PED ICU	68		0	577,765.00		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	221		0	2,214,014.50		0.00
TOTAL ACCOMODATIONS	617		0	3,729,029.50		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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,483,139.00	0.00	OTHER LAB	50,172.50	0.00
MED/SURG SUPPLY	119,692.82	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	905,957.39	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	193,768.00	0.00	OTHER THERAPEUTIC SVC	8,549.50	883.00
CT SCAN	119,876.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	65,651.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	11,974.50	0.00	MRI SERVICES	49,329.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,238,907.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	881,626.59	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	369,640.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	141,796.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	53,857.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	46,958.50	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	5,127.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	20,573.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	18,378.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	32,265.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	1,664.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	383,621.11	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	36,741.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	933.50			
BLOOD STORAGE & PRO.	297,687.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	3,234.50	0.00			
CARDIOLOGY	130,579.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	100,514.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	43,571.50	3,510.50			
			TOTAL ANCILLARY	7,780,923.91	39,256.50
			TOTAL ACCOMODATIONS	3,729,029.50	0.00
			TOTAL CHARGES	11,509,953.41	39,256.50

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 85,772,989.08
COVERED CHARGES 76,899,236.74
NON-COVERD CHARGES 8,873,752.34

-----PAYMENTS-----
ADJUSTMENTS 807,578.62
CONTRACTUAL ALLOW 59,905,624.32
TOTAL MEDICAID LIAB 16,993,612.42
LESS: COB 27,816.02
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 16,965,796.40
ALL OTHER 12,495,543.84
FEE SCHEDULE-LAB 783,371.94
INJECTABLE DRUGS 3,686,880.62

TOTAL NUMBER OF CLAIMS 13,153

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,455,014.00	9,097.25	OTHER LAB	358,355.00	8,518.50
MED/SURG SUPPLY	1,329,591.43	1,076.84	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,578,143.50	52,115.00	OTHER THERAPEUTIC SVC	0.00	3,018.00
CT SCAN	2,011,050.00	56,926.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	25,361.00	19,800.50	FEE SCHEDULE LAB	14,465,544.06	4,219,017.62
EKG/ECG	189,144.00	33,812.50	MRI SERVICES	4,018,076.00	257,123.00
IV THERAPY	2,006,513.50	134,869.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,313,763.90	445,080.10	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	684,542.26	67,533.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,173,586.00	2,263.00	AMBULANCE	0.00	0.00
GI SERVICES	18,488.00	4,400.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,916,273.01	75,205.79	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,743,695.00	545.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,030,308.33	1,329,527.49
RADIOLOGY THERAPEUTIC	277,674.00	7,269.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,433.00	3,843.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	376,482.50	20,843.50	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,986.00	8,542.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,477,910.39	46,017.50	TRAUMA RESPONSE	0.00	84,739.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	809,562.59	1,832.60
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	863,729.00	116,486.50	NO CC/INVALID REV CODE	0.00	79,022.50
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,012,677.50	13,996.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	452,972.50	44,552.00			
AUDIOLOGY	50,889.00	13,011.00			
CARDIOLOGY	1,845,233.50	838,101.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,130,694.50	54,970.50			
ORGAN ACQUISITION	0.00	34,161.00			
TREATMENT/OBSERV. RM	3,274,543.27	786,434.15			
			TOTAL ANCILLARY	76,899,236.74	8,873,752.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	76,899,236.74	8,873,752.34

Report : CLM-0804-O
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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
871	2022112071335	04/12/22 - 04/12/22	04/25/22	0.00	7,215.00	0.00	0.00	0.00
872	2022112071335	04/12/22 - 04/12/22	04/25/22	0.00	8,935.50	0.00	0.00	0.00
872	2022112071335	04/12/22 - 04/12/22	04/25/22	0.00	8,935.50	0.00	0.00	0.00
872	2222139012282	04/28/22 - 04/28/22	05/23/22	0.00	8,935.50	0.00	0.00	0.00
872	2222139012282	04/28/22 - 04/28/22	05/23/22	0.00	8,935.50	0.00	0.00	0.00
873	2022171022102	06/13/22 - 06/13/22	06/27/22	0.00	6,877.00	0.00	0.00	0.00
874	2022189071703	06/21/22 - 06/21/22	07/18/22	0.00	6,688.00	0.00	0.00	0.00
873	2222263000495	06/06/22 - 06/06/22	09/26/22	0.00	6,877.00	0.00	0.00	0.00
874	2222263000495	06/06/22 - 06/06/22	09/26/22	0.00	6,688.00	0.00	0.00	0.00
872	2022286083098	09/23/22 - 09/23/22	10/17/22	0.00	8,935.50	0.00	0.00	0.00
TOTAL				0.00	79,022.50	0.00	0.00	0.00

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA, GA 30322-1062

000000943A

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

NON-COVERD CHARGES	763,155.79
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INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	639
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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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	64,193.75	3,216.00	OTHER LAB	24,962.50	1,014.00
MED/SURG SUPPLY	44,987.93	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	104,825.00	5,360.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	94,609.50	9,655.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,988.50	FEE SCHEDULE LAB	494,946.02	105,609.03
EKG/ECG	13,595.50	443.50	MRI SERVICES	224,810.00	79,086.50
IV THERAPY	22,333.00	156.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	717,859.50	88,578.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	22,936.00	4,168.01	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	332,560.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	292,543.00	2,605.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	131,297.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	395,715.75	352,063.75
RADIOLOGY THERAPEUTIC	74,250.00	1,233.50	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	661.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	42,555.00	3,465.50	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	48,916.00	3,035.00	TRAUMA RESPONSE	0.00	6,640.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	21,095.42	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	77,188.00	12,741.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	45,763.50	6,994.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,003.50	514.00			
AUDIOLOGY	132.00	657.00			
CARDIOLOGY	55,890.00	49,742.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	15,408.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	152,582.50	23,527.50			
			TOTAL ANCILLARY	3,519,959.87	763,155.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,519,959.87	763,155.79

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	843,663.32	ADJUSTMENTS	0.00
COVERED CHARGES	815,161.57	CONTRACTUAL ALLOW	792,270.24
NON-COVERD CHARGES	28,501.75	TOTAL MEDICAID LIAB	22,891.33
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	22,891.33

TOTAL NUMBER OF CLAIMS 341

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,899.25	0.00	OTHER LAB	3,164.50	0.00
MED/SURG SUPPLY	16,441.35	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	34,229.50	6,700.00	OTHER THERAPEUTIC SVC	0.00	448.00
CT SCAN	8,375.00	8,722.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	76,534.16	2,632.50
EKG/ECG	443.50	0.00	MRI SERVICES	11,813.50	0.00
IV THERAPY	9,850.00	248.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,871.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	292.50	543.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,263.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	616,679.50	1,119.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,697.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,586.75	929.75
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	782.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,846.06	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,392.00	3,378.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	3,780.50			
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	0.00	0.00			
			TOTAL ANCILLARY	815,161.57	28,501.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	815,161.57	28,501.75

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

CHILDREN'S HEALTHCARE OF ATLANTA AT
1405 CLIFTON RD NE
ATLANTA, GA 30322-1062

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	39,286.30
TOTAL MEDICAID LIAB	1,006.95
LESS: COB	1,006.95
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	15
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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: 08/05/2023
Run Time: 22:28:21
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	201.25	0.00	OTHER LAB	1,015.00	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	3,075.00	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	6,729.50	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	28,995.00	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	277.50	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	844.50	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	40,293.25	844.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	40,293.25	844.50

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,603,072.80	ADJUSTMENTS	82,593.88
COVERED CHARGES	33,257,195.07	CONTRACTUAL ALLOW	29,367,701.28
NON-COVERD CHARGES	4,345,877.73	TOTAL MEDICAID LIAB	3,889,493.79
		LESS: COB	12,138.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,877,354.84

TOTAL NUMBER OF CLAIMS 376

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	187,239.25	627.75	OTHER LAB	5,091.50	14,992.00
MED/SURG SUPPLY	2,006,213.08	6,269.07	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	100,801.50	43,807.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,592.50	2,303.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	11,839.50	FEE SCHEDULE LAB	639,303.25	325,032.67
EKG/ECG	887.00	16,256.50	MRI SERVICES	108,467.00	9,526.00
IV THERAPY	381,264.00	2,615.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,738,176.50	372,571.99	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	115,905.02	3,683.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,104,966.00	1,182.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,793.00	1,070.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	195,124.00	1,001.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	18,273,360.55	896,487.75
RADIOLOGY THERAPEUTIC	16,950.50	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,824.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	628.50	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	34,337.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	43,613.00	460.00	TRAUMA RESPONSE	0.00	4,967.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,372,603.41	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,367.00	3,625.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	32,498.00	13,747.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	526.50			
CARDIOLOGY	2,461,808.00	2,377,802.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	12,648.50	10,661.00			
ORGAN ACQUISITION	0.00	28,252.00			
TREATMENT/OBSERV. RM	401,522.51	158,779.50			
			TOTAL ANCILLARY	33,257,195.07	4,345,877.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	33,257,195.07	4,345,877.73

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	532,591.54	ADJUSTMENTS	0.00
COVERED CHARGES	378,319.66	CONTRACTUAL ALLOW	316,521.94
NON-COVERD CHARGES	154,271.88	TOTAL MEDICAID LIAB	61,797.72
		LESS: COB	61,797.72
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00
TOTAL NUMBER OF CLAIMS		6	

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VIII

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,549.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	49,303.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,592.00	2,468.00	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	4,990.56	280.12
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	141,286.99	9,504.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	39,479.00	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	4,189.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	65,230.50	1,891.25
RADIOLOGY THERAPEUTIC	2,492.50	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	54,672.90	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	332.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,200.50	140,128.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	378,319.66	154,271.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	378,319.66	154,271.88

** 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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	161,871,291.51	ADJUSTMENTS	3,638,080.93
COVERED CHARGES	159,126,566.71	CONTRACTUAL ALLOW	131,275,363.55
NON-COVERD CHARGES	2,744,724.80	TOTAL MEDICAID LIAB	27,851,203.16
		LESS: COB	308,749.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,542,453.21

TOTAL NUMBER OF ADMISSIONS 2,097

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,285		0	5,443,698.01		0.00
ROUTINE NURSERY	2,412		0	11,148,101.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.92
TOTAL ROUTINE	6,697		0	16,591,799.01		0.92
SPECIAL CARE SERVICES						
CCU	5,327		0	18,220,367.99		0.00
ICU	2,954		0	10,485,205.00		0.00
NICU	438		0	3,977,532.00		0.00
PED ICU	464		0	1,686,234.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	297		0	1,075,872.00		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	9,480		0	35,445,210.99		0.00
TOTAL ACCOMODATIONS	16,177		0	52,037,010.00		0.92

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	16,764,678.64	1,469.40	OTHER LAB	304,935.65	0.00
MED/SURG SUPPLY	4,853,203.16	281,422.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	16,246,870.58	2,285.40	EDUCATION & TRAINING	1,261.15	0.00
RADIOLOGY-DIAGNOSTIC	2,314,672.55	0.00	OTHER THERAPEUTIC SVC	1,086,071.85	4,524.10
CT SCAN	5,984,458.87	50,670.55	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	920,855.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	532,584.75	0.00	MRI SERVICES	1,620,018.24	0.00
IV THERAPY	1,103,550.30	0.00	PROFESSIONAL FEES	0.00	263.03
OPERATING ROOM	11,868,423.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	637,788.81	10,166.80	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,499,788.75	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,646,925.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	674,288.30	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,220,472.75	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,351,284.40	0.00	DRUG-SPECIFIC/HOME IV	0.00	139,592.00
LABORATORY PATHOLOGIC	169,434.05	0.00	INJECTABLE DRUGS	2,549,105.76	249.80
RADIOLOGY THERAPEUTIC	89,837.70	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	612,328.10	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	330,900.76	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,287,551.45	1,114,964.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	27,309.35	31,181.75	TRAUMA RESPONSE	0.00	500,001.90
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,104,264.83	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	707,158.85	0.00	NO CC/INVALID REV CODE	148,162.84	4,582.50
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,417,717.25	483,896.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	260,982.12	60,021.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,596,839.70	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	250,797.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,905,034.30	59,432.95			
			TOTAL ANCILLARY	107,089,556.71	2,744,723.88
			TOTAL ACCOMODATIONS	52,037,010.00	0.92
			TOTAL CHARGES	159,126,566.71	2,744,724.80

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

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

Run Date: 08/05/2023
Run Time: 21:16:04
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	5922032001075	01/04/22 - 01/08/22	02/07/22	4,558.80	0.00	0.00	0.00	0.00
615	2022056072690	02/04/22 - 02/14/22	02/28/22	8,191.65	0.00	0.00	0.00	0.00
615	2022075048876	03/09/22 - 03/11/22	03/21/22	8,191.65	0.00	0.00	0.00	0.00
615	2022077054161	03/09/22 - 03/13/22	03/21/22	7,265.70	0.00	0.00	0.00	0.00
615	2022139049120	05/05/22 - 05/10/22	05/23/22	3,632.85	0.00	0.00	0.00	0.00
615	5922144000636	03/07/22 - 04/06/22	05/30/22	7,265.70	0.00	0.00	0.00	0.00
615	2022166036783	05/30/22 - 06/04/22	06/20/22	8,191.65	0.00	0.00	0.00	0.00
615	2022175057600	06/15/22 - 06/17/22	06/27/22	7,265.70	0.00	0.00	0.00	0.00
615	2022188081277	05/11/22 - 06/23/22	07/11/22	7,265.70	0.00	0.00	0.00	0.00
615	2022190010900	06/11/22 - 06/30/22	07/18/22	8,191.65	0.00	0.00	0.00	0.00
615	2022194063105	04/03/22 - 04/23/22	07/18/22	3,632.85	0.00	0.00	0.00	0.00
615	2022196048986	07/04/22 - 07/08/22	07/18/22	7,265.70	0.00	0.00	0.00	0.00
615	2022203080840	07/11/22 - 07/14/22	08/01/22	3,632.85	0.00	0.00	0.00	0.00
615	2222208000648	04/08/22 - 05/04/22	08/01/22	3,632.85	0.00	0.00	0.00	0.00
615	5222229000464	04/02/22 - 04/25/22	08/22/22	3,632.85	0.00	0.00	0.00	0.00
615	2322244000077	02/16/22 - 02/22/22	09/12/22	3,632.86	0.00	0.00	2,845.03	0.00
615	2022245065938	08/12/22 - 08/22/22	09/12/22	3,632.85	0.00	0.00	0.00	0.00
615	5222289000017	04/23/22 - 06/08/22	10/24/22	7,265.70	0.00	0.00	0.00	0.00
615	2022320053971	10/12/22 - 10/19/22	11/21/22	3,632.85	0.00	0.00	0.00	0.00
618	2022341071946	11/16/22 - 11/18/22	12/12/22	0.00	4,582.50	0.00	0.00	0.00
615	2022357058928	11/03/22 - 12/06/22	01/02/23	7,265.70	0.00	0.00	0.00	0.00
615	2323016000176	02/06/22 - 02/09/22	01/23/23	8,191.67	0.00	0.00	14,281.51	0.00
615	5223052000366	10/05/22 - 11/12/22	02/27/23	8,191.65	0.00	0.00	0.00	0.00
615	2223061009724	07/06/22 - 07/13/22	03/06/23	3,632.85	0.00	0.00	0.00	0.00
615	5223117070203	11/06/22 - 11/30/22	05/01/23	7,265.70	0.00	0.00	0.00	0.00
615	2323136000084	10/02/22 - 10/31/22	05/22/23	3,632.86	0.00	0.00	6,698.00	0.00
TOTAL				148,162.84	4,582.50	0.00	23,824.54	0.00

Report : CLM-0802-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,363,134.34	ADJUSTMENTS	0.00
COVERED CHARGES	1,361,016.89	CONTRACTUAL ALLOW	1,170,077.63
NON-COVERD CHARGES	2,117.45	TOTAL MEDICAID LIAB	190,939.26
		LESS: COB	190,939.26
		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	107		0	134,392.00		0.00
ROUTINE NURSERY	19		0	110,886.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	126		0	245,278.00		0.00
SPECIAL CARE SERVICES						
CCU	7		0	23,898.00		0.00
ICU	28		0	98,904.00		0.00
NICU	11		0	96,943.00		0.00
PED ICU	7		0	25,347.00		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	53		0	245,092.00		0.00
TOTAL ACCOMODATIONS	179		0	490,370.00		0.00

Report : CLM-0802-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
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PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	123,505.30	0.00	OTHER LAB	17,157.90	0.00
MED/SURG SUPPLY	8,251.69	1,415.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	123,962.10	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,286.55	0.00	OTHER THERAPEUTIC SVC	6,371.40	0.00
CT SCAN	46,811.76	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,581.40	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,891.35	0.00	MRI SERVICES	7,366.61	0.00
IV THERAPY	9,450.95	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	106,223.40	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	86,710.30	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	74,983.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,224.85	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,146.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	18,612.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,797.90	0.00	INJECTABLE DRUGS	29,882.85	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,997.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,218.75	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	203.90	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,551.98	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,578.85	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	80,564.95	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,802.15	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	20,510.75	702.25			
			TOTAL ANCILLARY	870,646.89	2,117.45
			TOTAL ACCOMODATIONS	490,370.00	0.00
			TOTAL CHARGES	1,361,016.89	2,117.45

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,980,433.91	ADJUSTMENTS	906,946.37
COVERED CHARGES	40,468,445.72	CONTRACTUAL ALLOW	33,932,906.83
NON-COVERD CHARGES	5,511,988.19	TOTAL MEDICAID LIAB	6,535,538.89
		LESS: COB	27,944.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,507,594.66
		ALL OTHER	5,258,450.57
		FEE SCHEDULE-LAB	771,465.92
		INJECTABLE DRUGS	477,678.17
TOTAL NUMBER OF CLAIMS		15,085	

Report : CLM-0804-O
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Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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OUTPATIENT PAID CLAIMS - % OF CHARGES

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THE MEDICAL CENTER OF CENTRAL GEORGIA INC
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MACON, GA 31201-2102

PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	718,675.97	1,403.30	OTHER LAB	98,210.95	2,908.30
MED/SURG SUPPLY	934,009.13	8,093.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	77.00	EDUCATION & TRAINING	0.00	810.40
RADIOLOGY-DIAGNOSTIC	1,460,875.10	122,628.85	OTHER THERAPEUTIC SVC	681,531.55	90,570.15
CT SCAN	2,517,873.47	759,316.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	21,542.60	FEE SCHEDULE LAB	7,321,687.17	165,014.29
EKG/ECG	210,770.05	17,675.00	MRI SERVICES	415,724.95	108,109.25
IV THERAPY	438,727.40	18,170.45	PROFESSIONAL FEES	0.00	0.02
OPERATING ROOM	3,774,714.95	1,231,946.96	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	165,874.25	17,125.85	FREE STANDING CLINIC	0.00	0.05
ANESTHESIA	759,194.55	1,080.30	AMBULANCE	0.00	0.00
GI SERVICES	518,486.78	276,014.02	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,854,394.40	18,331.25	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,827,297.60	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,500.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,509,774.11	934,038.55
RADIOLOGY THERAPEUTIC	190,883.75	4,823.70	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	10,499.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	30,628.70	12,957.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	42,781.20	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,544,042.25	292,782.10	TRAUMA RESPONSE	0.00	229,400.10
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	397,931.67	215,388.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	512,470.80	82,579.40	NO CC/INVALID REV CODE	7,265.70	10,898.55
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	563,591.25	40,540.80			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	203,407.40	85,621.05			
AUDIOLOGY	2,043.22	0.00			
CARDIOLOGY	1,529,903.85	582,097.80			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	89,249.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,189,205.25	103,263.00			
			TOTAL ANCILLARY	40,468,445.72	5,511,988.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	40,468,445.72	5,511,988.19

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022063095802	02/18/22 - 02/18/22	03/07/22	3,632.85	0.00	0.00	0.00	660.88
615	2022083059702	03/16/22 - 03/16/22	03/28/22	3,632.85	0.00	0.00	0.00	660.88
615	2022083059702	03/16/22 - 03/16/22	03/28/22	0.00	3,632.85	0.00	0.00	0.00
615	2022301040953	10/24/22 - 10/24/22	10/31/22	0.00	3,632.85	0.00	0.00	0.00
615	2022310002422	11/02/22 - 11/02/22	11/14/22	0.00	3,632.85	0.00	0.00	0.00
TOTAL				7,265.70	10,898.55	0.00	0.00	1,321.76

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

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SUMMARY TYPE IV
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	666,293.58	ADJUSTMENTS	0.00
COVERED CHARGES	389,044.18	CONTRACTUAL ALLOW	325,114.72
NON-COVERD CHARGES	277,249.40	TOTAL MEDICAID LIAB	63,929.46
		LESS: COB	63,929.46
		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 191

Report : CLM-0806-0
Process : CLMJ0800
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

THE MEDICAL CENTER OF CENTRAL GEORGIA INC
777 HEMLOCK ST
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PROVIDER NUMBER
000001207A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	17,362.25	300.00	OTHER LAB	2,085.55	0.00
MED/SURG SUPPLY	10,088.80	200.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,042.20	0.00	OTHER THERAPEUTIC SVC	9,418.40	1,280.85
CT SCAN	2,487.45	14,097.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	57,676.90	2,789.10
EKG/ECG	1,682.00	0.00	MRI SERVICES	5,146.95	28,461.15
IV THERAPY	10,770.75	723.95	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,279.00	32,845.05	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,914.95	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,767.40	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,109.85	10,219.70	CAST ROOM	0.00	0.00
EMERGENCY ROOM	64,076.30	1,847.45	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	47,359.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	16,274.95	131,096.25
RADIOLOGY THERAPEUTIC	11,215.85	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	685.05	1,370.10	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	19,400.45	1,328.55	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	691.98	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,720.35	14,552.95	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	2,419.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	33,213.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,538.35	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	28,249.25	503.95			
			TOTAL ANCILLARY	389,044.18	277,249.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	389,044.18	277,249.40

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,125,357.25	ADJUSTMENTS	1,678.25
COVERED CHARGES	1,959,344.95	CONTRACTUAL ALLOW	1,912,018.30
NON-COVERD CHARGES	166,012.30	TOTAL MEDICAID LIAB	47,326.65
		LESS: COB	62.29
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	47,264.36

TOTAL NUMBER OF CLAIMS 705

Report : CLM-0808-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,074.15	0.00	OTHER LAB	5,542.35	0.00
MED/SURG SUPPLY	2,717.00	2,204.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	112,711.55	2,211.50	OTHER THERAPEUTIC SVC	37,503.75	1,913.55
CT SCAN	92,312.15	139,133.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	234,006.05	5,060.05
EKG/ECG	20,805.65	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,420.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,283.70	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	890.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,400,806.80	2,774.10	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,458.85	5,762.15
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	487.50	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	1,818.50	305.85	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	281.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,466.10	4,367.30	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,194.95	132.05			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,646.80	1,661.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,405.60	0.00			
			TOTAL ANCILLARY	1,959,344.95	166,012.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,959,344.95	166,012.30

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: 08/05/2023
Run Time: 21:16:04
Page: 13

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,991.70	ADJUSTMENTS	0.00
COVERED CHARGES	27,795.90	CONTRACTUAL ALLOW	27,057.47
NON-COVERD CHARGES	11,195.80	TOTAL MEDICAID LIAB	738.43
		LESS: COB	738.43
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 11

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: 08/05/2023
Run Time: 21:16:04
Page: 14

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	806.35	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	80.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,895.25	0.00	OTHER THERAPEUTIC SVC	638.80	0.00
CT SCAN	0.00	10,129.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,295.75	243.10
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	315.20	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	21,614.55	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	150.00	150.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	673.65	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	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	27,795.90	11,195.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	27,795.90	11,195.80

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,320,333.17	ADJUSTMENTS	228,983.88
COVERED CHARGES	18,674,301.23	CONTRACTUAL ALLOW	17,258,957.07
NON-COVERD CHARGES	1,646,031.94	TOTAL MEDICAID LIAB	1,415,344.16
		LESS: COB	3,695.19
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,411,648.97
TOTAL NUMBER OF CLAIMS		225	

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	216,692.85	0.00	OTHER LAB	2,482.75	0.00
MED/SURG SUPPLY	1,598,169.30	222,902.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	75,825.45	24,661.65	OTHER THERAPEUTIC SVC	21,313.75	3,560.00
CT SCAN	23,928.05	19,630.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	17,855.80	FEE SCHEDULE LAB	156,780.55	3,927.55
EKG/ECG	9,877.85	8,616.15	MRI SERVICES	0.00	0.00
IV THERAPY	37,399.30	2,452.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,867,479.51	424,998.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	72,862.50	694.30	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	234,794.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	63,398.15	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	579,410.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,126,444.40	85,117.10
RADIOLOGY THERAPEUTIC	38,040.85	990.40	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,906.70	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,111.60	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	205.00	1,392.60	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,220,298.52	102,352.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	22,449.60	9,128.10	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	1,185,584.80	707,089.95			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	120,862.55	644.40			
			TOTAL ANCILLARY	18,674,301.23	1,646,031.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,674,301.23	1,646,031.94

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
 Run Time: 21:00:10
 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 01/01/22 THROUGH 12/31/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,392,870.18	ADJUSTMENTS	8,288.29
COVERED CHARGES	2,390,102.44	CONTRACTUAL ALLOW	1,944,336.99
NON-COVERD CHARGES	2,767.74	TOTAL MEDICAID LIAB	445,765.45
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	445,765.45

TOTAL NUMBER OF ADMISSIONS 51

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	161		0	266,430.85		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	161		0	266,430.85		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	35		0	89,760.04		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	35		0	89,760.04		0.00
TOTAL ACCOMODATIONS	196		0	356,190.89		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: 08/05/2023
Run Time: 21:00:10
Page: 2

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER
000001383A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	79,493.31	0.00	OTHER LAB	12,896.69	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	579,792.49	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	55,927.53	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	170,553.49	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	19,274.76	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	116,511.78	0.00	MRI SERVICES	4,204.25	0.00
IV THERAPY	42,804.23	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	677.15	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	190,151.66	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	170,606.71	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,292.14	0.00	INJECTABLE DRUGS	495,127.91	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	7,477.96	0.00	NO CC/INVALID REV CODE	4,542.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	527.51	2,767.74			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	79,324.62	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,725.36	0.00			
			TOTAL ANCILLARY	2,033,911.55	2,767.74
			TOTAL ACCOMODATIONS	356,190.89	0.00
			TOTAL CHARGES	2,390,102.44	2,767.74

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

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

Run Date: 08/05/2023
Run Time: 21:00:10
Page: 3

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022293103920	09/12/22 - 09/13/22	10/24/22	4,542.00	0.00	0.00	0.00	0.00
TOTAL				4,542.00	0.00	0.00	0.00	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: 08/05/2023
Run Time: 21:00:10
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ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSWORTH,GA 30705-2029

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000001383A	SERVICE DATES	01/01/22	THROUGH	12/31/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

ADVENTIST HEALTH SYSTEM GEORGIA INC
707 OLD DALTON ELLIJAY RD
CHATSORTH,GA 30705-2029

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	114,357.91
CONTRACTUAL ALLOW	7,513,520.91
TOTAL MEDICAID LIAB	893,156.70
LESS: COB	125.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	893,031.70
ALL OTHER	746,739.99
FEE SCHEDULE-LAB	137,798.54
INJECTABLE DRUGS	8,493.17

TOTAL NUMBER OF CLAIMS	2,175
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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: 08/05/2023
Run Time: 21:00:10
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	55,849.69	53,031.60	OTHER LAB	54,129.73	0.00
MED/SURG SUPPLY	2,884.61	713.24	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	64.84
RADIOLOGY-DIAGNOSTIC	390,630.96	9,372.64	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,100,914.70	86,633.77	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	394,445.66	24,524.20	FEE SCHEDULE LAB	1,961,545.84	152,998.53
EKG/ECG	259,994.97	7,644.45	MRI SERVICES	122,667.81	0.00
IV THERAPY	848,521.88	28,419.58	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	251,149.80	65,009.15	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,502.10	6,446.17	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	99,278.65	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,597.00	2,865.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,289,088.76	9,690.36	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,059.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	538.94
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	255,829.80	54,272.89
RADIOLOGY THERAPEUTIC	1,253.85	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,269.15	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	115.55	2,424.06	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	41,890.11	5,909.32	NO CC/INVALID REV CODE	99,530.16	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,118.01	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	52,755.00	34,727.46			
AMBULATORY SURGERY	155.74	311.48			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	55,499.08	0.00			
			TOTAL ANCILLARY	8,406,677.61	545,597.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,406,677.61	545,597.68

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: 08/05/2023
Run Time: 21:00:10
Page: 7

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022083069282	03/17/22 - 03/17/22	03/28/22	3,919.71	0.00	0.00	0.00	500.81
614	2022093002319	03/30/22 - 03/30/22	04/11/22	4,059.15	0.00	0.00	0.00	518.62
614	2022098090941	04/04/22 - 04/04/22	04/18/22	4,257.74	0.00	0.00	0.00	543.99
614	2022122034680	04/28/22 - 04/28/22	05/09/22	4,963.44	0.00	0.00	0.00	634.16
614	2222143002585	05/04/22 - 05/04/22	05/30/22	4,235.03	0.00	0.00	0.00	541.10
614	2022155024067	05/26/22 - 05/26/22	06/13/22	4,980.78	0.00	0.00	0.00	636.38
614	2022178030592	06/23/22 - 06/23/22	07/04/22	3,919.71	0.00	0.00	0.00	500.81
614	2022198002569	07/13/22 - 07/13/22	07/25/22	5,189.00	0.00	0.00	0.00	662.98
614	2022202079014	07/15/22 - 07/15/22	07/25/22	4,814.76	0.00	0.00	0.00	615.17
614	2022206029826	07/19/22 - 07/19/22	08/01/22	3,919.71	0.00	0.00	0.00	500.81
614	2022221059397	08/03/22 - 08/03/22	08/15/22	4,963.44	0.00	0.00	0.00	634.16
614	2022221059399	08/04/22 - 08/04/22	08/15/22	4,980.78	0.00	0.00	0.00	636.38
614	2022234030405	08/11/22 - 08/11/22	08/29/22	3,919.71	0.00	0.00	0.00	500.81
614	2022249055853	08/25/22 - 08/25/22	09/12/22	4,130.25	0.00	0.00	0.00	456.09
614	2022269027577	09/19/22 - 09/19/22	10/03/22	3,919.71	0.00	0.00	0.00	432.84
614	2022287073473	10/10/22 - 10/10/22	10/24/22	3,919.71	0.00	0.00	0.00	432.84
614	2022294079739	10/17/22 - 10/17/22	10/31/22	3,112.90	0.00	0.00	0.00	343.74
614	2022296002078	10/19/22 - 10/19/22	10/31/22	3,919.71	0.00	0.00	0.00	432.84
614	2022306084758	10/20/22 - 10/20/22	11/07/22	4,937.42	0.00	0.00	0.00	545.21
614	2022314092583	11/02/22 - 11/02/22	11/14/22	3,919.71	0.00	0.00	0.00	432.84
614	2022320054650	11/09/22 - 11/09/22	11/21/22	4,980.78	0.00	0.00	0.00	550.00
614	2023068108927	12/02/22 - 12/02/22	03/13/23	4,965.19	0.00	0.00	0.00	548.28
614	2323124000110	10/13/22 - 10/13/22	05/29/23	3,601.82	0.00	0.00	0.00	397.73
TOTAL				99,530.16	0.00	0.00	0.00	11,998.59

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,842.94	ADJUSTMENTS	0.00
COVERED CHARGES	9,978.96	CONTRACTUAL ALLOW	8,991.50
NON-COVERD CHARGES	9,863.98	TOTAL MEDICAID LIAB	987.46
		LESS: COB	987.46
		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		2	

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	145.41	255.74	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	6,005.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,670.81	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,241.41	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	846.43	3,603.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,927.15	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,936.13	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,211.62	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	9,978.96	9,863.98
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,978.96	9,863.98

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	464,666.62	ADJUSTMENTS	391.60
COVERED CHARGES	445,404.20	CONTRACTUAL ALLOW	433,107.96
NON-COVERD CHARGES	19,262.42	TOTAL MEDICAID LIAB	12,296.24
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,296.24

TOTAL NUMBER OF CLAIMS 157

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	941.76	535.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	356.62	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,797.09	505.41	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	69,707.32	12,510.87	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	79,872.14	3,599.71
EKG/ECG	6,949.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	35,726.72	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	249.50	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	217,695.39	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,968.90	624.73
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	1,495.88	1,130.08	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	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	445,404.20	19,262.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	445,404.20	19,262.42

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 01/01/22 THROUGH 12/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	9,659.82	ADJUSTMENTS 0.00
COVERED CHARGES	9,124.42	CONTRACTUAL ALLOW 8,889.46
NON-COVERD CHARGES	535.40	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 : 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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	1,429.87	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,248.36	468.89
EKG/ECG	694.95	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	169.30	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	5,518.10	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	63.84	66.51
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	9,124.42	535.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,124.42	535.40

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	66,484.92	ADJUSTMENTS	6,181.43
COVERED CHARGES	61,092.55	CONTRACTUAL ALLOW	54,911.12
NON-COVERD CHARGES	5,392.37	TOTAL MEDICAID LIAB	6,181.43
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,181.43

TOTAL NUMBER OF CLAIMS 1

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	3,677.69	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	694.95	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	47,264.00	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	7,247.00	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	1,543.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	665.91	36.28
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	5,356.09
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	61,092.55	5,392.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	61,092.55	5,392.37

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: 08/05/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 21:37:13
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,819,286.65	ADJUSTMENTS	50,111.24
COVERED CHARGES	1,806,608.65	CONTRACTUAL ALLOW	1,153,359.65
NON-COVERD CHARGES	12,678.00	TOTAL MEDICAID LIAB	653,249.00
		LESS: COB	2,526.19
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	650,722.81

TOTAL NUMBER OF ADMISSIONS 114

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	234		0	198,358.00		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	234		0	198,358.00		0.00
SPECIAL CARE SERVICES						
CCU	229		0	225,336.00		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	229		0	225,336.00		0.00
TOTAL ACCOMODATIONS	463		0	423,694.00		0.00

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

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

Run Date: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	364,754.75	0.00	OTHER LAB	8,351.95	0.00
MED/SURG SUPPLY	1,660.65	0.00	RECREATIONAL THERAPY	1,074.90	0.00
LABORATORY-GENERAL	300,112.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,423.65	0.00	OTHER THERAPEUTIC SVC	52,226.15	0.00
CT SCAN	110,159.70	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,583.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,912.40	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	21,891.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	738.90	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	200,030.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	689.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,049.45	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	126,123.95	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	543.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	37,007.40	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,370.95	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22.80	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,102.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,604.40	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	48,171.25	12,678.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	24,683.15	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	38,626.30	0.00			
			TOTAL ANCILLARY	1,382,914.65	12,678.00
			TOTAL ACCOMODATIONS	423,694.00	0.00
			TOTAL CHARGES	1,806,608.65	12,678.00

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: 08/05/2023
Run Time: 21:37:13
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,187.60	ADJUSTMENTS	0.00
COVERED CHARGES	17,187.60	CONTRACTUAL ALLOW	11,249.91
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,937.69
		LESS: COB	5,937.69
		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	9		0	7,641.00		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	9		0	7,641.00		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	9		0	7,641.00		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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,592.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	76.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,271.65	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	309.10	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	0.00	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	759.30	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	665.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	676.90	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	195.85	0.00			
			TOTAL ANCILLARY	9,546.60	0.00
			TOTAL ACCOMODATIONS	7,641.00	0.00
			TOTAL CHARGES	17,187.60	0.00

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,304,992.65	ADJUSTMENTS	154,511.65
COVERED CHARGES	2,109,574.40	CONTRACTUAL ALLOW	1,560,587.06
NON-COVERD CHARGES	195,418.25	TOTAL MEDICAID LIAB	548,987.34
		LESS: COB	1,988.99
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	546,998.35
		ALL OTHER	464,451.68
		FEE SCHEDULE-LAB	76,507.34
		INJECTABLE DRUGS	6,039.33
TOTAL NUMBER OF CLAIMS		1,349	

Report : CLM-0804-O
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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	52,897.55	804.00	OTHER LAB	22,607.55	145.30
MED/SURG SUPPLY	5,408.05	85.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	82,745.05	2,588.85	OTHER THERAPEUTIC SVC	107,252.10	13,762.95
CT SCAN	382,409.55	87,552.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,472.40	2,498.30	FEE SCHEDULE LAB	548,441.10	8,314.45
EKG/ECG	21,218.75	121.25	MRI SERVICES	11,716.45	3,177.50
IV THERAPY	43,506.95	1,914.65	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,253.40	757.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,186.70	17,181.95	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,045.95	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,961.15	7,974.10	CAST ROOM	0.00	0.00
EMERGENCY ROOM	566,801.75	3,153.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,025.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	59,122.75	36,542.30
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,352.65	343.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,201.55	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	462.25	641.60	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	45,806.50	5,444.80	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,626.85	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,355.85	2,136.80			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	58,336.05	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	25,360.25	277.80			
			TOTAL ANCILLARY	2,109,574.40	195,418.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,109,574.40	195,418.25

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,305.95	ADJUSTMENTS	0.00
COVERED CHARGES	13,024.05	CONTRACTUAL ALLOW	9,793.38
NON-COVERD CHARGES	4,281.90	TOTAL MEDICAID LIAB	3,230.67
		LESS: COB	3,230.67
		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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	255.10	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	1,435.05	0.00	OTHER THERAPEUTIC SVC	1,579.65	0.00
CT SCAN	0.00	3,287.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,441.75	64.00
EKG/ECG	121.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	131.10	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	223.60	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	5,786.55	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	50.00	930.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	13,024.05	4,281.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,024.05	4,281.90

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 01/01/22 THROUGH 12/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	206,127.45	ADJUSTMENTS 630.00
COVERED CHARGES	189,207.50	CONTRACTUAL ALLOW 176,747.50
NON-COVERD CHARGES	16,919.95	TOTAL MEDICAID LIAB 12,460.00
		LESS: COB 66.84
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 12,393.16
TOTAL NUMBER OF CLAIMS		178

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,012.70	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	132.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,249.80	394.95	OTHER THERAPEUTIC SVC	11,587.65	179.40
CT SCAN	16,472.10	12,844.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	35,020.25	687.50
EKG/ECG	2,303.75	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,820.05	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	101,779.10	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	5,829.90	2,813.40
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	189,207.50	16,919.95
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	189,207.50	16,919.95

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,815.80	ADJUSTMENTS	0.00
COVERED CHARGES	1,613.35	CONTRACTUAL ALLOW	1,543.35
NON-COVERD CHARGES	2,202.45	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 : 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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	2,132.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	532.25	0.00
EKG/ECG	121.25	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	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	959.85	0.00	SPECIAL SERVICES	0.00	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	69.85
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	1,613.35	2,202.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,613.35	2,202.45

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	75,694.80	ADJUSTMENTS	0.00
COVERED CHARGES	72,443.25	CONTRACTUAL ALLOW	62,230.95
NON-COVERD CHARGES	3,251.55	TOTAL MEDICAID LIAB	10,212.30
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,212.30

TOTAL NUMBER OF CLAIMS2

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	300.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	70.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	370.25	0.00	OTHER THERAPEUTIC SVC	270.90	0.00
CT SCAN	21,841.80	2,310.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,361.60	51.20
EKG/ECG	121.25	121.25	MRI SERVICES	0.00	0.00
IV THERAPY	131.10	443.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	3,268.80	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	42,706.75	325.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	72,443.25	3,251.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	72,443.25	3,251.55

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER 000001581A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	68,421,696.95	ADJUSTMENTS	760,786.45
COVERED CHARGES	68,136,873.48	CONTRACTUAL ALLOW	60,910,274.31
NON-COVERD CHARGES	284,823.47	TOTAL MEDICAID LIAB	7,226,599.17
		LESS: COB	16,197.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,210,401.62

TOTAL NUMBER OF ADMISSIONS 529

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,567		0	2,053,568.00		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	1,567		0	2,053,568.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	2,090		0	5,458,947.30		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	2,090		0	5,458,947.30		0.00
TOTAL ACCOMODATIONS	3,657		0	7,512,515.30		0.00

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

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

Run Date: 08/05/2023
Run Time: 21:03:46
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,143,116.00	0.00	OTHER LAB	502,992.03	0.00
MED/SURG SUPPLY	3,495,882.80	2,188.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,755,352.05	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,465,539.45	0.00	OTHER THERAPEUTIC SVC	0.00	4,202.88
CT SCAN	5,761,664.15	75,559.39	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,276,828.36	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	567,700.00	0.00	MRI SERVICES	1,287,554.87	0.11
IV THERAPY	66,767.79	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,785,293.24	37,618.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,514,430.40	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	960,874.51	0.00	AMBULANCE	0.00	11,093.12
GI SERVICES	110,808.41	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,858,857.65	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	482,995.33	0.00	DRUG-SPECIFIC/HOME IV	0.00	7,535.98
LABORATORY PATHOLOGIC	304,367.80	0.00	INJECTABLE DRUGS	5,522,950.47	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,051,873.10	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	219,460.42	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	222,319.48	17,499.60	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	638.12	1,397.80	TRAUMA RESPONSE	0.00	84,332.16
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,857,646.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	629,081.76	30,451.68	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	408,120.61	12,944.19			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	412,072.03	0.05			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,785,184.19	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	59,524.92	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	114,462.24	0.00			
			TOTAL ANCILLARY	60,624,358.18	284,823.47
			TOTAL ACCOMODATIONS	7,512,515.30	0.00
			TOTAL CHARGES	68,136,873.48	284,823.47

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

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

Run Date: 08/05/2023
Run Time: 21:03:46
Page: 3

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2021272059876	08/29/21 - 09/17/21	10/04/21	0.00	0.00	0.00	0.00	0.00
24	2021319038719	10/22/21 - 11/04/21	11/22/21	0.00	0.00	0.00	0.00	0.00
24	2022068067590	10/21/21 - 11/05/21	03/14/22	0.00	0.00	0.00	0.00	0.00
24	2022091092164	03/10/22 - 03/24/22	04/11/22	0.00	0.00	0.00	0.00	0.00
24	2022165068815	12/15/21 - 01/14/22	06/20/22	0.00	0.00	0.00	0.00	0.00
24	2022195013008	06/23/22 - 07/08/22	07/18/22	0.00	0.00	0.00	0.00	0.00
24	5922258000010	04/15/22 - 05/06/22	09/19/22	0.00	0.00	0.00	0.00	0.00
TOTAL				0.00	0.00	0.00	0.00	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: 08/05/2023
Run Time: 21:03:46
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME,GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 21:03:46
Page: 5

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME,GA 30165-1415

PROVIDER NUMBER 000001581A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,022,954.00	ADJUSTMENTS	114,375.13
COVERED CHARGES	24,236,019.39	CONTRACTUAL ALLOW	22,957,637.63
NON-COVERD CHARGES	3,786,934.61	TOTAL MEDICAID LIAB	1,278,381.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,278,381.76
		ALL OTHER	1,135,761.95
		FEE SCHEDULE-LAB	119,725.59
		INJECTABLE DRUGS	22,894.22
TOTAL NUMBER OF CLAIMS		2,554	

Report : CLM-0804-O
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: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	83,381.09	75,640.63	OTHER LAB	197,851.73	0.00
MED/SURG SUPPLY	786,991.05	252,453.08	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	27.50	0.00
RADIOLOGY-DIAGNOSTIC	1,337,538.64	45,085.81	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,053,911.47	806,295.94	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	186,813.79	192,689.01	FEE SCHEDULE LAB	5,193,685.29	182,461.00
EKG/ECG	553,479.90	3,338.32	MRI SERVICES	284,577.54	87,533.85
IV THERAPY	574,404.54	661.20	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,102,769.02	306,024.29	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	38,176.72	929.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	548,148.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	112,045.32	48,318.49	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,044,936.46	1,514.70	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	359,684.93	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	323,644.85	113,166.73
RADIOLOGY THERAPEUTIC	22,914.10	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	20,393.56	100,429.02	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,200.30	22,463.84	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	63,910.97	3,193.06	TRAUMA RESPONSE	0.00	142,310.52
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	403,112.00	421,784.00
LITHOTRIPSY	370,200.63	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	109,301.54	50,351.96	NO CC/INVALID REV CODE	0.00	13,357.06
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,711.39	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	444,241.86	63,213.40			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,864,394.44	853,719.70			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,238.02	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	125,332.24	0.00			
			TOTAL ANCILLARY	24,236,019.39	3,786,934.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,236,019.39	3,786,934.61

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

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

Run Date: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	5921313001468	09/19/21 - 09/19/21	11/15/21	0.00	13,357.06	0.00	0.00	0.00
TOTAL				0.00	13,357.06	0.00	0.00	0.00

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

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

Run Date: 08/05/2023
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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	141,725.25	ADJUSTMENTS	0.00
COVERED CHARGES	93,580.29	CONTRACTUAL ALLOW	89,433.10
NON-COVERD CHARGES	48,144.96	TOTAL MEDICAID LIAB	4,147.19
		LESS: COB	4,147.19
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/05/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,685.04	0.00	OTHER LAB	2,903.13	0.00
MED/SURG SUPPLY	14.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,110.37	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,519.26	35,771.87	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	34,908.90	0.00
EKG/ECG	1,669.16	0.00	MRI SERVICES	0.00	6,301.19
IV THERAPY	7,037.54	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	27,732.89	0.00	SPECIAL SERVICES	0.00	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	6,071.90	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	93,580.29	48,144.96
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	93,580.29	48,144.96

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

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

Run Date: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME,GA 30165-1415

PROVIDER NUMBER 000001581A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	949,391.07	ADJUSTMENTS	0.00
COVERED CHARGES	887,748.29	CONTRACTUAL ALLOW	877,611.66
NON-COVERD CHARGES	61,642.78	TOTAL MEDICAID LIAB	10,136.63
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,136.63

TOTAL NUMBER OF CLAIMS 151

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: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,531.00	496.53	OTHER LAB	10,868.50	0.00
MED/SURG SUPPLY	583.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	66,956.12	2,753.51	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	317,972.66	41,994.49	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	193,427.83	2,178.76
EKG/ECG	15,486.10	0.00	MRI SERVICES	0.00	9,803.62
IV THERAPY	29,924.65	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	237,532.64	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,685.06	4,289.69
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	126.18	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,780.73	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	887,748.29	61,642.78
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	887,748.29	61,642.78

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

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	4,497.23
COVERED CHARGES	4,497.23
NON-COVERD CHARGES	0.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	4,362.97
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
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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: 08/05/2023
Run Time: 21:03:46
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	961.86	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	1,442.95	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	2,092.42	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	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	4,497.23	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,497.23	0.00

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

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	4,585,625.63
COVERED CHARGES	3,991,550.03
NON-COVERD CHARGES	594,075.60

-----PAYMENTS-----	
ADJUSTMENTS	11,413.24
CONTRACTUAL ALLOW	3,890,768.63
TOTAL MEDICAID LIAB	100,781.40
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	100,781.40

TOTAL NUMBER OF CLAIMS	18
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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: 08/05/2023
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REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8,652.52	4,395.78	OTHER LAB	2,691.25	0.00
MED/SURG SUPPLY	102,276.00	28,111.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,097.12	1,168.12	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	19,382.42	FEE SCHEDULE LAB	48,788.65	0.00
EKG/ECG	17,464.36	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,510,386.54	59,414.74	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	711.54	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	79,890.31	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	66,216.67	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,944.76	1,159.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	10,328.48	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,873,801.00	393,486.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	248,934.63	76,629.46			
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	9,694.68	0.00			
			TOTAL ANCILLARY	3,991,550.03	594,075.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,991,550.03	594,075.60

Report : CLM-0814-O
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

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	425,690.00	ADJUSTMENTS	0.00
COVERED CHARGES	348,875.94	CONTRACTUAL ALLOW	337,462.70
NON-COVERD CHARGES	76,814.06	TOTAL MEDICAID LIAB	11,413.24
		LESS: COB	11,413.24
		LESS: COPAYMENT	0.00
		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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

REDMOND PARK HOSPITAL LLC
501 REDMOND RD
ROME, GA 30165-1415

PROVIDER NUMBER
000001581A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,586.93	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	16,696.00	848.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,902.01	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	743.17	FEE SCHEDULE LAB	3,921.38	0.00
EKG/ECG	1,607.34	772.76	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	155,881.78	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	7,898.81	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	5,130.89	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	1,891.13	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	139,455.00	72,559.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,550.12	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,245.68	0.00			
			TOTAL ANCILLARY	348,875.94	76,814.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	348,875.94	76,814.06

** 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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	187,074,485.28	ADJUSTMENTS	20,868,634.92
COVERED CHARGES	186,681,922.78	CONTRACTUAL ALLOW	134,001,649.96
NON-COVERD CHARGES	392,562.50	TOTAL MEDICAID LIAB	52,680,272.82
		LESS: COB	421,515.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	52,258,757.82

TOTAL NUMBER OF ADMISSIONS 2,132

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,587		0	30,685,788.00		0.00
ROUTINE NURSERY	1,224		0	6,439,061.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11,811		0	37,124,849.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	189		0	1,968,000.00		0.00
PED ICU	3,409		0	28,027,881.50		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	3,598		0	29,995,881.50		0.00
TOTAL ACCOMODATIONS	15,409		0	67,120,730.50		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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	27,832,994.81	0.00	OTHER LAB	249,946.00	0.00
MED/SURG SUPPLY	2,854,521.27	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,548,137.03	0.00	EDUCATION & TRAINING	174.00	0.00
RADIOLOGY-DIAGNOSTIC	1,762,043.00	0.00	OTHER THERAPEUTIC SVC	23,632.50	67,569.00
CT SCAN	1,668,863.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	927,685.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	91,969.50	0.00	MRI SERVICES	1,900,531.00	0.00
IV THERAPY	1,213,071.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,866,785.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,616,849.58	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,417,586.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,816.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,984,409.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	585,608.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	575,706.50	0.00	INJECTABLE DRUGS	1,608.00	0.00
RADIOLOGY THERAPEUTIC	34,977.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	547,663.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	421,498.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	46,605.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,637.50	8,055.50	TRAUMA RESPONSE	0.00	26,518.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,433,881.09	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	419,379.00	10,294.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,585,364.00	27,624.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	41,387.50	12,714.50			
AUDIOLOGY	45,559.00	0.00			
CARDIOLOGY	834,413.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,754,078.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,312,416.50	193,182.00			
			TOTAL ANCILLARY	119,561,192.28	392,562.50
			TOTAL ACCOMODATIONS	67,120,730.50	0.00
			TOTAL CHARGES	186,681,922.78	392,562.50

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,539,024.56	ADJUSTMENTS	0.00
COVERED CHARGES	8,519,890.56	CONTRACTUAL ALLOW	6,686,859.58
NON-COVERD CHARGES	19,134.00	TOTAL MEDICAID LIAB	1,833,030.98
		LESS: COB	1,833,030.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 119

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	410		0	1,115,411.00		0.00
ROUTINE NURSERY	58		0	247,798.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	468		0	1,363,209.00		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	164		0	1,407,932.50		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	164		0	1,407,932.50		0.00
TOTAL ACCOMODATIONS	632		0	2,771,141.50		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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,217,102.52	0.00	OTHER LAB	11,822.50	0.00
MED/SURG SUPPLY	68,196.62	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	613,823.31	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	70,843.50	0.00	OTHER THERAPEUTIC SVC	675.00	2,649.00
CT SCAN	74,356.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	55,993.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,519.00	0.00	MRI SERVICES	71,947.50	0.00
IV THERAPY	5,438.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	978,535.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	797,220.48	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	317,399.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	311,607.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	44,405.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	7,764.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	6,555.50	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	24,485.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	13,229.50	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	690.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	545,284.13	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	19,811.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	27,840.50	1,726.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	262.50	0.00			
CARDIOLOGY	22,041.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	357,581.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	81,010.50	14,068.50			
			TOTAL ANCILLARY	5,748,749.06	19,134.00
			TOTAL ACCOMODATIONS	2,771,141.50	0.00
			TOTAL CHARGES	8,519,890.56	19,134.00

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	73,014,914.34	ADJUSTMENTS	368,994.24
COVERED CHARGES	68,557,339.46	CONTRACTUAL ALLOW	48,869,753.96
NON-COVERD CHARGES	4,457,574.88	TOTAL MEDICAID LIAB	19,687,585.50
		LESS: COB	85,397.49
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	19,602,188.01
		ALL OTHER	13,973,876.04
		FEE SCHEDULE-LAB	633,916.41
		INJECTABLE DRUGS	4,994,395.56
TOTAL NUMBER OF CLAIMS		20,556	

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	956,308.70	1,113.00	OTHER LAB	349,886.50	1,134.50
MED/SURG SUPPLY	1,592,375.27	4,094.35	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	87.00
RADIOLOGY-DIAGNOSTIC	2,271,804.50	28,250.00	OTHER THERAPEUTIC SVC	0.00	2,240.00
CT SCAN	2,068,882.50	123,480.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,516,261.50	63,946.50	FEE SCHEDULE LAB	11,750,979.21	554,272.62
EKG/ECG	30,295.50	1,330.50	MRI SERVICES	5,971,688.50	286,182.00
IV THERAPY	1,622,358.00	53,897.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,720,540.10	555,157.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	333,404.15	33,651.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,473,377.50	6,974.00	AMBULANCE	0.00	0.00
GI SERVICES	24,321.50	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,533,822.00	55,629.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	909,101.50	1,635.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,225,961.71	1,428,345.10
RADIOLOGY THERAPEUTIC	381,931.00	3,602.50	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	575,126.00	54,274.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	568,428.50	156,840.50	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	1,658,982.46	57,930.98	TRAUMA RESPONSE	0.00	44,815.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	261,823.36	982.32
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	932,933.50	60,191.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	847,633.50	31,201.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	132,542.00	17,190.50			
AUDIOLOGY	278,369.00	27,357.00			
CARDIOLOGY	33,429.50	28,946.50			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,065,965.50	71,031.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,468,806.50	701,790.50			
			TOTAL ANCILLARY	68,557,339.46	4,457,574.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,557,339.46	4,457,574.88

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,026,336.52	ADJUSTMENTS	0.00
COVERED CHARGES	4,137,937.65	CONTRACTUAL ALLOW	3,068,807.85
NON-COVERD CHARGES	888,398.87	TOTAL MEDICAID LIAB	1,069,129.80
		LESS: COB	1,069,129.80
		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			1,239

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	71,373.77	412.50	OTHER LAB	18,206.00	0.00
MED/SURG SUPPLY	130,731.36	0.01	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	175,824.00	5,347.00	OTHER THERAPEUTIC SVC	0.00	448.00
CT SCAN	82,566.00	12,236.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	85,312.00	2,918.50	FEE SCHEDULE LAB	518,842.75	23,986.25
EKG/ECG	3,104.50	0.00	MRI SERVICES	312,775.00	58,714.00
IV THERAPY	33,093.00	1,614.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	810,132.00	94,849.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,818.53	1,517.51	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	301,270.50	591.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	454,792.50	7,840.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	98,329.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	272,098.66	548,432.60
RADIOLOGY THERAPEUTIC	123,195.50	2,467.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	10,081.50	265.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	39,666.00	9,939.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	93,570.49	5,890.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	19,846.59	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	71,994.50	5,818.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	64,438.00	119.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	31,256.50	1,287.00			
AUDIOLOGY	12,009.50	4,708.50			
CARDIOLOGY	3,404.00	4,028.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	141,028.50	64,819.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	137,176.50	30,149.00			
			TOTAL ANCILLARY	4,137,937.65	888,398.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,137,937.65	888,398.87

Report : CLM-0806-O
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
932	2022054071353	01/31/22 - 01/31/22	02/28/22	0.00	0.00	0.00	11.68	0.00
TOTAL				0.00	0.00	0.00	11.68	0.00

Report : CLM-0808-O
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,006,708.84	ADJUSTMENTS	67.13
COVERED CHARGES	962,959.59	CONTRACTUAL ALLOW	936,644.63
NON-COVERD CHARGES	43,749.25	TOTAL MEDICAID LIAB	26,314.96
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,314.96
TOTAL NUMBER OF CLAIMS		392	

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,956.50	0.00	OTHER LAB	5,659.00	0.00
MED/SURG SUPPLY	27,085.88	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	38,738.00	8,408.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,091.00	22,585.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	97,638.22	3,636.75
EKG/ECG	887.00	0.00	MRI SERVICES	4,295.00	0.00
IV THERAPY	15,464.50	1,739.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,259.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	316.50	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	709,630.00	667.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,179.50	976.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	100.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,154.99	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,548.50	5,256.00	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	481.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,956.00	0.00			
			TOTAL ANCILLARY	962,959.59	43,749.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	962,959.59	43,749.25

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	119,905.51
COVERED CHARGES	117,501.25
NON-COVERD CHARGES	2,404.26

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	114,883.18
TOTAL MEDICAID LIAB	2,618.07
LESS: COB	2,618.07
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	39
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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,036.50	0.00	OTHER LAB	2,322.00	0.00
MED/SURG SUPPLY	7,712.79	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,516.50	1,340.00	OTHER THERAPEUTIC SVC	0.00	448.00
CT SCAN	4,361.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	13,708.71	114.51
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	76,186.00	214.50	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	508.25	287.25
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	1,845.50	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	3,304.00	0.00			
			TOTAL ANCILLARY	117,501.25	2,404.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	117,501.25	2,404.26

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,193,213.67	ADJUSTMENTS	0.00
COVERED CHARGES	8,863,558.43	CONTRACTUAL ALLOW	7,291,911.51
NON-COVERD CHARGES	329,655.24	TOTAL MEDICAID LIAB	1,571,646.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,571,646.92

TOTAL NUMBER OF CLAIMS 162

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53,752.75	0.00	OTHER LAB	6,094.00	0.00
MED/SURG SUPPLY	130,735.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	40,652.50	7,230.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	54,767.50	22,708.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,474.00	7,865.50	FEE SCHEDULE LAB	125,053.59	4,126.00
EKG/ECG	0.00	0.00	MRI SERVICES	86,985.00	5,532.00
IV THERAPY	90,605.00	1,997.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,118,506.01	164,563.99	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,983.01	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	789,908.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	55,545.00	214.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	102,716.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,148,599.50	60,124.25
RADIOLOGY THERAPEUTIC	23,152.00	327.50	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	299.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,056.00	632.00	TRAUMA RESPONSE	0.00	1,664.50
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,763,214.64	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,520.00	1,878.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,648.50	3,616.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,267.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	30,223.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	200,098.50	46,875.50			
			TOTAL ANCILLARY	8,863,558.43	329,655.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,863,558.43	329,655.24

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

CHILDREN'S HEALTHCARE OF ATLANTA	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
1001 JOHNSON FERRY RD NE	000001636A	SERVICE DATES	01/01/22	THROUGH	12/31/22
ATLANTA,GA 30342-1605		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES	797,811.42	ADJUSTMENTS			0.00
COVERED CHARGES	772,085.41	CONTRACTUAL ALLOW			655,565.17
NON-COVERD CHARGES	25,726.01	TOTAL MEDICAID LIAB			116,520.24
		LESS: COB			116,520.24
		LESS: COPAYMENT			0.00
		ADD: ADDON PYMT			0.00
		REIMBURSEMENT			0.00
TOTAL NUMBER OF CLAIMS					12

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,960.50	0.00	OTHER LAB	1,015.00	0.00
MED/SURG SUPPLY	6,382.74	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	1,297.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	661.00	FEE SCHEDULE LAB	4,975.53	864.51
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,399.00	156.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	114,309.00	18,773.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	714.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	46,352.00	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	7,130.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	358,726.50	3,973.50
RADIOLOGY THERAPEUTIC	8,303.50	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	174,677.64	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,272.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,716.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,151.00	0.00			
			TOTAL ANCILLARY	772,085.41	25,726.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	772,085.41	25,726.01

** 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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,391.33	ADJUSTMENTS	0.00
COVERED CHARGES	53,636.33	CONTRACTUAL ALLOW	35,148.47
NON-COVERD CHARGES	2,755.00	TOTAL MEDICAID LIAB	18,487.86
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	18,487.86

TOTAL NUMBER OF ADMISSIONS 2

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6		0	4,750.00		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	6		0	4,750.00		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	6		0	4,750.00		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: 08/05/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,454.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,575.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,944.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	525.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,675.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	165.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	870.00	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	9,291.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,503.84	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	75.00	0.00	INJECTABLE DRUGS	150.00	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.	3,015.00	1,080.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,318.49	0.00			
			TOTAL ANCILLARY	48,886.33	2,755.00
			TOTAL ACCOMODATIONS	4,750.00	0.00
			TOTAL CHARGES	53,636.33	2,755.00

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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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	375,329.11
COVERED CHARGES	304,364.56
NON-COVERD CHARGES	70,964.55

-----PAYMENTS-----	
ADJUSTMENTS	7,986.38
CONTRACTUAL ALLOW	197,947.52
TOTAL MEDICAID LIAB	106,417.04
LESS: COB	145.20
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	106,271.84
ALL OTHER	90,138.04
FEE SCHEDULE-LAB	15,724.66
INJECTABLE DRUGS	409.14

TOTAL NUMBER OF CLAIMS	453
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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: 08/05/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,726.00	4,710.00	OTHER LAB	3,449.00	0.00
MED/SURG SUPPLY	380.00	31.23	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,566.00	5,186.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,956.04	17,139.07	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,090.00	260.00	FEE SCHEDULE LAB	81,746.00	13,376.00
EKG/ECG	2,700.00	0.00	MRI SERVICES	8,129.01	0.00
IV THERAPY	15,963.00	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	982.00	599.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	38,546.59	828.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,981.00	4,420.25
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	600.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	71,495.00	24,415.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,545.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,658.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,000.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,851.92	0.00			
			TOTAL ANCILLARY	304,364.56	70,964.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	304,364.56	70,964.55

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HIAWASSEE, GA 30546-3408

000001933A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	2
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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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 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	823.00	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	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	823.00	8.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	823.00	8.00

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

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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,787.31
COVERED CHARGES	1,673.31
NON-COVERD CHARGES	114.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	1,393.31
TOTAL MEDICAID LIAB	280.00
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	280.00

TOTAL NUMBER OF CLAIMS	4
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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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	23.00	38.00	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	501.00	76.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	180.00	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	969.31	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	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	1,673.31	114.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,673.31	114.00

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: 08/05/2023
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Page: 10

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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

TOTAL NUMBER OF CLAIMS	1
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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: 08/05/2023
Run Time: 22:06:35
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	110.00	520.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	70.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	350.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,750.00	0.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	235.00	FEE SCHEDULE LAB	2,327.00	88.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,220.00	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	1,008.42	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	255.00	162.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,031.54	0.00			
			TOTAL ANCILLARY	13,121.96	1,005.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,121.96	1,005.01

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: 08/05/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
 Run Time: 22:59:12
 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 10/01/21 THROUGH 09/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,894,999.92	ADJUSTMENTS	254,021.72
COVERED CHARGES	17,753,760.92	CONTRACTUAL ALLOW	13,266,820.94
NON-COVERD CHARGES	141,239.00	TOTAL MEDICAID LIAB	4,486,939.98
		LESS: COB	69,223.90
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,417,716.08

TOTAL NUMBER OF ADMISSIONS 632

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,485		0	1,342,346.00		0.00
ROUTINE NURSERY	188		0	125,432.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,673		0	1,467,778.00		0.00
SPECIAL CARE SERVICES						
CCU	683		0	842,202.00		0.00
ICU	431		0	761,034.00		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	1,114		0	1,603,236.00		0.00
TOTAL ACCOMODATIONS	2,787		0	3,071,014.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 22:59:12
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,651,460.56	41.00	OTHER LAB	51,103.00	0.00
MED/SURG SUPPLY	1,614,837.36	1,912.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,532,903.00	90.00	EDUCATION & TRAINING	1,044.00	0.00
RADIOLOGY-DIAGNOSTIC	218,586.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	969,140.00	5,481.00	SPECIAL CHARGES	152,699.78	0.00
PHYSICAL THERAPY	75,833.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	154,432.00	0.00	MRI SERVICES	110,047.00	0.00
IV THERAPY	711,447.32	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	896,734.00	6,228.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	220,522.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	697,755.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	118,481.00	0.00	AMBULANCE	0.00	1,206.00
GI SERVICES	83,516.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	646,950.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	75,609.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	40,587.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	32,451.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	40,138.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	293,528.00	17,580.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,071.00	20,810.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	341,476.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	132,421.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	172,156.90	76,911.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	117,796.00	10,980.00			
AUDIOLOGY	13,968.00	0.00			
CARDIOLOGY	454,360.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,087.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	53,607.00	0.00			
			TOTAL ANCILLARY	14,682,746.92	141,239.00
			TOTAL ACCOMODATIONS	3,071,014.00	0.00
			TOTAL CHARGES	17,753,760.92	141,239.00

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: 08/05/2023
Run Time: 22:59:12
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	92,382.65	ADJUSTMENTS	0.00
COVERED CHARGES	88,568.65	CONTRACTUAL ALLOW	66,643.06
NON-COVERD CHARGES	3,814.00	TOTAL MEDICAID LIAB	21,925.59
		LESS: COB	21,925.59
		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	10		0	7,600.00		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	7,600.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	3,474.00		0.00
ICU	1		0	1,609.00		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	5,083.00		0.00
TOTAL ACCOMODATIONS	14		0	12,683.00		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: 08/05/2023
Run Time: 22:59:12
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,747.65	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,374.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,342.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,324.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,393.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	479.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	538.00	0.00	MRI SERVICES	7,075.00	0.00
IV THERAPY	3,305.00	0.00	PROFESSIONAL FEES	0.00	3,814.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,761.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,757.00	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	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	5,860.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	474.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,380.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,076.00	0.00			
			TOTAL ANCILLARY	75,885.65	3,814.00
			TOTAL ACCOMODATIONS	12,683.00	0.00
			TOTAL CHARGES	88,568.65	3,814.00

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: 08/05/2023
Run Time: 22:59:12
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 11,210,359.92
COVERED CHARGES 10,378,334.57
NON-COVERD CHARGES 832,025.35

-----PAYMENTS-----
ADJUSTMENTS 578,332.42
CONTRACTUAL ALLOW 8,116,798.32
TOTAL MEDICAID LIAB 2,261,536.25
LESS: COB 644.03
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,260,892.22
ALL OTHER 1,663,240.87
FEE SCHEDULE-LAB 275,067.15
INJECTABLE DRUGS 322,584.20

TOTAL NUMBER OF CLAIMS 5,587

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: 08/05/2023
Run Time: 22:59:12
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	204,304.22	556.64	OTHER LAB	62,131.00	0.00
MED/SURG SUPPLY	455,084.84	5,688.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	116.00
RADIOLOGY-DIAGNOSTIC	382,948.00	5,056.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,448,778.00	30,227.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	148,023.00	12,506.00	FEE SCHEDULE LAB	1,941,634.00	64,463.00
EKG/ECG	152,583.00	0.00	MRI SERVICES	297,718.00	11,123.00
IV THERAPY	358,701.00	1,554.00	PROFESSIONAL FEES	0.00	480.00
OPERATING ROOM	915,494.29	101,251.71	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	150,818.00	2,058.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	111,592.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	212,602.34	14,298.66	CAST ROOM	0.00	0.00
EMERGENCY ROOM	989,529.00	2,102.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	122,936.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	836,399.64	256,732.34
RADIOLOGY THERAPEUTIC	114,130.00	21,092.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,410.00	5,889.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,663.00	1,080.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	5,948.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	204,766.00	5,982.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	37,695.00	7,144.00	IMPL DEV CHARGE PATIENTS	4,064.00	163,540.00
LITHOTRIPSY	13,402.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	219,692.00	7,949.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,834.24	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	396,171.00	52,301.00			
AUDIOLOGY	2,448.00	0.00			
CARDIOLOGY	292,566.00	23,702.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	111,919.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	143,298.00	29,186.00			
			TOTAL ANCILLARY	10,378,334.57	832,025.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,378,334.57	832,025.35

Report : CLM-0806-O
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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COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
MOULTRIE, GA 31776-0040

PROVIDER NUMBER PAYMENT DATES 00/00/00 THROUGH 00/00/00
000002021A SERVICE DATES 10/01/21 THROUGH 09/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	79,385.55	ADJUSTMENTS	0.00
COVERED CHARGES	55,919.01	CONTRACTUAL ALLOW	44,398.58
NON-COVERD CHARGES	23,466.54	TOTAL MEDICAID LIAB	11,520.43
		LESS: COB	11,520.43
		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			28

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	405.46	2,678.98	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,433.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	834.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,772.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,211.00	3,069.00	FEE SCHEDULE LAB	10,990.00	1,705.00
EKG/ECG	723.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,090.00	0.00	PROFESSIONAL FEES	0.00	2,177.00
OPERATING ROOM	9,469.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	220.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,868.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	3,385.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,278.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,120.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	558.55	351.56
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,996.00	856.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,933.00	2,584.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	54.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,986.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,218.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,420.00	0.00			
			TOTAL ANCILLARY	55,919.01	23,466.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	55,919.01	23,466.54

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	165,099.35	ADJUSTMENTS	234.96
COVERED CHARGES	162,994.86	CONTRACTUAL ALLOW	150,620.30
NON-COVERD CHARGES	2,104.49	TOTAL MEDICAID LIAB	12,374.56
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,374.56

TOTAL NUMBER OF CLAIMS 158

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,882.52	0.00	OTHER LAB	2,076.00	0.00
MED/SURG SUPPLY	5,851.00	200.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,509.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,121.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,852.00	832.00
EKG/ECG	3,766.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,043.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,076.00	449.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	70,902.00	118.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,126.34	445.49
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	456.00	60.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,334.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	162,994.86	2,104.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	162,994.86	2,104.49

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	14,307.45
COVERED CHARGES	12,806.00
NON-COVERD CHARGES	1,501.45

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	12,336.08
TOTAL MEDICAID LIAB	469.92
LESS: COB	469.92
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	6
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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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COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	296.00	9.85	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	683.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	562.00	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	3,916.00	54.00
EKG/ECG	538.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,808.00	0.00	PROFESSIONAL FEES	0.00	1,413.00
OPERATING ROOM	0.00	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	4,218.00	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	123.00	24.60
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	662.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	12,806.00	1,501.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,806.00	1,501.45

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,733,976.59
COVERED CHARGES 1,498,527.18
NON-COVERD CHARGES 235,449.41

-----PAYMENTS-----
ADJUSTMENTS 75,629.49
CONTRACTUAL ALLOW 1,257,459.43
TOTAL MEDICAID LIAB 241,067.75
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 241,067.75

TOTAL NUMBER OF CLAIMS 51

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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COLQUITT REGIONAL MEDICAL CTR
3131 SOUTH MAIN ST
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PROVIDER NUMBER
000002021A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,835.64	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	62,836.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,891.00	18,682.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,783.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,074.00	FEE SCHEDULE LAB	10,707.00	638.00
EKG/ECG	1,076.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	42,521.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	129,862.00	1,600.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,250.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,994.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,932.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,273.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	948,599.12	2,721.41
RADIOLOGY THERAPEUTIC	24,339.00	465.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	465.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	201,255.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,144.00	546.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,988.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	183,031.00	7,468.00			
			TOTAL ANCILLARY	1,498,527.18	235,449.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,498,527.18	235,449.41

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:16:14
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,465,970.00	ADJUSTMENTS	0.00
COVERED CHARGES	3,461,003.00	CONTRACTUAL ALLOW	2,569,587.07
NON-COVERD CHARGES	4,967.00	TOTAL MEDICAID LIAB	891,415.93
		LESS: COB	2,889.10
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	10,000.00
		REIMBURSEMENT	898,526.83

TOTAL NUMBER OF ADMISSIONS 206

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,364		0	1,823,503.00		0.00
ROUTINE NURSERY	23		0	18,929.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,387		0	1,842,432.00		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	1,387		0	1,842,432.00		0.00

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

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

Run Date: 08/05/2023
Run Time: 23:16:14
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	634,646.00	0.00	OTHER LAB	7,378.00	0.00
MED/SURG SUPPLY	164,556.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	341,106.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,101.00	743.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,687.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	25,912.00	158.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,336.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,103.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	59,324.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,156.00	1,096.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	17,696.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,008.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,846.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,130.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,976.00	0.00	INJECTABLE DRUGS	219,560.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	564.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	722.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,641.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,725.00	2,970.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	844.00	0.00			
CARDIOLOGY	2,394.00	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	160.00	0.00			
			TOTAL ANCILLARY	1,618,571.00	4,967.00
			TOTAL ACCOMODATIONS	1,842,432.00	0.00
			TOTAL CHARGES	3,461,003.00	4,967.00

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 23:16:14
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,191,341.59	ADJUSTMENTS	6,793.24
COVERED CHARGES	983,796.76	CONTRACTUAL ALLOW	828,595.30
NON-COVERD CHARGES	207,544.83	TOTAL MEDICAID LIAB	155,201.46
		LESS: COB	128.33
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	155,073.13
		ALL OTHER	121,196.28
		FEE SCHEDULE-LAB	32,815.43
		INJECTABLE DRUGS	1,061.42
TOTAL NUMBER OF CLAIMS		824	

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,738.41	27,013.80	OTHER LAB	11,646.00	0.00
MED/SURG SUPPLY	50,306.00	15.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	63,794.00	9,184.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	32,065.00	39,802.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	19,594.00	2,338.00	FEE SCHEDULE LAB	413,968.00	52,788.00
EKG/ECG	8,291.00	91.00	MRI SERVICES	19,054.00	3,981.00
IV THERAPY	73,619.00	1,281.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	27,681.00	45,100.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,477.00	788.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	111,459.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,980.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	45,223.01	11,354.03
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,789.00	4,291.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	165.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,150.00	660.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	52,006.34	7,998.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,249.00	393.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,542.00	467.00			
			TOTAL ANCILLARY	983,796.76	207,544.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	983,796.76	207,544.83

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE,GA 39845-1100

PROVIDER NUMBER000206181A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,068.00	ADJUSTMENTS	0.00
COVERED CHARGES	16,407.00	CONTRACTUAL ALLOW	13,050.04
NON-COVERD CHARGES	1,661.00	TOTAL MEDICAID LIAB	3,356.96
		LESS: COB	3,356.96
		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

8

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	406.00	103.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,397.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	540.00	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	3,269.00	240.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	183.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,995.00	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	2,256.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	285.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,570.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	46.00	285.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	493.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	16,407.00	1,661.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,407.00	1,661.00

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,948.00	ADJUSTMENTS	0.00
COVERED CHARGES	17,795.00	CONTRACTUAL ALLOW	16,385.24
NON-COVERD CHARGES	1,153.00	TOTAL MEDICAID LIAB	1,409.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,409.76

TOTAL NUMBER OF CLAIMS 18

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	504.00	281.00	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	5,337.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,875.00	820.00
EKG/ECG	95.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,778.00	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	6,515.00	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	217.00	52.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	274.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	17,795.00	1,153.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,795.00	1,153.00

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

DONALSONVILLE HOSPITAL INC
102 HOSPITAL CIR
DONALSONVILLE,GA 39845-1100

PROVIDER NUMBER
000206181A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 22:25:27
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,207,891.78	ADJUSTMENTS	113,572.21
COVERED CHARGES	6,178,495.28	CONTRACTUAL ALLOW	5,212,361.38
NON-COVERD CHARGES	29,396.50	TOTAL MEDICAID LIAB	966,133.90
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	966,133.90

TOTAL NUMBER OF ADMISSIONS 164

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	533		0	905,170.00		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	533		0	905,170.00		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	533		0	905,170.00		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: 08/05/2023
Run Time: 22:25:27
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	575,907.75	0.00	OTHER LAB	6,278.00	0.00
MED/SURG SUPPLY	52,766.03	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	514,613.50	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	161,126.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,303.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,724.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,805.00	0.00	MRI SERVICES	13,231.50	0.00
IV THERAPY	68,604.50	0.00	PROFESSIONAL FEES	0.00	916.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,243,611.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	508,415.50	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	132.50	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	2,176.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,142.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	285.00	22,935.50	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	26,038.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,654.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,320.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,333.00	1,403.00			
			TOTAL ANCILLARY	5,273,325.28	29,396.50
			TOTAL ACCOMODATIONS	905,170.00	0.00
			TOTAL CHARGES	6,178,495.28	29,396.50

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: 08/05/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

HUGHES SPALDING CHILDRENS HOSP
35 JESSE HILL JR DR SE
ATLANTA, GA 30303-3032

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	180,616.66
CONTRACTUAL ALLOW	12,293,384.59
TOTAL MEDICAID LIAB	3,125,104.25
LESS: COB	6,438.29
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	3,118,665.96
ALL OTHER	2,614,320.44
FEE SCHEDULE-LAB	144,151.08
INJECTABLE DRUGS	360,194.44

TOTAL NUMBER OF CLAIMS	6,324
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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: 08/05/2023
Run Time: 22:25:27
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	219,284.75	967.00	OTHER LAB	237,324.50	1,816.00
MED/SURG SUPPLY	270,315.65	914.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	578,370.00	15,182.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	246,312.00	19,672.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,042.50	FEE SCHEDULE LAB	2,104,225.00	337,558.25
EKG/ECG	49,963.50	587.00	MRI SERVICES	0.00	0.00
IV THERAPY	199,565.99	11,379.00	PROFESSIONAL FEES	0.00	660.00
OPERATING ROOM	92,082.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	317,458.50	206,052.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,601,571.00	39,516.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,480,520.69	89,434.32
RADIOLOGY THERAPEUTIC	2,398.50	2,583.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	36,406.00	PATIENT CONVENIENCE	0.00	717.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,811,279.76	43,443.49	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	140,775.50	5,505.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,118.00	3,118.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	238.00			
CARDIOLOGY	7,174.50	16,898.50			
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	35,749.00	6,161.00			
			TOTAL ANCILLARY	15,418,488.84	839,851.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,418,488.84	839,851.06

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	59,873.25	ADJUSTMENTS	0.00
COVERED CHARGES	57,597.25	CONTRACTUAL ALLOW	47,019.18
NON-COVERD CHARGES	2,276.00	TOTAL MEDICAID LIAB	10,578.07
		LESS: COB	10,578.07
		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 37

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: 08/05/2023
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Page: 7

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	491.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	743.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,360.50	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	9,778.50	625.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	480.00
OPERATING ROOM	0.00	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	22,093.50	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	50.50	384.50
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	22,079.50	786.50	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	57,597.25	2,276.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	57,597.25	2,276.00

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,126,900.27	ADJUSTMENTS	134.26
COVERED CHARGES	1,081,132.01	CONTRACTUAL ALLOW	1,050,856.38
NON-COVERD CHARGES	45,768.26	TOTAL MEDICAID LIAB	30,275.63
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	30,275.63
TOTAL NUMBER OF CLAIMS		451	

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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,571.00	0.00	OTHER LAB	2,890.00	0.00
MED/SURG SUPPLY	5,748.01	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,513.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,920.00	4,743.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	100,551.50	16,704.00
EKG/ECG	2,348.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,364.50	0.00	PROFESSIONAL FEES	0.00	197.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,345.00	1,113.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	898,487.00	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	20,807.26
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	2,453.50	242.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,710.50	1,961.50	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	1,081,132.01	45,768.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,081,132.01	45,768.26

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	18,184.00
COVERED CHARGES	17,888.00
NON-COVERD CHARGES	296.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	17,552.35
TOTAL MEDICAID LIAB	335.65
LESS: COB	335.65
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	5
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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: 08/05/2023
Run Time: 22:25:27
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	787.00	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	3,796.50	145.00
EKG/ECG	587.00	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	12,685.50	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	151.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	17,888.00	296.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,888.00	296.00

Location: CLMP8000

SUMMARY TYPE VII

Page: 12

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA, GA 30303-3032

000679808A

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

REIMBURSEMENT	50,598.02
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TOTAL NUMBER OF CLAIMS	7
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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: 08/05/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	19.00	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	1,837.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	910.00	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	211,660.25	92.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,622.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	222,048.25	92.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	222,048.25	92.00

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: 08/05/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 22:06:51
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	888,741.50	ADJUSTMENTS	18,739.87
COVERED CHARGES	888,741.50	CONTRACTUAL ALLOW	637,542.48
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	251,199.02
		LESS: COB	5,563.96
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	245,635.06

TOTAL NUMBER OF ADMISSIONS 38

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	132		0	188,679.00		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	132		0	188,679.00		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	132		0	188,679.00		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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	70,487.50	0.00	OTHER LAB	2,452.00	0.00
MED/SURG SUPPLY	461.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	177,174.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	87,263.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,544.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	20,394.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,185.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,070.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	147,910.00	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	75,439.00	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	15,216.00	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	1,265.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	17,330.00	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	53,872.00	0.00			
			TOTAL ANCILLARY	700,062.50	0.00
			TOTAL ACCOMODATIONS	188,679.00	0.00
			TOTAL CHARGES	888,741.50	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: 08/05/2023
Run Time: 22:06:51
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
Run Time: 22:06:51
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,742,748.03
COVERED CHARGES 3,192,615.28
NON-COVERD CHARGES 550,132.75

-----PAYMENTS-----
ADJUSTMENTS 109,446.27
CONTRACTUAL ALLOW 2,644,689.79
TOTAL MEDICAID LIAB 547,925.49
LESS: COB 354.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 547,571.49
ALL OTHER 482,573.39
FEE SCHEDULE-LAB 58,645.20
INJECTABLE DRUGS 6,352.90

TOTAL NUMBER OF CLAIMS 908

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: 08/05/2023
Run Time: 22:06:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,017.25	13,886.19	OTHER LAB	76,661.00	0.00
MED/SURG SUPPLY	354.88	12.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	212,095.70	2,262.36	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	350,955.87	291,062.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	884.00	FEE SCHEDULE LAB	788,591.63	28,576.26
EKG/ECG	148,885.97	10,509.36	MRI SERVICES	0.00	0.00
IV THERAPY	20,575.50	450.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,886.87	11,893.10	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	38,218.99	934.72	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,055.97	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,288,191.85	2,971.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,185.96	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	35,806.34	42,335.64
RADIOLOGY THERAPEUTIC	120,587.00	72,032.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	635.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	596.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,445.00	3,744.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	400.12
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,214.00	4,431.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	761.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,233.00	39,307.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	26,611.00	23,211.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	61,280.50	0.00			
			TOTAL ANCILLARY	3,192,615.28	550,132.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,192,615.28	550,132.75

Report : CLM-0806-O
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: 08/05/2023
Run Time: 22:06:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	22,573.25	ADJUSTMENTS	0.00
COVERED CHARGES	16,935.00	CONTRACTUAL ALLOW	15,378.40
NON-COVERD CHARGES	5,638.25	TOTAL MEDICAID LIAB	1,556.60
		LESS: COB	1,556.60
		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 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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	30.75	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	1,373.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,849.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,782.00	49.00
EKG/ECG	1,854.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,700.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	8,836.00	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	90.00	9.50
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	16,935.00	5,638.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,935.00	5,638.25

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

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

Run Date: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 189,256.00
COVERED CHARGES 172,576.25
NON-COVERD CHARGES 16,679.75

-----PAYMENTS-----
ADJUSTMENTS 872.69
CONTRACTUAL ALLOW 167,205.85
TOTAL MEDICAID LIAB 5,370.40
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 5,370.40

TOTAL NUMBER OF CLAIMS 80

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: 08/05/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	306.25	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	11,923.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,139.00	13,937.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	34,167.00	1,330.00
EKG/ECG	3,090.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,103.00	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	106,029.00	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	1,125.25	1,106.50
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	172,576.25	16,679.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	172,576.25	16,679.75

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: 08/05/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	12,304.00
COVERED CHARGES	9,439.00
NON-COVERD CHARGES	2,865.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	9,170.48
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
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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: 08/05/2023
Run Time: 22:06:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	2,849.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,196.00	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	7,565.00	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	63.00	16.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	615.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	9,439.00	2,865.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,439.00	2,865.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,051,966.00	ADJUSTMENTS	10,172.60
COVERED CHARGES	1,002,090.00	CONTRACTUAL ALLOW	946,140.70
NON-COVERD CHARGES	49,876.00	TOTAL MEDICAID LIAB	55,949.30
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	55,949.30

TOTAL NUMBER OF CLAIMS 11

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14.00	351.00	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	1,248.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,453.00	11,480.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,078.00	FEE SCHEDULE LAB	14,025.00	1,018.00
EKG/ECG	1,854.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,942.00	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	4,576.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,572.00	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	916.00	2,284.00
RADIOLOGY THERAPEUTIC	910,622.00	30,887.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	326.00	1,302.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	5,128.00	476.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,382.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	42,032.00	0.00			
			TOTAL ANCILLARY	1,002,090.00	49,876.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,002,090.00	49,876.00

Report : CLM-0814-O
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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
Run Time: 23:44:39
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,821,545.48
COVERED CHARGES 1,816,876.48
NON-COVERD CHARGES 4,669.00

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 1,319,032.86
TOTAL MEDICAID LIAB 497,843.62
LESS: COB 2,407.77
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 495,435.85

TOTAL NUMBER OF ADMISSIONS 21

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	380		0	978,208.00		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	380		0	978,208.00		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	380		0	978,208.00		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: 08/05/2023
Run Time: 23:44:39
Page: 2

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,146.70	0.00	OTHER LAB	3,272.00	0.00
MED/SURG SUPPLY	7,904.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	91,689.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,026.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,578.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	246,642.00	0.00	FEE SCHEDULE LAB	0.00	0.00
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	15,019.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	286.00	0.00	INJECTABLE DRUGS	71,283.78	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	279,347.00	4,669.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	105,432.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,319.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,370.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	838,668.48	4,669.00
			TOTAL ACCOMODATIONS	978,208.00	0.00
			TOTAL CHARGES	1,816,876.48	4,669.00

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

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

Run Date: 08/05/2023
Run Time: 23:44:39
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2022040090073	09/30/21 - 09/30/21	02/14/22	0.00	0.00	0.00	0.00	0.00
TOTAL				0.00	0.00	0.00	0.00	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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	21,133.00
COVERED CHARGES	20,451.00
NON-COVERD CHARGES	682.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	16,407.69
TOTAL MEDICAID LIAB	4,043.31
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	4,043.31
ALL OTHER	3,997.54
FEE SCHEDULE-LAB	45.77
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS	23
------------------------	----

Report : CLM-0804-O
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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	19,711.00	640.00	FEE SCHEDULE LAB	740.00	42.00
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	20,451.00	682.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,451.00	682.00

Report : CLM-0806-O
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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,156.36	ADJUSTMENTS	0.00
COVERED CHARGES	147.36	CONTRACTUAL ALLOW	138.83
NON-COVERD CHARGES	1,009.00	TOTAL MEDICAID LIAB	8.53
		LESS: COB	8.53
		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			1

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: 08/05/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	567.00	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	147.36	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	442.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	147.36	1,009.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	147.36	1,009.00

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

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

Run Date: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/05/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/05/2023
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,163,675.57	ADJUSTMENTS	464,947.89
COVERED CHARGES	15,068,077.62	CONTRACTUAL ALLOW	11,693,347.56
NON-COVERD CHARGES	95,597.95	TOTAL MEDICAID LIAB	3,374,730.06
		LESS: COB	170,164.59
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,772.00
		REIMBURSEMENT	3,207,337.47

TOTAL NUMBER OF ADMISSIONS 358

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,403		0	2,535,221.00		0.00
ROUTINE NURSERY	103		0	196,500.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,506		0	2,731,721.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	362		0	2,206,868.00		0.00
NICU	9		0	62,100.00		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	371		0	2,268,968.00		0.00
TOTAL ACCOMODATIONS	1,877		0	5,000,689.00		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: 08/05/2023
Run Time: 23:42:50
Page: 2

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	380,576.17	0.00	OTHER LAB	150,466.00	0.00
MED/SURG SUPPLY	319,899.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,172,086.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	219,040.00	6,189.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	553,173.00	3,658.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	212,324.00	203.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	57,900.00	0.00	MRI SERVICES	149,082.00	0.00
IV THERAPY	145,281.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,087,457.01	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	175,984.00	562.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	495,347.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	189,300.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	96,420.00	2,149.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	649,196.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	132,964.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	86,566.00	106.00	INJECTABLE DRUGS	1,235,295.85	3,773.95
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	173,290.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	85,608.00	1,875.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	63,910.00	32,868.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,321.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	227,636.49	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	98,333.00	2,855.00	NO CC/INVALID REV CODE	36,274.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	143,128.00	31,080.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	63,120.00	10,279.00			
AUDIOLOGY	12,240.00	0.00			
CARDIOLOGY	635,725.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,380.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,066.00	0.00			
			TOTAL ANCILLARY	10,067,388.62	95,597.95
			TOTAL ACCOMODATIONS	5,000,689.00	0.00
			TOTAL CHARGES	15,068,077.62	95,597.95

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

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

Run Date: 08/05/2023
Run Time: 23:42:50
Page: 3

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2322027000069	12/10/21 - 12/13/21	02/14/22	2,296.00	0.00	0.00	2,383.17	0.00
614	2322032000177	10/01/21 - 10/02/21	02/07/22	2,376.00	0.00	0.00	574.56	0.00
614	2322138000238	03/28/22 - 04/06/22	05/23/22	3,812.00	0.00	0.00	2,213.82	0.00
615	9722178957025	03/28/22 - 04/07/22	07/04/22	4,592.00	0.00	0.00	2,531.12	0.00
614	2322201000037	04/25/22 - 04/27/22	07/25/22	2,296.00	0.00	0.00	815.57	0.00
614	2322257000235	06/18/22 - 06/22/22	09/26/22	3,812.00	0.00	0.00	980.60	0.00
614	2322293000239	08/07/22 - 08/17/22	10/31/22	3,358.00	0.00	0.00	2,805.66	0.00
615	2322326000095	07/16/22 - 07/18/22	12/05/22	7,624.00	0.00	0.00	2,276.04	0.00
614	2322340000014	08/18/22 - 08/24/22	12/12/22	3,812.00	0.00	0.00	889.71	0.00
614	2322342000088	08/15/22 - 08/20/22	12/19/22	2,296.00	0.00	0.00	1,757.91	0.00
TOTAL				36,274.00	0.00	0.00	17,228.16	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: 08/05/2023
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	612,238.92	ADJUSTMENTS	0.00
COVERED CHARGES	612,238.92	CONTRACTUAL ALLOW	496,996.97
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	115,241.95
		LESS: COB	115,241.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 19

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	26		0	46,982.00		0.00
ROUTINE NURSERY	21		0	31,500.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	47		0	78,482.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	23		0	115,763.00		0.00
NICU	11		0	75,900.00		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	34		0	191,663.00		0.00
TOTAL ACCOMODATIONS	81		0	270,145.00		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: 08/05/2023
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	16,751.00	0.00	OTHER LAB	8,180.00	0.00
MED/SURG SUPPLY	6,351.19	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	67,418.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,907.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,090.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,532.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,124.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,463.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	27,537.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	49,793.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,313.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,524.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,915.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,326.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,057.00	0.00	INJECTABLE DRUGS	65,866.73	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,886.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,618.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	904.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,855.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,347.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	2,295.00	0.00			
CARDIOLOGY	3,041.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	342,093.92	0.00
			TOTAL ACCOMODATIONS	270,145.00	0.00
			TOTAL CHARGES	612,238.92	0.00

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

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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,233,203.87	ADJUSTMENTS	65,259.44
COVERED CHARGES	2,718,218.07	CONTRACTUAL ALLOW	2,201,842.70
NON-COVERD CHARGES	514,985.80	TOTAL MEDICAID LIAB	516,375.37
		LESS: COB	6,351.54
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	510,023.83
		ALL OTHER	463,134.50
		FEE SCHEDULE-LAB	39,486.32
		INJECTABLE DRUGS	7,403.01
TOTAL NUMBER OF CLAIMS		900	

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: 08/05/2023
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	33,116.70	12,249.10	OTHER LAB	39,264.00	0.00
MED/SURG SUPPLY	51,462.26	178.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	69,923.00	52,839.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	210,362.00	130,513.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	19,167.00	17,012.00	FEE SCHEDULE LAB	414,413.00	12,377.00
EKG/ECG	21,771.00	0.00	MRI SERVICES	126,052.00	36,990.00
IV THERAPY	217,460.00	1,491.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	256,370.50	92,332.53	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,327.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	42,527.00	2,917.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	52,116.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	12,453.00	31,035.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	650,376.00	2,271.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,116.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	108,400.86	30,883.17
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,689.00	3,173.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	206.00	3,007.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	7,130.00	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	7,845.00	12,423.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	167,362.00	37,380.00	NO CC/INVALID REV CODE	4,044.00	2,444.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,164.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	39,942.00	4,804.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	12,070.00	21,420.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	12,906.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	84,312.75	0.00			
			TOTAL ANCILLARY	2,718,218.07	514,985.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,718,218.07	514,985.80

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

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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022034090584	01/25/22 - 01/25/22	02/07/22	4,044.00	0.00	0.00	0.00	881.82
614	2022067059609	03/01/22 - 03/01/22	03/14/22	0.00	1,222.00	0.00	0.00	0.00
614	2022213045781	07/25/22 - 07/25/22	08/08/22	0.00	1,222.00	0.00	0.00	0.00
TOTAL				4,044.00	2,444.00	0.00	0.00	881.82

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	195,962.86	ADJUSTMENTS	0.00
COVERED CHARGES	106,282.90	CONTRACTUAL ALLOW	86,500.99
NON-COVERD CHARGES	89,679.96	TOTAL MEDICAID LIAB	19,781.91
		LESS: COB	19,781.91
		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			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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,883.92	1,146.00	OTHER LAB	1,636.00	0.00
MED/SURG SUPPLY	3,913.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,946.00	373.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,445.00	14,280.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	20,915.00	2,333.00
EKG/ECG	354.00	0.00	MRI SERVICES	0.00	7,624.00
IV THERAPY	7,361.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,709.00	29,949.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,236.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,350.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	5,456.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	23,239.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,547.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,873.98	14,245.96
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	3,198.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,456.00	1,359.00	NO CC/INVALID REV 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	1,295.00	3,041.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,596.00	6,675.00			
			TOTAL ANCILLARY	106,282.90	89,679.96
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	106,282.90	89,679.96

Report : CLM-0808-0
Process : CLMJO800
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 JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	55,625.58	ADJUSTMENTS	0.00
COVERED CHARGES	46,389.19	CONTRACTUAL ALLOW	44,241.03
NON-COVERD CHARGES	9,236.39	TOTAL MEDICAID LIAB	2,148.16
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,148.16

TOTAL NUMBER OF CLAIMS 32

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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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38.86	588.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	782.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,292.00	2,130.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,202.00	2,578.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,727.00	53.00
EKG/ECG	354.00	0.00	MRI SERVICES	0.00	3,812.00
IV THERAPY	4,561.00	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	31,474.00	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	426.33	12.39
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	63.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	532.00	0.00			
			TOTAL ANCILLARY	46,389.19	9,236.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	46,389.19	9,236.39

EMORY JOHNS CREEK HOSPITAL 6325 HOSPITAL PARKWAY JOHNS CREEK,GA 30097-5775	PROVIDER NUMBER 344886600A	PAYMENT DATES 00/00/00 THROUGH 00/00/00 SERVICE DATES 09/01/21 THROUGH 08/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	9,386.90	ADJUSTMENTS 0.00
COVERED CHARGES	8,097.90	CONTRACTUAL ALLOW 7,762.25
NON-COVERD CHARGES	1,289.00	TOTAL MEDICAID LIAB 335.65
		LESS: COB 335.65
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 0.00
TOTAL NUMBER OF CLAIMS		5

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: 08/05/2023
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EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	1,083.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	781.00	0.00
EKG/ECG	177.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	408.00	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	5,640.00	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	8.90	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	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	8,097.90	1,289.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,097.90	1,289.00

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: 08/05/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,188,190.64	ADJUSTMENTS	72,171.32
COVERED CHARGES	995,333.52	CONTRACTUAL ALLOW	856,542.52
NON-COVERD CHARGES	192,857.12	TOTAL MEDICAID LIAB	138,791.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	138,791.00

TOTAL NUMBER OF CLAIMS 25

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: 08/05/2023
Run Time: 23:42:50
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,093.83	4,940.32	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	54,996.90	267.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	400.00
RADIOLOGY-DIAGNOSTIC	11,060.00	608.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	20,658.00	FEE SCHEDULE LAB	25,316.00	252.00
EKG/ECG	797.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	584,778.67	49,792.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	246.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	130,529.00	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	93,159.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,098.92	13,830.66
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	17,466.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	113.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	66,546.20	84,529.80
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,268.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,444.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	995,333.52	192,857.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	995,333.52	192,857.12

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

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

Run Date: 08/05/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EMORY JOHNS CREEK HOSPITAL
6325 HOSPITAL PARKWAY
JOHNS CREEK,GA 30097-5775

PROVIDER NUMBER
344886600A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:01:25
Page: 1

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,057,898.63
COVERED CHARGES 17,051,589.63
NON-COVERD CHARGES 6,309.00

-----PAYMENTS-----
ADJUSTMENTS 186,931.22
CONTRACTUAL ALLOW 13,449,943.95
TOTAL MEDICAID LIAB 3,601,645.68
LESS: COB 49,248.34
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 41,000.00
REIMBURSEMENT 3,593,397.34

TOTAL NUMBER OF ADMISSIONS 387

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,692		0	2,027,403.00		0.00
ROUTINE NURSERY	76		0	58,368.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,768		0	2,085,771.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	10,242.00		0.00
ICU	308		0	1,010,442.00		0.00
NICU	22		0	57,200.00		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	333		0	1,077,884.00		0.00
TOTAL ACCOMODATIONS	2,101		0	3,163,655.00		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: 08/06/2023
Run Time: 17:01:25
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,004,518.43	0.00	OTHER LAB	61,510.00	0.00
MED/SURG SUPPLY	40,053.63	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,225,499.10	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	217,069.55	0.00	OTHER THERAPEUTIC SVC	0.00	672.00
CT SCAN	892,921.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	282,415.40	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	66,218.00	0.00	MRI SERVICES	99,186.00	0.00
IV THERAPY	98,538.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,139,919.90	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	143,779.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	920,167.03	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	280,348.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	771,889.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	210,881.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	32,628.75	0.00	INJECTABLE DRUGS	2,545,796.48	0.00
RADIOLOGY THERAPEUTIC	249.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	39,002.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	19,562.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	3,251.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	693,821.32	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	74,093.10	0.00	NO CC/INVALID REV CODE	0.00	150.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	354,985.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,824.00	1,564.00			
AUDIOLOGY	26,400.00	0.00			
CARDIOLOGY	238,939.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,278.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	390,166.04	672.00			
			TOTAL ANCILLARY	13,887,934.63	6,309.00
			TOTAL ACCOMODATIONS	3,163,655.00	0.00
			TOTAL CHARGES	17,051,589.63	6,309.00

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: 08/06/2023
Run Time: 17:01:25
Page: 3

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021322052818	11/10/21 - 11/13/21	11/22/21	0.00	50.00	0.00	0.00	0.00
780	2021327063752	11/10/21 - 11/13/21	11/29/21	0.00	50.00	0.00	0.00	0.00
780	2022348055102	07/22/22 - 07/26/22	12/19/22	0.00	50.00	0.00	0.00	0.00
TOTAL				0.00	150.00	0.00	0.00	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: 08/06/2023
Run Time: 17:01:25
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 10,359,995.72
COVERED CHARGES 9,438,086.15
NON-COVERD CHARGES 921,909.57

-----PAYMENTS-----
ADJUSTMENTS 394,087.57
CONTRACTUAL ALLOW 7,820,338.09
TOTAL MEDICAID LIAB 1,617,748.06
LESS: COB 94.17
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,617,653.89
ALL OTHER 1,260,163.04
FEE SCHEDULE-LAB 151,664.27
INJECTABLE DRUGS 205,826.58

TOTAL NUMBER OF CLAIMS 3,090

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	447,519.98	2,645.50	OTHER LAB	54,843.00	599.00
MED/SURG SUPPLY	9,584.52	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	250.00
RADIOLOGY-DIAGNOSTIC	219,864.00	6,515.00	OTHER THERAPEUTIC SVC	0.00	762.00
CT SCAN	981,345.00	51,253.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	125,177.00	5,088.00	FEE SCHEDULE LAB	1,241,491.00	92,638.00
EKG/ECG	77,103.00	4,520.00	MRI SERVICES	114,706.00	1,640.00
IV THERAPY	1,093,483.00	34,038.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	802,178.00	171,427.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	17,610.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	26,168.00	6,928.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	301,905.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,798.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	996,999.00	14,939.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	399,681.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,671,650.67	466,581.50
RADIOLOGY THERAPEUTIC	181,910.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,626.00	1,596.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,108.00	1,630.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	45,358.00	641.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	114,478.25	7,746.57
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	120,984.00	7,287.00	NO CC/INVALID REV CODE	50.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	51,236.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	108,953.00	5,207.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	132,837.00	17,492.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,278.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	79,161.73	20,486.00			
			TOTAL ANCILLARY	9,438,086.15	921,909.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,438,086.15	921,909.57

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: 08/06/2023
Run Time: 17:01:25
Page: 7

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021236046482	08/16/21 - 08/16/21	08/30/21	50.00	0.00	0.00	0.00	20.52
TOTAL				50.00	0.00	0.00	0.00	20.52

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	65,681.48	ADJUSTMENTS	0.00
COVERED CHARGES	46,687.00	CONTRACTUAL ALLOW	39,920.83
NON-COVERD CHARGES	18,994.48	TOTAL MEDICAID LIAB	6,766.17
		LESS: COB	6,766.17
		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 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

Run Date: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,325.00	2,114.50	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	2,221.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,640.00	6,257.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	476.00	0.00	FEE SCHEDULE LAB	9,136.00	1,964.00
EKG/ECG	452.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,289.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,274.00	6,500.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	649.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	208.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,617.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,655.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,734.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,310.00	763.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	701.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,395.98
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	46,687.00	18,994.48
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	46,687.00	18,994.48

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

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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	160,227.18
COVERED CHARGES	156,272.18
NON-COVERD CHARGES	3,955.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	149,458.34
TOTAL MEDICAID LIAB	6,813.84
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	6,813.84

TOTAL NUMBER OF CLAIMS	87
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Report : CLM-0808-0
Process : CLMJO800
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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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,482.75	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	105.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,398.00	198.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,696.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	24,730.00	1,788.00
EKG/ECG	1,582.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,936.00	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	52,066.00	540.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,218.00	1,429.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	176.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	882.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	156,272.18	3,955.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	156,272.18	3,955.00

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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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,251,411.97	ADJUSTMENTS	280,153.17
COVERED CHARGES	4,151,928.08	CONTRACTUAL ALLOW	3,481,757.72
NON-COVERD CHARGES	99,483.89	TOTAL MEDICAID LIAB	670,170.36
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	670,170.36

TOTAL NUMBER OF CLAIMS 122

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	111,398.55	7,010.00	OTHER LAB	982.00	0.00
MED/SURG SUPPLY	1,400.02	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,913.00	3,105.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,252.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,364.00	8,625.00	FEE SCHEDULE LAB	63,593.00	14,130.00
EKG/ECG	2,712.00	226.00	MRI SERVICES	0.00	0.00
IV THERAPY	104,761.00	186.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	409,729.00	38,971.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,950.00	172.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	110,060.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,710.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	80,338.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,561,341.82	20,827.89
RADIOLOGY THERAPEUTIC	118,728.00	457.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,368.00	2,350.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	528.00	80.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	505,085.53	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	575.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	924.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	2,852.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	26,215.16	492.00			
			TOTAL ANCILLARY	4,151,928.08	99,483.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,151,928.08	99,483.89

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,452,159.35	ADJUSTMENTS	2,102,618.97
COVERED CHARGES	32,370,141.35	CONTRACTUAL ALLOW	23,604,646.35
NON-COVERD CHARGES	82,018.00	TOTAL MEDICAID LIAB	8,765,495.00
		LESS: COB	112,188.05
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,268.00
		REIMBURSEMENT	8,655,574.95

TOTAL NUMBER OF ADMISSIONS 1,122

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,942		0	8,875,030.00		0.00
ROUTINE NURSERY	85		0	72,206.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,027		0	8,947,236.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	728		0	1,452,597.00		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	728		0	1,452,597.00		0.00
TOTAL ACCOMODATIONS	7,755		0	10,399,833.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 14:02:06
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,673,647.39	0.00	OTHER LAB	62,201.00	0.00
MED/SURG SUPPLY	1,868,031.47	66.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,680,991.00	4,999.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	433,781.00	200.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,425,921.00	276.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	154,084.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	128,375.00	230.00	MRI SERVICES	243,973.01	0.00
IV THERAPY	242,180.00	3,395.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,166,333.00	11,163.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	75,217.00	200.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	693,254.00	156.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	138,535.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	106,801.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,376,077.00	1,716.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	164,831.48	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	110,510.00	0.00	INJECTABLE DRUGS	5,560.00	4,655.00
RADIOLOGY THERAPEUTIC	311,612.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	119,057.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,483.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	223,950.00	20,722.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	342.00	10,145.00	TRAUMA RESPONSE	0.00	10,964.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	762,425.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	114,251.00	6,389.00	NO CC/INVALID REV CODE	0.00	333.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	398,695.00	2,913.00			
ONCOLOGY	629.00	0.00			
NUCLEAR MEDICINE	85,533.00	0.00			
AUDIOLOGY	25,524.00	0.00			
CARDIOLOGY	872,980.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,142.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	234,382.00	3,496.00			
			TOTAL ANCILLARY	21,970,308.35	82,018.00
			TOTAL ACCOMODATIONS	10,399,833.00	0.00
			TOTAL CHARGES	32,370,141.35	82,018.00

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: 08/06/2023
Run Time: 14:02:06
Page: 3

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
-1	2321326000225	10/06/21 - 10/14/21	11/29/21	0.00	333.00	0.00	1,966.95	0.00
TOTAL				0.00	333.00	0.00	1,966.95	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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	81,373.00	ADJUSTMENTS	0.00
COVERED CHARGES	81,373.00	CONTRACTUAL ALLOW	71,408.51
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	9,964.49
		LESS: COB	9,964.49
		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	14		0	15,391.00		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	15,391.00		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	15,391.00		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,666.00	0.00	OTHER LAB	929.00	0.00
MED/SURG SUPPLY	7,967.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,897.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,112.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,565.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,248.00	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	12,616.00	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	716.00	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	1,763.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	260.00	0.00	INJECTABLE DRUGS	3,505.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	798.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	17,797.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	915.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,110.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	118.00	0.00			
			TOTAL ANCILLARY	65,982.00	0.00
			TOTAL ACCOMODATIONS	15,391.00	0.00
			TOTAL CHARGES	81,373.00	0.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,718,611.30
COVERED CHARGES 16,670,619.60
NON-COVERD CHARGES 1,047,991.70

-----PAYMENTS-----
ADJUSTMENTS 991,838.42
CONTRACTUAL ALLOW 12,896,370.36
TOTAL MEDICAID LIAB 3,774,249.24
LESS: COB 3,238.70
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,771,010.54
ALL OTHER 2,991,249.58
FEE SCHEDULE-LAB 342,027.91
INJECTABLE DRUGS 437,733.05

TOTAL NUMBER OF CLAIMS 8,096

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	280,718.50	10,589.00	OTHER LAB	84,772.00	0.00
MED/SURG SUPPLY	610,160.35	5,766.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	497,208.00	3,686.00	OTHER THERAPEUTIC SVC	1,004.00	0.00
CT SCAN	1,650,454.00	119,266.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	95,350.00	11,572.00	FEE SCHEDULE LAB	2,741,551.00	185,476.00
EKG/ECG	153,554.00	920.00	MRI SERVICES	662,565.00	38,055.02
IV THERAPY	851,388.00	11,877.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,014,743.07	154,771.93	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	55,689.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	77,640.00	16,239.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	121,251.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	249,144.25	56,106.75	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,300,921.00	1,642.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	212,352.92	0.00	DRUG-SPECIFIC/HOME IV	0.00	13,230.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,179,567.51	226,813.00
RADIOLOGY THERAPEUTIC	1,131,892.00	4,466.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,356.00	3,804.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,640.00	4,224.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	267,791.00	10,894.00	TRAUMA RESPONSE	0.00	9,332.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	172,103.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	393,291.00	21,949.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	194.00	194.00			
BLOOD STORAGE & PRO.	155,734.00	16,593.00			
ONCOLOGY	21,386.00	0.00			
NUCLEAR MEDICINE	288,550.00	10,454.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	714,833.00	75,434.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	351,055.00	515.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	316,761.00	34,123.00			
			TOTAL ANCILLARY	16,670,619.60	1,047,991.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,670,619.60	1,047,991.70

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

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

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	124,441.00	ADJUSTMENTS	0.00
COVERED CHARGES	71,097.25	CONTRACTUAL ALLOW	58,082.13
NON-COVERD CHARGES	53,343.75	TOTAL MEDICAID LIAB	13,015.12
		LESS: COB	13,015.12
		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		38	

Report : CLM-0806-O
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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	62.00	1,143.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,795.00	82.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,159.00	510.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	18,493.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,087.00	6,957.00
EKG/ECG	1,150.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,502.25	1,767.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	363.00	200.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	840.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,620.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,834.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,001.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,650.00	8,889.00
RADIOLOGY THERAPEUTIC	3,169.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	408.00	1,280.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	304.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	650.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,535.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	7,844.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	536.00	5,224.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	386.00	0.00			
			TOTAL ANCILLARY	71,097.25	53,343.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	71,097.25	53,343.75

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	272,708.00	ADJUSTMENTS	1,409.76
COVERED CHARGES	266,240.00	CONTRACTUAL ALLOW	249,322.88
NON-COVERD CHARGES	6,468.00	TOTAL MEDICAID LIAB	16,917.12
		LESS: COB	70.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,846.72
TOTAL NUMBER OF CLAIMS		216	

Report : CLM-0808-0
Process : CLMJ0800
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,723.00	32.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,347.00	30.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,226.00	361.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	34,981.00	1,813.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	70,311.00	2,584.00
EKG/ECG	1,610.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,618.00	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	2,174.00	242.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	115,759.00	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	6,271.00	573.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	220.00	114.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	719.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	266,240.00	6,468.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	266,240.00	6,468.00

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	767.00
COVERED CHARGES	767.00
NON-COVERD CHARGES	0.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	688.68
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 : 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	66.00	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	228.00	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	454.00	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	19.00	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	767.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	767.00	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

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023

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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 10/01/21 THROUGH 09/30/22

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

-----CHARGES-----

TOTAL CHARGES	8,812,406.56
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COVERED CHARGES	8,031,396.47
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NON-COVERD CHARGES	781,010.09
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-----PAYMENTS-----

ADJUSTMENTS	241,899.14
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CONTRACTUAL ALLOW	6,739,873.34
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TOTAL MEDICAID LIAB	1,291,523.13
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LESS: COB	0.00
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LESS: COPAYMENT	0.00
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ADD: ADDON PYMT	0.00

REIMBURSEMENT	1,291,523.13
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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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	136,197.00	11,201.00	OTHER LAB	5,285.00	0.00
MED/SURG SUPPLY	763,479.30	7,419.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	54,565.00	79,559.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	91,868.00	40,271.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,591.00	12,830.00	FEE SCHEDULE LAB	204,523.00	25,322.00
EKG/ECG	16,749.00	0.00	MRI SERVICES	8,549.00	13,035.00
IV THERAPY	345,473.00	7,555.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,164,687.91	180,723.09	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,478.00	240.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,946.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,268.00	3,888.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	40,050.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	134,789.26	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,312,577.00	235,163.00
RADIOLOGY THERAPEUTIC	360,360.00	56,500.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	319.00	4,366.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,016.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,516.00	1,478.00	TRAUMA RESPONSE	0.00	1,127.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	825,000.00	25,218.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,833.00	897.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,763.00	2,520.00			
ONCOLOGY	1,887.00	0.00			
NUCLEAR MEDICINE	22,183.00	12,924.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	339,004.00	55,904.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	653.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	103,803.00	1,854.00			
			TOTAL ANCILLARY	8,031,396.47	781,010.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,031,396.47	781,010.09

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:07:51
Page: 1

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	110,394,655.26	ADJUSTMENTS	2,872,651.46
COVERED CHARGES	109,414,890.26	CONTRACTUAL ALLOW	90,530,030.37
NON-COVERD CHARGES	979,765.00	TOTAL MEDICAID LIAB	18,884,859.89
		LESS: COB	190,436.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	15,561.00
		REIMBURSEMENT	18,709,984.81

TOTAL NUMBER OF ADMISSIONS 1,730

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,206		0	12,785,762.00		0.00
ROUTINE NURSERY	1,076		0	3,977,886.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		208.00
TOTAL ROUTINE	7,282		0	16,763,648.00		208.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,711		0	8,886,825.00		0.00
NICU	66		0	343,725.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	70		0	387,800.00		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	1,847		0	9,618,350.00		0.00
TOTAL ACCOMODATIONS	9,129		0	26,381,998.00		208.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,222,656.20	0.00	OTHER LAB	601,920.00	0.00
MED/SURG SUPPLY	3,436,327.75	2,275.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,222,861.22	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,165,310.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,167,187.89	115,700.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	346,114.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	800,406.00	0.00	MRI SERVICES	594,113.12	0.00
IV THERAPY	1,168,068.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,789,131.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,256,571.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,032,306.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	533,209.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,127,847.56	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,592,618.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	660,342.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	971,540.72	0.00	INJECTABLE DRUGS	187.20	0.00
RADIOLOGY THERAPEUTIC	138,097.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	184,401.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	200,775.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,595,070.00	108,775.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	40,466.00	0.00	TRAUMA RESPONSE	0.00	263,762.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,142,951.59	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	390,977.00	20,996.00	NO CC/INVALID REV CODE	3,896.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	892,656.00	442,860.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	237,609.01	25,189.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,761,960.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	214,720.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	540,597.00	0.00			
			TOTAL ANCILLARY	83,032,892.26	979,557.00
			TOTAL ACCOMODATIONS	26,381,998.00	208.00
			TOTAL CHARGES	109,414,890.26	979,765.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022145034010	07/06/21 - 07/09/21	05/30/22	3,896.00	0.00	0.00	0.00	0.00
TOTAL				3,896.00	0.00	0.00	0.00	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: 08/06/2023
Run Time: 17:07:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	971,935.59	ADJUSTMENTS	0.00
COVERED CHARGES	971,935.59	CONTRACTUAL ALLOW	834,237.59
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	137,698.00
		LESS: COB	137,950.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 29

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	78		0	161,304.00		0.00
ROUTINE NURSERY	6		0	18,570.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	84		0	179,874.00		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	84		0	179,874.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	61,804.28	0.00	OTHER LAB	2,553.00	0.00
MED/SURG SUPPLY	8,598.31	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	64,059.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	558.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,302.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	461.00	0.00	MRI SERVICES	7,021.00	0.00
IV THERAPY	3,572.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	110,248.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	388,467.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,978.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,215.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	18,111.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	39,461.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,285.00	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	548.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,329.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,194.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	54,297.00	0.00			
			TOTAL ANCILLARY	792,061.59	0.00
			TOTAL ACCOMODATIONS	179,874.00	0.00
			TOTAL CHARGES	971,935.59	0.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,980,916.09	ADJUSTMENTS	598,395.86
COVERED CHARGES	32,194,781.57	CONTRACTUAL ALLOW	27,780,953.71
NON-COVERD CHARGES	9,786,134.52	TOTAL MEDICAID LIAB	4,413,827.86
		LESS: COB	6,046.58
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,407,781.28
		ALL OTHER	3,562,565.98
		FEE SCHEDULE-LAB	439,476.14
		INJECTABLE DRUGS	405,739.16
TOTAL NUMBER OF CLAIMS		10,512	

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	633,309.31	2,166.95	OTHER LAB	433,760.00	7,785.00
MED/SURG SUPPLY	755,474.72	106,497.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	994,323.07	23,640.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,873,883.03	932,284.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	216,119.00	40,295.00	FEE SCHEDULE LAB	5,770,414.48	460,522.86
EKG/ECG	438,540.00	19,362.00	MRI SERVICES	301,695.00	195,503.00
IV THERAPY	1,098,594.00	119,485.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,288,302.25	909,876.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	7,217.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	264,432.00	128,831.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	317,480.00	4,285.00	AMBULANCE	0.00	0.00
GI SERVICES	484,435.00	204,111.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,230,603.00	12,945.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	588,249.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,986,860.79	4,453,261.49
RADIOLOGY THERAPEUTIC	193,287.00	15,052.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	20,276.00	5,446.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	24,501.00	11,409.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	213,199.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,343.00	11,981.93	TRAUMA RESPONSE	0.00	250,704.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	96,725.34	676,816.24
LITHOTRIPSY	49,355.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,155,807.00	144,827.00	NO CC/INVALID REV CODE	3,896.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	207,245.00	15,916.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	234,152.00	310,966.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	417,153.00	349,821.20			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	241,808.00	153,289.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	858,541.58	5,856.00			
			TOTAL ANCILLARY	32,194,781.57	9,786,134.52
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	32,194,781.57	9,786,134.52

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2221305008784	07/20/21 - 07/20/21	11/08/21	3,896.00	0.00	0.00	0.00	561.41
TOTAL				3,896.00	0.00	0.00	0.00	561.41

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

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

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,011,277.55	ADJUSTMENTS	0.00
COVERED CHARGES	569,548.37	CONTRACTUAL ALLOW	496,948.90
NON-COVERD CHARGES	1,441,729.18	TOTAL MEDICAID LIAB	72,599.47
		LESS: COB	72,599.47
		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			153

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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,389.14	557.44	OTHER LAB	5,636.00	0.00
MED/SURG SUPPLY	18,612.74	2,033.97	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,587.00	2,323.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,325.00	50,944.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,692.00	0.00	FEE SCHEDULE LAB	92,273.74	6,348.66
EKG/ECG	7,837.00	922.00	MRI SERVICES	15,600.00	2,878.00
IV THERAPY	19,264.00	300.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	128,889.00	105,399.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	783.00	366.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,409.00	857.00	AMBULANCE	0.00	0.00
GI SERVICES	4,015.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	141,619.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	22,129.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,643.67	1,072,407.45
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,704.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	697.00	697.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	8,270.08	160,538.66
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,004.00	6,889.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,066.00	6,571.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,734.00	2,853.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	18,844.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	19,369.00	0.00			
			TOTAL ANCILLARY	569,548.37	1,441,729.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	569,548.37	1,441,729.18

Report : CLM-0808-0
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	907,800.40	ADJUSTMENTS	335.65
COVERED CHARGES	854,858.74	CONTRACTUAL ALLOW	833,779.92
NON-COVERD CHARGES	52,941.66	TOTAL MEDICAID LIAB	21,078.82
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,078.82

TOTAL NUMBER OF CLAIMS 314

Report : CLM-0808-0
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,791.24	83.20	OTHER LAB	2,758.00	0.00
MED/SURG SUPPLY	127.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,634.00	444.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	78,717.00	22,925.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	143,992.50	3,993.00
EKG/ECG	12,847.00	461.00	MRI SERVICES	2,878.00	0.00
IV THERAPY	40,590.00	2,282.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	737.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	504,284.00	1,272.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,172.19	3,517.46
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	0.00	TRAUMA RESPONSE	0.00	10,446.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,899.00	1,281.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	6,237.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,734.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,697.00	0.00			
			TOTAL ANCILLARY	854,858.74	52,941.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	854,858.74	52,941.66

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,505.87	ADJUSTMENTS	0.00
COVERED CHARGES	33,847.00	CONTRACTUAL ALLOW	33,242.83
NON-COVERD CHARGES	4,658.87	TOTAL MEDICAID LIAB	604.17
		LESS: COB	604.17
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	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	1,637.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,588.00	2,566.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,499.00	730.00
EKG/ECG	922.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,514.00	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	19,407.00	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	81.87
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	1,281.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	33,847.00	4,658.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	33,847.00	4,658.87

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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,392,390.46	ADJUSTMENTS	96,900.60
COVERED CHARGES	4,482,425.81	CONTRACTUAL ALLOW	3,989,915.01
NON-COVERD CHARGES	1,909,964.65	TOTAL MEDICAID LIAB	492,510.80
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	492,510.80

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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	103,011.02	382.72	OTHER LAB	1,379.00	0.00
MED/SURG SUPPLY	374,267.96	15,029.93	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,254.00	1,400.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,018.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	13,005.00	FEE SCHEDULE LAB	101,807.83	14,386.00
EKG/ECG	5,071.00	461.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,854.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,578,616.24	159,701.76	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,535.00	5,980.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	86,056.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,752.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	164,878.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	955,568.18	161,063.10
RADIOLOGY THERAPEUTIC	27,428.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	427.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	8,702.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	796,629.30	1,367,135.14
LITHOTRIPSY	36,063.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,281.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,386.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	560.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	167,895.00	153,432.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	16,974.28	0.00			
			TOTAL ANCILLARY	4,482,425.81	1,909,964.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,482,425.81	1,909,964.65

Report : CLM-0814-O
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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 16:01:33
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	141,428,010.61	ADJUSTMENTS	8,679,473.42
COVERED CHARGES	140,651,666.11	CONTRACTUAL ALLOW	117,379,922.40
NON-COVERD CHARGES	776,344.50	TOTAL MEDICAID LIAB	23,271,743.71
		LESS: COB	424,857.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	22,846,886.24

TOTAL NUMBER OF ADMISSIONS 2,325

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8,605		0	14,831,142.00		0.00
ROUTINE NURSERY	2,171		0	6,875,968.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	10,776		0	21,707,110.00		0.00
SPECIAL CARE SERVICES						
CCU	146		0	814,839.00		0.00
ICU	2,140		0	10,899,225.00		0.00
NICU	328		0	2,688,484.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	145		0	987,015.00		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	2,759		0	15,389,563.00		0.00
TOTAL ACCOMODATIONS	13,535		0	37,096,673.00		0.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,879,149.46	30,597.00	OTHER LAB	585,562.00	0.00
MED/SURG SUPPLY	2,205,276.35	31,997.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,347,563.19	294.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,114,082.00	0.00	OTHER THERAPEUTIC SVC	1,570.00	14,190.00
CT SCAN	7,198,111.00	38,153.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,092,824.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	703,110.00	0.00	MRI SERVICES	2,013,559.00	106,452.00
IV THERAPY	244,583.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,626,804.00	10,321.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,774,161.00	4,250.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,618,731.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,834,365.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,294.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,461,732.00	0.00	SPECIAL SERVICES	0.00	14,826.00
RECOVERY ROOM	1,092,857.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,701.50
LABORATORY PATHOLOGIC	792,455.00	0.00	INJECTABLE DRUGS	14,582,419.66	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	575,578.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	502,533.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	791,713.00	151,998.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,876.00	2,326.00	TRAUMA RESPONSE	0.00	262,347.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	5,155,768.95	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	699,474.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,599,337.00	59,157.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	477,273.00	44,335.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,239,442.50	1,400.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	235,167.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	99,622.00	0.00			
			TOTAL ANCILLARY	103,554,993.11	776,344.50
			TOTAL ACCOMODATIONS	37,096,673.00	0.00
			TOTAL CHARGES	140,651,666.11	776,344.50

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	772,784.50	ADJUSTMENTS	0.00
COVERED CHARGES	767,412.50	CONTRACTUAL ALLOW	638,306.54
NON-COVERD CHARGES	5,372.00	TOTAL MEDICAID LIAB	129,105.96
		LESS: COB	129,105.96
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 34

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	54		0	86,508.00		0.00
ROUTINE NURSERY	50		0	182,788.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	104		0	269,296.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	12		0	58,932.00		0.00
NICU	2		0	16,368.00		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	75,300.00		0.00
TOTAL ACCOMODATIONS	118		0	344,596.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	77,725.00	0.00	OTHER LAB	2,370.00	0.00
MED/SURG SUPPLY	3,510.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	84,506.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,585.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,853.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	589.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,338.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	645.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	55,403.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	99,353.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,390.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,608.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,524.00	0.00	SPECIAL SERVICES	0.00	5,372.00
RECOVERY ROOM	17,814.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,045.00	0.00	INJECTABLE DRUGS	31,577.50	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	5,470.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,239.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,272.00	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	0.00	0.00			
			TOTAL ANCILLARY	422,816.50	5,372.00
			TOTAL ACCOMODATIONS	344,596.00	0.00
			TOTAL CHARGES	767,412.50	5,372.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 30,259,837.47
COVERED CHARGES 26,628,638.66
NON-COVERD CHARGES 3,631,198.81

-----PAYMENTS-----
ADJUSTMENTS 1,449,928.53
CONTRACTUAL ALLOW 22,106,647.11
TOTAL MEDICAID LIAB 4,521,991.55
LESS: COB 9,550.13
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,512,441.42
ALL OTHER 3,649,103.67
FEE SCHEDULE-LAB 317,157.19
INJECTABLE DRUGS 546,180.56

TOTAL NUMBER OF CLAIMS 5,613

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	318,807.48	19,361.57	OTHER LAB	254,560.00	0.00
MED/SURG SUPPLY	228,781.00	6,497.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	542.00	EDUCATION & TRAINING	636.00	2,544.00
RADIOLOGY-DIAGNOSTIC	806,740.00	5,828.00	OTHER THERAPEUTIC SVC	0.00	966.00
CT SCAN	3,678,625.00	430,679.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	325,463.00	17,666.00	FEE SCHEDULE LAB	4,713,556.14	146,871.00
EKG/ECG	350,132.00	1,338.00	MRI SERVICES	669,419.00	124,218.00
IV THERAPY	2,925,641.00	44,161.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,956,584.50	288,593.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,276.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	84,864.00	12,528.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	520,220.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,844,500.00	13,061.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	425,147.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,484,932.35	1,991,439.74
RADIOLOGY THERAPEUTIC	129,908.00	1,725.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	17,709.00	8,803.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,753.00	10,422.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	90,990.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	287,394.00	8,182.00	TRAUMA RESPONSE	0.00	73,954.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	103,143.00	5,862.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	939,366.00	103,447.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	190,715.00	13,146.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	346,606.00	59,126.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	514,385.00	129,467.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	29,196.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	465,579.19	19,781.00			
			TOTAL ANCILLARY	26,628,638.66	3,631,198.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,628,638.66	3,631,198.81

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: 08/06/2023
Run Time: 16:01:33
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	610,009.38	ADJUSTMENTS	0.00
COVERED CHARGES	387,747.94	CONTRACTUAL ALLOW	330,024.44
NON-COVERD CHARGES	222,261.44	TOTAL MEDICAID LIAB	57,723.50
		LESS: COB	57,723.50
		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			86

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,937.72	0.00	OTHER LAB	4,682.00	0.00
MED/SURG SUPPLY	3,083.00	2,229.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	604.00	0.00
RADIOLOGY-DIAGNOSTIC	11,290.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,853.00	67,708.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	68,796.00	2,913.00
EKG/ECG	3,568.00	446.00	MRI SERVICES	0.00	10,234.00
IV THERAPY	29,697.00	993.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,427.00	38,275.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,181.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,530.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	108,031.00	684.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,401.00	1,545.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	67,425.22	64,806.44
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	3,198.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,304.00	4,160.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	26,572.00	9,641.00	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	2,144.00	10,845.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,280.00	7,782.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,744.00	0.00			
			TOTAL ANCILLARY	387,747.94	222,261.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	387,747.94	222,261.44

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	726,930.38	ADJUSTMENTS	1,409.73
COVERED CHARGES	666,389.99	CONTRACTUAL ALLOW	652,426.95
NON-COVERD CHARGES	60,540.39	TOTAL MEDICAID LIAB	13,963.04
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,963.04

TOTAL NUMBER OF CLAIMS 208

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,748.87	0.00	OTHER LAB	1,126.00	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	35,624.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	83,144.00	43,427.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	118,221.00	2,133.00
EKG/ECG	7,582.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	41,887.00	2,320.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	605.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	363,442.00	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	3,022.12	1,955.39
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	9,509.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,988.00	1,196.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	666,389.99	60,540.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	666,389.99	60,540.39

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

PROVIDER NUMBER000000294A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES10/01/21THROUGH09/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,569.00	ADJUSTMENTS	0.00
COVERED CHARGES	28,329.00	CONTRACTUAL ALLOW	27,791.96
NON-COVERD CHARGES	2,240.00	TOTAL MEDICAID LIAB	537.04
		LESS: COB	537.04
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS

8

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	441.00	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	8,304.00	180.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,096.00	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	13,372.00	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	744.00	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	2,372.00	2,060.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	28,329.00	2,240.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,329.00	2,240.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 8,070,808.12
COVERED CHARGES 7,163,200.02
NON-COVERD CHARGES 907,608.10

-----PAYMENTS-----
ADJUSTMENTS 332,503.56
CONTRACTUAL ALLOW 5,892,230.71
TOTAL MEDICAID LIAB 1,270,969.31
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,270,969.31

TOTAL NUMBER OF CLAIMS 237

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

PROVIDER NUMBER
000000294A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	43,369.53	0.00	OTHER LAB	13,562.00	3,422.00
MED/SURG SUPPLY	681,997.00	13,583.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	55,017.00	32,803.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	148,755.00	18,472.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,898.00	FEE SCHEDULE LAB	357,122.00	8,205.00
EKG/ECG	41,032.00	2,676.00	MRI SERVICES	55,355.00	8,647.00
IV THERAPY	510,589.00	10,581.80	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,393,847.50	129,966.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,070.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	317,868.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	103,840.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	213,389.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,399,390.71	232,692.80
RADIOLOGY THERAPEUTIC	43,154.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,628.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,022.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	10,659.00	492.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	961,250.00	43,290.00
LITHOTRIPSY	56,770.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,809.00	2,352.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,312.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	91,990.00	20,968.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	569,959.00	370,096.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,104.00	1,632.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	58,989.28	181.00			
			TOTAL ANCILLARY	7,163,200.02	907,608.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,163,200.02	907,608.10

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

Run Date: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	241,579.50	ADJUSTMENTS	0.00
COVERED CHARGES	147,964.50	CONTRACTUAL ALLOW	137,152.58
NON-COVERD CHARGES	93,615.00	TOTAL MEDICAID LIAB	10,811.92
		LESS: COB	10,811.92
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	2
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	94.50	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	1,377.00	135.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,442.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,133.00	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	110,020.00	93,480.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	15,898.00	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	147,964.50	93,615.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	147,964.50	93,615.00

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	121,791,061.16	ADJUSTMENTS	891,665.90
COVERED CHARGES	121,761,895.76	CONTRACTUAL ALLOW	107,205,003.59
NON-COVERD CHARGES	29,165.40	TOTAL MEDICAID LIAB	14,556,892.17
		LESS: COB	192,991.32
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	23,940.00
		REIMBURSEMENT	14,387,840.85

TOTAL NUMBER OF ADMISSIONS 1,886

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,476		0	9,733,179.00		0.00
ROUTINE NURSERY	1,198		0	4,677,932.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5,674		0	14,411,111.00		0.00
SPECIAL CARE SERVICES						
CCU	2,525		0	13,816,240.00		0.00
ICU	908		0	5,434,964.00		0.00
NICU	739		0	6,741,672.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	24		0	198,096.00		0.00
BURN UNIT	69		0	569,526.00		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	4,265		0	26,760,498.00		0.00
TOTAL ACCOMODATIONS	9,939		0	41,171,609.00		0.00

Report : CLM-0800-O
Process : CLMJ0800
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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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,305,928.75	0.00	OTHER LAB	1,368,074.00	0.00
MED/SURG SUPPLY	2,587,557.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,604,302.96	0.00	EDUCATION & TRAINING	58,656.00	0.00
RADIOLOGY-DIAGNOSTIC	1,514,652.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,774,003.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	582,208.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	763,878.00	0.00	MRI SERVICES	1,182,377.00	0.00
IV THERAPY	1,240,364.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,432,145.63	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,531,615.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,838,749.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,242,781.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	519,507.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,601,656.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	637,147.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	9,994.40
LABORATORY PATHOLOGIC	546,716.50	0.00	INJECTABLE DRUGS	0.00	7,664.50
RADIOLOGY THERAPEUTIC	53,608.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	479,622.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	211,735.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	21,579.00	6,335.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	71,658.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	31,683.00	0.00	IMPL DEV CHARGE PATIENTS	1,461,018.36	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	473,972.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,697,453.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	302,599.60	5,171.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,871,923.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	169,130.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,411,986.70	0.00			
			TOTAL ANCILLARY	80,590,286.76	29,165.40
			TOTAL ACCOMODATIONS	41,171,609.00	0.00
			TOTAL CHARGES	121,761,895.76	29,165.40

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,906,144.20	ADJUSTMENTS	0.00
COVERED CHARGES	1,903,837.80	CONTRACTUAL ALLOW	1,703,238.53
NON-COVERD CHARGES	2,306.40	TOTAL MEDICAID LIAB	200,599.27
		LESS: COB	201,103.27
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	504.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 30

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	55		0	101,915.00		0.00
ROUTINE NURSERY	24		0	79,747.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	79		0	181,662.00		0.00
SPECIAL CARE SERVICES						
CCU	26		0	141,440.00		0.00
ICU	53		0	310,080.00		0.00
NICU	9		0	78,381.00		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	88		0	529,901.00		0.00
TOTAL ACCOMODATIONS	167		0	711,563.00		0.00

Report : CLM-0802-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	157,154.50	0.00	OTHER LAB	35,852.00	0.00
MED/SURG SUPPLY	51,316.55	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	146,558.00	0.00	EDUCATION & TRAINING	4,132.00	0.00
RADIOLOGY-DIAGNOSTIC	24,382.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	37,246.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,880.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,060.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,007.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	135,108.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	172,837.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	254,801.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,035.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,404.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,361.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,306.40
LABORATORY PATHOLOGIC	3,040.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,451.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	596.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,377.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,925.36	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,866.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,688.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,865.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	66,332.39	0.00			
			TOTAL ANCILLARY	1,192,274.80	2,306.40
			TOTAL ACCOMODATIONS	711,563.00	0.00
			TOTAL CHARGES	1,903,837.80	2,306.40

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,372,401.50	ADJUSTMENTS	448,268.89
COVERED CHARGES	36,561,135.61	CONTRACTUAL ALLOW	32,280,077.09
NON-COVERD CHARGES	4,811,265.89	TOTAL MEDICAID LIAB	4,281,058.52
		LESS: COB	17,723.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,263,334.67
		ALL OTHER	3,222,136.90
		FEE SCHEDULE-LAB	505,619.98
		INJECTABLE DRUGS	535,577.79
TOTAL NUMBER OF CLAIMS		9,140	

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

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

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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	627,700.38	2,038.40	OTHER LAB	481,019.00	16,144.00
MED/SURG SUPPLY	649,709.65	25.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	633.90	EDUCATION & TRAINING	0.00	376.00
RADIOLOGY-DIAGNOSTIC	1,124,383.00	898.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,265,752.00	276,908.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	261,205.00	34,335.00	FEE SCHEDULE LAB	6,376,560.94	200,315.50
EKG/ECG	593,868.00	24,240.00	MRI SERVICES	681,335.00	54,155.00
IV THERAPY	2,629,457.00	305,829.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,613,831.86	428,034.14	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	31,324.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	222,503.00	14,223.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	722,666.00	388.00	AMBULANCE	0.00	0.00
GI SERVICES	127,903.50	38,221.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,890,088.60	9,887.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	285,437.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,994,775.00	2,021,925.75
RADIOLOGY THERAPEUTIC	232,469.00	29,016.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,078.00	18,605.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,510.00	2,384.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,098.50	10,251.10	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	1,116.00	IMPL DEV CHARGE PATIENTS	209,200.42	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	535,381.80	48,637.00	NO CC/INVALID REV CODE	2,318.00	162.50
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	177,712.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	261,595.66	90,408.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	279,936.00	77,976.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	150,755.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,094,562.30	1,104,133.00			
			TOTAL ANCILLARY	36,561,135.61	4,811,265.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,561,135.61	4,811,265.89

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

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

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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021246050829	08/20/21 - 08/20/21	09/06/21	122.00	0.00	0.00	0.00	20.52
780	2021252061551	08/10/21 - 08/10/21	09/13/21	122.00	0.00	0.00	0.00	20.52
780	2021270030586	09/20/21 - 09/20/21	10/04/21	122.00	0.00	0.00	0.00	20.52
780	2021313045092	10/21/21 - 10/21/21	11/15/21	122.00	0.00	0.00	0.00	20.52
36	5921316000262	08/17/21 - 08/17/21	11/15/21	0.00	162.50	0.00	0.00	0.00
780	2021341045149	11/24/21 - 11/24/21	12/13/21	122.00	0.00	0.00	0.00	20.52
780	2021341038609	11/15/21 - 11/15/21	12/13/21	122.00	0.00	0.00	0.00	20.52
780	2022011031357	12/21/21 - 12/21/21	01/17/22	122.00	0.00	0.00	0.00	20.52
780	2022019031765	01/13/22 - 01/13/22	01/24/22	122.00	0.00	0.00	0.00	20.52
780	2022046046383	01/28/22 - 01/28/22	02/21/22	122.00	0.00	0.00	0.00	20.52
780	20220631113745	02/22/22 - 02/22/22	03/14/22	122.00	0.00	0.00	0.00	20.52
780	2022088079441	01/18/22 - 01/18/22	04/04/22	122.00	0.00	0.00	0.00	20.52
780	2022094045524	03/17/22 - 03/17/22	04/11/22	122.00	0.00	0.00	0.00	20.52
780	2022095068318	03/31/22 - 03/31/22	04/11/22	122.00	0.00	0.00	0.00	20.52
780	2022124096709	04/26/22 - 04/26/22	05/09/22	122.00	0.00	0.00	0.00	20.52
780	2022157047951	05/11/22 - 05/11/22	06/13/22	122.00	0.00	0.00	0.00	20.52
780	2022158072138	05/23/22 - 05/23/22	06/13/22	122.00	0.00	0.00	0.00	20.52
780	2022178047925	05/17/22 - 05/17/22	07/04/22	122.00	0.00	0.00	0.00	20.52
780	2022181095347	04/18/22 - 04/18/22	07/04/22	122.00	0.00	0.00	0.00	20.52
780	2022244095963	06/13/22 - 06/13/22	09/05/22	122.00	0.00	0.00	0.00	20.52
TOTAL				2,318.00	162.50	0.00	0.00	389.88

Report : CLM-0806-O
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 COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER 000000426A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	628,295.21	ADJUSTMENTS	0.00
COVERED CHARGES	335,801.96	CONTRACTUAL ALLOW	297,670.89
NON-COVERD CHARGES	292,493.25	TOTAL MEDICAID LIAB	38,131.07
		LESS: COB	38,131.07
		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		64	

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
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PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,207.22	0.00	OTHER LAB	5,499.00	0.00
MED/SURG SUPPLY	14,632.74	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,263.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	45,688.00	30,090.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	47,606.12	1,402.16
EKG/ECG	4,338.00	0.00	MRI SERVICES	0.00	14,082.00
IV THERAPY	32,652.00	2,439.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	20,188.66	15,837.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	580.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,986.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	6,022.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	45,231.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,313.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	55,847.70	206,229.75
RADIOLOGY THERAPEUTIC	592.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	254.52	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,287.00	3,074.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,845.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,315.00	12,319.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,476.00	998.00			
			TOTAL ANCILLARY	335,801.96	292,493.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	335,801.96	292,493.25

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	587,738.60	ADJUSTMENTS	67.13
COVERED CHARGES	558,970.40	CONTRACTUAL ALLOW	546,014.31
NON-COVERD CHARGES	28,768.20	TOTAL MEDICAID LIAB	12,956.09
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,956.09

TOTAL NUMBER OF CLAIMS 193

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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WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,086.60	0.00	OTHER LAB	14,101.00	0.00
MED/SURG SUPPLY	1,001.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,544.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	49,307.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	86,983.00	2,724.00
EKG/ECG	7,878.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	25,855.00	2,975.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	327,082.00	3,841.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,795.60	260.20
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	4,737.00	4,921.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,600.00	10,400.00			
			TOTAL ANCILLARY	558,970.40	28,768.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	558,970.40	28,768.20

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

WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL, GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	7,836.70
COVERED CHARGES	7,836.70
NON-COVERD CHARGES	0.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	7,702.44
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
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	65.70	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	4,109.00	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	3,662.00	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	7,836.70	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,836.70	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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 27,722,162.91
COVERED CHARGES 26,412,580.71
NON-COVERD CHARGES 1,309,582.20

-----PAYMENTS-----
ADJUSTMENTS 469,057.86
CONTRACTUAL ALLOW 24,650,794.98
TOTAL MEDICAID LIAB 1,761,785.73
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,761,785.73

TOTAL NUMBER OF CLAIMS 323

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

WELLSTAR COBB HOSPITAL
3950 AUSTELL RD
AUSTELL,GA 30106-1121

PROVIDER NUMBER
000000426A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	130,140.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	382,225.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,670.00	4,124.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,040.00	3,945.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,077.00	FEE SCHEDULE LAB	510,207.00	15,582.15
EKG/ECG	1,818.00	3,030.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,186,465.00	9,009.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	743,868.25	91,934.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,900.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	172,909.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,826.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	35,979.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	21,651,224.00	989,627.30
RADIOLOGY THERAPEUTIC	602,755.00	25,132.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,310.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	459.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	812,365.44	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,636.00	0.00	NO CC/INVALID REV CODE	366.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	15,311.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	55,069.00	93,780.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	77,806.21	67,572.00			
			TOTAL ANCILLARY	26,412,580.71	1,309,582.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,412,580.71	1,309,582.20

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021343044841	11/16/21 - 11/16/21	12/13/21	122.00	0.00	0.00	0.00	20.52
780	5922146000952	04/27/22 - 04/27/22	05/30/22	122.00	0.00	0.00	0.00	20.52
780	5922202000754	06/02/22 - 06/02/22	07/25/22	122.00	0.00	0.00	0.00	20.52
TOTAL				366.00	0.00	0.00	0.00	61.56

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

TOTAL NUMBER OF CLAIMS	1
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	127.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	125.50	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	1,037.00	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	39,945.60	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	41,235.10	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	41,235.10	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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,052,955.34	ADJUSTMENTS	19,527.08
COVERED CHARGES	2,759,647.31	CONTRACTUAL ALLOW	1,757,289.57
NON-COVERD CHARGES	293,308.03	TOTAL MEDICAID LIAB	1,002,357.74
		LESS: COB	3,944.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	9,000.00
		REIMBURSEMENT	1,007,412.76

TOTAL NUMBER OF ADMISSIONS 141

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	426		0	299,924.00		0.00
ROUTINE NURSERY	38		0	13,293.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	464		0	313,217.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	164		0	257,678.00		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	164		0	257,678.00		0.00
TOTAL ACCOMODATIONS	628		0	570,895.00		0.00

Report : CLM-0800-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE I
INPATIENT PAID CLAIMS

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	159,844.64	52,738.23	OTHER LAB	24,665.00	0.00
MED/SURG SUPPLY	55,535.00	100.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	471,163.41	26,665.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,364.00	217.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	186,288.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	42,107.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	31,699.00	714.00	MRI SERVICES	7,759.00	0.00
IV THERAPY	72,807.00	484.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	35,070.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	62,999.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	351,195.00	806.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,480.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,647.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	157,019.00	15,711.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,185.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,723.00	0.00	INJECTABLE DRUGS	514,779.25	6,083.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	35,612.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,791.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	16,288.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,234.00	0.00	NO CC/INVALID REV CODE	8,544.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,796.01	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,364.00	3,501.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	48,823.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	971.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,288.00	0.00			
			TOTAL ANCILLARY	2,188,752.31	293,308.03
			TOTAL ACCOMODATIONS	570,895.00	0.00
			TOTAL CHARGES	2,759,647.31	293,308.03

Report : CLM-0800-0
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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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021244085174	07/21/21 - 07/27/21	09/06/21	3,717.00	0.00	0.00	0.00	0.00
614	2021257069695	08/30/21 - 09/09/21	09/20/21	1,228.00	0.00	0.00	0.00	0.00
614	2022152069625	05/10/22 - 05/11/22	06/06/22	1,228.00	0.00	0.00	0.00	0.00
614	2022158069483	05/19/22 - 05/30/22	06/13/22	2,371.00	0.00	0.00	0.00	0.00
TOTAL				8,544.00	0.00	0.00	0.00	0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,249,557.87
COVERED CHARGES 2,972,283.02
NON-COVERD CHARGES 277,274.85

-----PAYMENTS-----
ADJUSTMENTS 7,100.34
CONTRACTUAL ALLOW 2,341,644.01
TOTAL MEDICAID LIAB 630,639.01
LESS: COB 1,290.58
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 629,348.43
ALL OTHER 523,183.76
FEE SCHEDULE-LAB 97,029.98
INJECTABLE DRUGS 9,134.69

TOTAL NUMBER OF CLAIMS 1,656

Report : CLM-0804-O
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Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,611.18	4,908.35	OTHER LAB	26,831.00	0.00
MED/SURG SUPPLY	16,257.04	206.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	120,203.00	1,698.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	587,503.00	74,829.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	61,366.00	25,084.00	FEE SCHEDULE LAB	580,814.30	16,120.00
EKG/ECG	54,380.00	476.00	MRI SERVICES	72,788.00	3,684.00
IV THERAPY	153,671.00	5,145.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	78,471.00	18,031.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	729.00	106.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,137.00	2,602.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	37,043.00	6,032.00	AMBULANCE	0.00	0.00
GI SERVICES	107,853.00	2,713.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	689,915.00	4,628.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,881.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	92,564.50	35,325.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,489.00	8,348.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,797.00	3,066.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	17,835.00	23,548.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,064.00	3,168.00	NO CC/INVALID REV CODE	2,171.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,619.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	55,315.00	19,321.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	55,596.00	15,740.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	32,573.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	26,806.00	2,496.00			
			TOTAL ANCILLARY	2,972,283.02	277,274.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,972,283.02	277,274.85

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2222132008738	03/28/22 - 03/28/22	05/16/22	2,171.00	0.00	0.00	0.00	503.27
TOTAL				2,171.00	0.00	0.00	0.00	503.27

Report : CLM-0806-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE IV
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,624.25	ADJUSTMENTS	0.00
COVERED CHARGES	13,348.25	CONTRACTUAL ALLOW	11,173.76
NON-COVERD CHARGES	2,276.00	TOTAL MEDICAID LIAB	2,174.49
		LESS: COB	2,174.49
		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 13

Report : CLM-0806-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15.25	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	1,049.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,830.00	1,530.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,178.00	216.00
EKG/ECG	476.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	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	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	3,112.00	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	283.00	155.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	375.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	463.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	13,348.25	2,276.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,348.25	2,276.00

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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	158,086.20	ADJUSTMENTS	0.00
COVERED CHARGES	153,911.10	CONTRACTUAL ALLOW	144,825.98
NON-COVERD CHARGES	4,175.10	TOTAL MEDICAID LIAB	9,085.12
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,085.12

TOTAL NUMBER OF CLAIMS 116

Report : CLM-0808-O
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	620.90	1.65	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	230.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,269.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,564.00	2,783.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	22,503.00	229.00
EKG/ECG	1,190.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,758.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,170.00	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	1,804.00	104.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	60,060.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	721.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,300.20	614.45
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	721.00	443.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	153,911.10	4,175.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	153,911.10	4,175.10

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----

TOTAL CHARGES	7,801.00
COVERED CHARGES	5,904.00
NON-COVERD CHARGES	1,897.00

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	5,512.40
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
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	1,245.00	1,849.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,664.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	309.00	48.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	130.00	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	1,888.00	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	345.00	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	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	5,904.00	1,897.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,904.00	1,897.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	32,844.45	ADJUSTMENTS	0.00
COVERED CHARGES	31,225.60	CONTRACTUAL ALLOW	26,120.49
NON-COVERD CHARGES	1,618.85	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 : 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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	897.50	109.05	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	633.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	141.00	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	691.00	FEE SCHEDULE LAB	200.00	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	9,193.00	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	465.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,499.60	129.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	689.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	18,196.00	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	31,225.60	1,618.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,225.60	1,618.85

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:01:04
Page: 1

COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	64,706,274.88	ADJUSTMENTS	510,067.90
COVERED CHARGES	63,207,679.92	CONTRACTUAL ALLOW	55,825,839.82
NON-COVERD CHARGES	1,498,594.96	TOTAL MEDICAID LIAB	7,381,840.10
		LESS: COB	51,863.46
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,827.00
		REIMBURSEMENT	7,331,803.64

TOTAL NUMBER OF ADMISSIONS 768

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,398		0	8,046,083.80		0.00
ROUTINE NURSERY	129		0	507,936.65		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		4.00
TOTAL ROUTINE	3,527		0	8,554,020.45		4.00
SPECIAL CARE SERVICES						
CCU	50		0	301,547.25		0.00
ICU	749		0	4,530,499.45		0.00
NICU	8		0	49,215.60		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	807		0	4,881,262.30		0.00
TOTAL ACCOMODATIONS	4,334		0	13,435,282.75		4.00

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

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

Run Date: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,278,685.86	330.75	OTHER LAB	342,584.46	0.00
MED/SURG SUPPLY	1,468,207.09	415.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,396,021.05	3,487.05	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,949,930.55	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,900,368.83	1,434,508.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	827,803.99	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	488,565.30	589.05	MRI SERVICES	1,112,910.62	0.00
IV THERAPY	76,295.36	232.05	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,604,186.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	70,721.61	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,871,495.81	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	662,155.65	0.00	AMBULANCE	0.00	0.00
GI SERVICES	175,606.24	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,836,666.73	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	319,279.40	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	104,228.25	0.00	INJECTABLE DRUGS	7,036,377.78	201.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	568,061.80	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	143,491.20	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	323,598.10	28,001.40	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,783.35	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	10,755.15	IMPL DEV CHARGE PATIENTS	407,068.71	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	443,780.65	0.00	NO CC/INVALID REV CODE	0.00	57.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	244,528.32	3,191.01			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	62,572.61	16,821.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,911,237.60	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	86,346.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	53,838.25	0.00			
			TOTAL ANCILLARY	49,772,397.17	1,498,590.96
			TOTAL ACCOMODATIONS	13,435,282.75	4.00
			TOTAL CHARGES	63,207,679.92	1,498,594.96

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

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

Run Date: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021246090485	07/18/21 - 07/25/21	09/13/21	0.00	57.00	0.00	0.00	0.00
TOTAL				0.00	57.00	0.00	0.00	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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,930.10	ADJUSTMENTS	0.00
COVERED CHARGES	172,930.10	CONTRACTUAL ALLOW	148,070.79
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	24,859.31
		LESS: COB	24,922.31
		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	13		0	19,163.55		0.00
ROUTINE NURSERY	6		0	6,148.80		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	19		0	25,312.35		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	19		0	25,312.35		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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,473.94	0.00	OTHER LAB	1,835.40	0.00
MED/SURG SUPPLY	1,058.36	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	17,805.42	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	25,165.80	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	41,252.58	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	250.95	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,684.10	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	91.35	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	34,351.95	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,935.80	0.00	INJECTABLE DRUGS	8,274.00	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	88.20	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,349.90	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	147,617.75	0.00
			TOTAL ACCOMODATIONS	25,312.35	0.00
			TOTAL CHARGES	172,930.10	0.00

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

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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 18,850,510.74
COVERED CHARGES 15,598,164.16
NON-COVERD CHARGES 3,252,346.58

-----PAYMENTS-----
ADJUSTMENTS 118,373.18
CONTRACTUAL ALLOW 14,596,087.46
TOTAL MEDICAID LIAB 1,002,076.70
LESS: COB 2,472.03
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 999,604.67
ALL OTHER 870,092.35
FEE SCHEDULE-LAB 120,176.94
INJECTABLE DRUGS 9,335.38

TOTAL NUMBER OF CLAIMS 2,451

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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	125,280.47	281,926.49	OTHER LAB	214,614.10	0.00
MED/SURG SUPPLY	190,166.16	108,042.01	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,235,363.70	15,768.45	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,680,065.45	958,544.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	14,042.55	FEE SCHEDULE LAB	3,922,889.93	176,225.61
EKG/ECG	443,694.90	18,176.40	MRI SERVICES	184,861.65	76,056.50
IV THERAPY	427,619.68	15,211.41	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	617,511.57	83,829.13	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,791.05	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	30,970.50	10,952.25	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	162,303.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	47,229.01	27,337.69	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,098,481.60	6,816.30	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	102,016.85	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	277,787.93	196,483.44
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	6,601.40	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,743.80	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	8,147.30	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,363.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	131,635.20	154,389.46
LITHOTRIPSY	10,144.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	342,994.65	130,637.80	NO CC/INVALID REV CODE	57.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,662.60	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	66,141.15	12,503.75			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	132,838.83	917,828.49			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,503.20	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	133,539.08	27,718.70			
			TOTAL ANCILLARY	15,598,164.16	3,252,346.58
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,598,164.16	3,252,346.58

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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021337000001	07/26/21 - 07/26/21	12/06/21	57.00	0.00	0.00	0.00	20.52
TOTAL				57.00	0.00	0.00	0.00	20.52

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

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

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

COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	241,393.31	ADJUSTMENTS	0.00
COVERED CHARGES	138,722.14	CONTRACTUAL ALLOW	130,280.23
NON-COVERD CHARGES	102,671.17	TOTAL MEDICAID LIAB	8,441.91
		LESS: COB	8,441.91
		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 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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	723.15	3,315.90	OTHER LAB	6,181.35	0.00
MED/SURG SUPPLY	596.50	0.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,861.35	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	15,571.50	66,190.15	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	40,470.21	1,863.75
EKG/ECG	2,945.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,495.20	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,826.45	5,826.45	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	248.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,454.60	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	4,221.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	25,622.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,280.70	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,526.05	2,328.10
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	3,370.50	5,055.75	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,901.43	8,498.57	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	2,647.05	5,370.75			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	138,722.14	102,671.17
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	138,722.14	102,671.17

Report : CLM-0808-O
Process : CLMJO800
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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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,949,071.51	ADJUSTMENTS	67.13
COVERED CHARGES	1,700,178.11	CONTRACTUAL ALLOW	1,672,252.03
NON-COVERD CHARGES	248,893.40	TOTAL MEDICAID LIAB	27,926.08
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,926.08
TOTAL NUMBER OF CLAIMS		416	

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

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

Run Date: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,670.86	16,877.52	OTHER LAB	5,726.70	0.00
MED/SURG SUPPLY	317.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	143,079.40	8,923.95	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	521,255.45	174,804.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	339,733.72	10,093.50
EKG/ECG	44,066.55	589.05	MRI SERVICES	12,792.15	0.00
IV THERAPY	56,109.32	121.70	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	857.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	541,886.75	1,099.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,581.91	28,480.23
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	178.50	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	12,817.35	7,725.90	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,283.10	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,700,178.11	248,893.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,700,178.11	248,893.40

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

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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER 000000459A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,371.70	ADJUSTMENTS	0.00
COVERED CHARGES	26,402.85	CONTRACTUAL ALLOW	26,067.20
NON-COVERD CHARGES	15,968.85	TOTAL MEDICAID LIAB	335.65
		LESS: COB	335.65
		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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	1,228.50	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	1,540.35	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	10,540.95	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,958.20	3,500.70
EKG/ECG	1,767.15	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	747.60	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	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	8,524.95	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,230.15	698.70
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	2,634.45	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	26,402.85	15,968.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,402.85	15,968.85

Report : CLM-0812-0

Process : CLMJ0800

Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MEDICAID MANAGEMENT INFORMATION SYSTEM

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023

Run Time: 18:01:04

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COLISEUM MEDICAL CENTER, LLC

350 HOSPITAL DR

MACON, GA 31217-3838

PROVIDER NUMBER

000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00

SERVICE DATES 07/01/21 THROUGH 06/30/22

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

-----CHARGES-----

TOTAL CHARGES	1,108,529.44
COUNTY CHARGES	1,221,525.44

COVERED CHARGES	1,081,585.44
-----------------	--------------

NON-COVERD CHARGES	26,944.00
--------------------	-----------

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTROL TOTAL	1,000,000.00

CONTRACTUAL ALLOW	1,034,066.58
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TOTAL MEDICAID LIAB	47,518.86
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LESS: COB	0.00
LESS: CREDIT	0.00

LESS: COPAYMENT	0.00
LESS: ADDON PRIME	0.00

ADD: ADDON PYMT	0.00
REIMBURSEMENT	17,510.00

REIMBURSEMENT	47,518.86
---------------	-----------

TOTAL NUMBER OF CLAIMS

9

Report : CLM-0812-O
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: 08/06/2023
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COLISEUM MEDICAL CENTER, LLC
350 HOSPITAL DR
MACON,GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15,791.30	6,446.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,268.25	1,834.75	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,802.85	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	2,807.70	FEE SCHEDULE LAB	21,685.49	2,976.60
EKG/ECG	2,889.15	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,321.95	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	698,982.55	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	248.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	78,645.15	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,129.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	26,707.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,072.55	3,104.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,439.55	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	190,086.75	8,334.50
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	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,954.00	0.00			
			TOTAL ANCILLARY	1,081,585.44	26,944.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,081,585.44	26,944.00

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 CENTER, LLC
350 HOSPITAL DR
MACON, GA 31217-3838

PROVIDER NUMBER
000000459A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
 Run Time: 18:10:51
 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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	40,368,275.61	ADJUSTMENTS	1,045,341.70
COVERED CHARGES	40,262,510.55	CONTRACTUAL ALLOW	33,313,053.76
NON-COVERD CHARGES	105,765.06	TOTAL MEDICAID LIAB	6,949,456.79
		LESS: COB	128,521.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	5,733.00
		REIMBURSEMENT	6,826,668.41

TOTAL NUMBER OF ADMISSIONS 606

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,065		0	3,436,004.00		0.00
ROUTINE NURSERY	358		0	803,565.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		58.00
TOTAL ROUTINE	2,423		0	4,239,569.00		58.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	886		0	4,258,059.00		0.00
NICU	43		0	245,143.00		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	929		0	4,503,202.00		0.00
TOTAL ACCOMODATIONS	3,352		0	8,742,771.00		58.00

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

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

Run Date: 08/06/2023
Run Time: 18:10:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,255,367.33	0.00	OTHER LAB	404,167.00	0.00
MED/SURG SUPPLY	807,005.75	1,310.06	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,819,453.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	416,952.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,565,530.53	14,671.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	193,653.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	331,750.00	0.00	MRI SERVICES	475,465.12	0.00
IV THERAPY	725,543.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,269,016.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	388,824.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,627,841.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	265,539.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	274,728.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,701,836.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	437,749.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	133,468.00	0.00	INJECTABLE DRUGS	187.20	0.00
RADIOLOGY THERAPEUTIC	18,025.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	100,137.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	45,915.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,114,694.00	9,750.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	21,328.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	703,660.51	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	237,492.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	208,059.00	63,309.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	70,069.03	16,667.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,511,084.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	81,133.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	314,068.08	0.00			
			TOTAL ANCILLARY	31,519,739.55	105,707.06
			TOTAL ACCOMODATIONS	8,742,771.00	58.00
			TOTAL CHARGES	40,262,510.55	105,765.06

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: 08/06/2023
Run Time: 18:10:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	790,090.75	ADJUSTMENTS	0.00
COVERED CHARGES	790,090.75	CONTRACTUAL ALLOW	673,601.59
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	116,489.16
		LESS: COB	116,678.16
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		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	44		0	72,952.00		0.00
ROUTINE NURSERY	11		0	19,687.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	55		0	92,639.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	11		0	52,272.00		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	11		0	52,272.00		0.00
TOTAL ACCOMODATIONS	66		0	144,911.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	78,845.60	0.00	OTHER LAB	20,762.00	0.00
MED/SURG SUPPLY	16,095.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	77,566.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,271.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,604.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,765.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,926.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	57,577.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	110,563.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	82,081.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,560.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,238.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,876.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,695.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,599.00	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	663.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,313.84	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,106.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,705.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	64,367.60	0.00			
			TOTAL ANCILLARY	645,179.75	0.00
			TOTAL ACCOMODATIONS	144,911.00	0.00
			TOTAL CHARGES	790,090.75	0.00

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: 08/06/2023
Run Time: 18:10:51
Page: 5

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,124,826.90	ADJUSTMENTS	878,233.41
COVERED CHARGES	23,098,481.69	CONTRACTUAL ALLOW	20,113,611.19
NON-COVERD CHARGES	3,026,345.21	TOTAL MEDICAID LIAB	2,984,870.50
		LESS: COB	909.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,983,960.52
		ALL OTHER	1,774,667.71
		FEE SCHEDULE-LAB	114,080.40
		INJECTABLE DRUGS	1,095,212.41
TOTAL NUMBER OF CLAIMS		3,706	

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: 08/06/2023
Run Time: 18:10:51
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	250,697.58	1,000.40	OTHER LAB	225,563.00	2,621.00
MED/SURG SUPPLY	452,823.65	33,788.38	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	527,483.00	30,618.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,016,568.00	471,518.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	36,150.00	22,234.00	FEE SCHEDULE LAB	2,393,970.00	82,055.00
EKG/ECG	294,934.00	8,848.00	MRI SERVICES	271,591.00	96,906.00
IV THERAPY	1,315,038.00	209,889.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,997,933.34	188,511.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	78,575.00	26,400.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	251,800.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	140,548.00	77,655.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,889,202.00	578.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	417,351.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,501,644.07	564,122.09
RADIOLOGY THERAPEUTIC	1,086,468.00	105,906.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,751.00	4,684.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,516.00	4,677.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	53,625.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,945.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	73,971.23	585,654.68
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	511,089.00	102,305.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	25,106.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	94,495.00	154,884.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	455,146.00	185,481.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	270,396.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	507,671.82	9,439.00			
			TOTAL ANCILLARY	23,098,481.69	3,026,345.21
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,098,481.69	3,026,345.21

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	249,846.95
TOTAL MEDICAID LIAB	28,307.36
LESS: COB	28,307.36
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	60
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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: 08/06/2023
Run Time: 18:10:51
Page: 8

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,717.79	499.20	OTHER LAB	4,454.00	2,621.00
MED/SURG SUPPLY	21,936.54	462.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,964.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,072.00	9,595.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	981.00	FEE SCHEDULE LAB	30,987.00	1,111.00
EKG/ECG	3,318.00	0.00	MRI SERVICES	6,374.00	0.00
IV THERAPY	16,204.00	2,536.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	69,015.00	6,628.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,510.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	53,493.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,538.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,079.98	1,596,105.88
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	41,674.88
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,953.00	2,017.00	NO CC/INVALID REV 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	656.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,546.00	4,281.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,833.00	0.00			
			TOTAL ANCILLARY	278,154.31	1,669,168.66
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	278,154.31	1,669,168.66

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	874,404.16	ADJUSTMENTS	268.52
COVERED CHARGES	841,179.93	CONTRACTUAL ALLOW	826,675.72
NON-COVERD CHARGES	33,224.23	TOTAL MEDICAID LIAB	14,504.21
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,504.21

TOTAL NUMBER OF CLAIMS	217
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Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,565.56	0.00	OTHER LAB	5,328.00	0.00
MED/SURG SUPPLY	77.81	262.08	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,688.00	547.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	193,336.00	19,751.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	120,075.00	3,917.00
EKG/ECG	13,825.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	80,698.00	5,472.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,565.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	364,794.00	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	5,842.57	2,722.15
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	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,637.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,631.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,658.99	0.00			
			TOTAL ANCILLARY	841,179.93	33,224.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	841,179.93	33,224.23

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	62,963.82
COVERED CHARGES	53,877.06
NON-COVERD CHARGES	9,086.76

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	53,004.37
TOTAL MEDICAID LIAB	872.69
LESS: COB	872.69
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	13
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	125.06	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	3,655.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,656.00	8,679.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,298.00	258.00
EKG/ECG	1,659.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,727.00	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	549.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,808.00	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	400.00	149.76
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	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	53,877.06	9,086.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,877.06	9,086.76

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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NEWNAN, GA 30265-1618

000000492A

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

REIMBURSEMENT: 020,000.00

TOTAL NUMBER OF CLAIMS	54
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,819.41	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	148,983.02	2,122.34	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,893.00	377.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,488.00	FEE SCHEDULE LAB	16,159.00	0.00
EKG/ECG	1,106.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	24,489.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	319,554.49	43,309.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	640.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	66,232.00	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	82,956.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,889,409.58	118,518.24
RADIOLOGY THERAPEUTIC	17,316.00	696.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	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	279,709.47	96,280.60
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	99,702.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,576.00	1,178.00			
			TOTAL ANCILLARY	4,976,865.97	269,673.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,976,865.97	269,673.69

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 11:58:07
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	146,046,632.58	ADJUSTMENTS	6,456,878.26
COVERED CHARGES	144,368,869.89	CONTRACTUAL ALLOW	114,379,887.99
NON-COVERD CHARGES	1,677,762.69	TOTAL MEDICAID LIAB	29,988,981.90
		LESS: COB	485,911.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	11,277.00
		REIMBURSEMENT	29,514,347.35

TOTAL NUMBER OF ADMISSIONS 2,270

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	12,640		0	22,840,574.00		0.00
ROUTINE NURSERY	1,417		0	4,217,952.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	14,057		0	27,058,526.00		0.00
SPECIAL CARE SERVICES						
CCU	340		0	2,623,780.00		0.00
ICU	2,078		0	15,203,828.00		0.00
NICU	223		0	1,538,700.00		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	2,641		0	19,366,308.00		0.00
TOTAL ACCOMODATIONS	16,698		0	46,424,834.00		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: 08/06/2023
Run Time: 11:58:07
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,567,799.29	0.00	OTHER LAB	1,046,421.00	0.00
MED/SURG SUPPLY	3,015,416.76	20,121.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	21,895,081.13	2,080.00	EDUCATION & TRAINING	100.00	0.00
RADIOLOGY-DIAGNOSTIC	1,576,848.00	8,567.00	OTHER THERAPEUTIC SVC	0.00	228,272.00
CT SCAN	4,047,793.00	20,315.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,133,965.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	822,321.00	354.00	MRI SERVICES	1,705,252.00	0.00
IV THERAPY	1,416,503.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,278,377.10	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	816,537.00	3,466.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,753,624.15	44,987.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,433,152.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	562,220.00	4,675.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,842,764.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	727,929.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	69,103.75
LABORATORY PATHOLOGIC	724,339.00	143.00	INJECTABLE DRUGS	9,500,250.73	1,030.94
RADIOLOGY THERAPEUTIC	306,415.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	682,425.00	408.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	200,305.50	202.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,273,551.00	550,189.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	44,719.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,330,130.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	812,541.00	590,809.00	NO CC/INVALID REV CODE	134,794.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,604,994.63	77,556.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	137,009.00	52,443.00			
AUDIOLOGY	55,163.50	0.00			
CARDIOLOGY	5,264,527.50	3,041.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	170,549.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	60,218.00	0.00			
			TOTAL ANCILLARY	97,944,035.89	1,677,762.69
			TOTAL ACCOMODATIONS	46,424,834.00	0.00
			TOTAL CHARGES	144,368,869.89	1,677,762.69

Report : CLM-0800-0
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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2321344000266	10/22/21 - 10/24/21	12/20/21	7,624.00	0.00	0.00	719.19	0.00
615	2322062000049	01/02/22 - 01/04/22	03/07/22	7,624.00	0.00	0.00	2,314.85	0.00
614	2322067000229	01/04/22 - 01/10/22	03/14/22	3,812.00	0.00	0.00	2,160.85	0.00
614	2322096000347	01/19/22 - 02/15/22	04/11/22	3,358.00	0.00	0.00	34,180.09	0.00
614	2322103000454	12/08/21 - 12/16/21	04/18/22	3,812.00	0.00	0.00	5,737.97	0.00
615	2322103000454	12/08/21 - 12/16/21	04/18/22	7,624.00	0.00	0.00	5,737.97	0.00
615	2322104000068	02/19/22 - 02/26/22	04/25/22	7,624.00	0.00	0.00	2,788.12	0.00
614	2322112000178	01/15/22 - 01/24/22	05/02/22	7,624.00	0.00	0.00	3,145.05	0.00
615	5222122000325	02/01/22 - 03/04/22	05/09/22	7,624.00	0.00	0.00	6,759.45	0.00
614	5222130046476	03/30/22 - 04/15/22	05/16/22	3,812.00	0.00	0.00	0.00	0.00
614	2322147000196	04/06/22 - 04/11/22	06/06/22	2,296.00	0.00	0.00	505.55	0.00
614	2022161078825	02/21/22 - 02/28/22	06/20/22	3,946.00	0.00	0.00	0.00	0.00
615	2322172000328	04/29/22 - 05/03/22	07/04/22	7,624.00	0.00	0.00	2,155.41	0.00
614	2322173000117	05/03/22 - 05/20/22	06/27/22	7,624.00	0.00	0.00	3,531.60	0.00
615	2322175000264	03/27/22 - 04/08/22	07/04/22	4,592.00	0.00	0.00	3,806.65	0.00
614	5222179000420	02/04/22 - 03/28/22	07/04/22	15,248.00	0.00	0.00	7,667.59	0.00
614	2322187000117	05/16/22 - 05/19/22	07/11/22	3,812.00	0.00	0.00	1,942.88	0.00
614	2322193000382	05/10/22 - 06/02/22	07/25/22	2,296.00	0.00	0.00	1,880.58	0.00
614	2022200048523	07/05/22 - 07/14/22	07/25/22	3,812.00	0.00	0.00	0.00	0.00
614	2322207000268	05/22/22 - 06/09/22	08/01/22	3,812.00	0.00	0.00	5,499.93	0.00
614	5222226000004	04/30/22 - 05/08/22	08/22/22	7,624.00	0.00	0.00	2,357.38	0.00
614	2322229000149	06/26/22 - 07/10/22	08/29/22	3,946.00	0.00	0.00	7,101.32	0.00
614	5222296000017	05/01/22 - 06/07/22	10/31/22	3,812.00	0.00	0.00	0.00	0.00
615	5222296000017	05/01/22 - 06/07/22	10/31/22	3,812.00	0.00	0.00	0.00	0.00
TOTAL				134,794.00	0.00	0.00	99,992.43	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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,157,201.90	ADJUSTMENTS	0.00
COVERED CHARGES	1,143,472.70	CONTRACTUAL ALLOW	857,234.90
NON-COVERD CHARGES	13,729.20	TOTAL MEDICAID LIAB	286,237.80
		LESS: COB	286,363.80
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 41

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	89		0	160,823.00		0.00
ROUTINE NURSERY	69		0	234,500.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	158		0	395,323.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	4		0	27,600.00		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	27,600.00		0.00
TOTAL ACCOMODATIONS	162		0	422,923.00		0.00

Report : CLM-0802-0
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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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	26,166.38	0.00	OTHER LAB	418.00	0.00
MED/SURG SUPPLY	11,248.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	99,988.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,665.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,293.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,822.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,213.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,448.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,761.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	274,256.00	9,964.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	65,326.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	103,973.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,684.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,914.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,470.20
LABORATORY PATHOLOGIC	8,347.00	0.00	INJECTABLE DRUGS	22,270.32	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	867.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,017.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,495.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,825.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,677.00	1,295.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	3,570.00	0.00			
CARDIOLOGY	11,959.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	347.00	0.00			
			TOTAL ANCILLARY	720,549.70	13,729.20
			TOTAL ACCOMODATIONS	422,923.00	0.00
			TOTAL CHARGES	1,143,472.70	13,729.20

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	47,278,305.44	ADJUSTMENTS	769,373.44
COVERED CHARGES	38,965,741.13	CONTRACTUAL ALLOW	31,378,289.48
NON-COVERD CHARGES	8,312,564.31	TOTAL MEDICAID LIAB	7,587,451.65
		LESS: COB	5,840.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,581,611.53
		ALL OTHER	4,842,108.90
		FEE SCHEDULE-LAB	584,068.11
		INJECTABLE DRUGS	2,155,434.52
TOTAL NUMBER OF CLAIMS		9,801	

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

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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	993,017.86	145,171.88	OTHER LAB	439,817.00	3,880.00
MED/SURG SUPPLY	397,333.94	5,253.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	711,439.00	284,550.00	OTHER THERAPEUTIC SVC	64,680.00	110,834.00
CT SCAN	2,558,367.00	611,013.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,817.00	18,149.00	FEE SCHEDULE LAB	7,944,674.00	813,521.00
EKG/ECG	688,353.00	974.00	MRI SERVICES	1,123,988.00	201,759.00
IV THERAPY	2,774,687.00	35,534.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,389,203.75	629,382.26	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	53,958.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	377,331.00	55,487.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	478,664.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	83,948.00	118,707.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,670,166.00	17,590.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	490,106.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,422.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,376,735.28	3,091,527.17
RADIOLOGY THERAPEUTIC	1,870,819.00	68,783.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	11,709.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,526.00	35,299.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	217,636.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,958.00	15,977.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	132,596.25	276,040.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	962,026.00	642,397.00	NO CC/INVALID REV CODE	4,780.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,036,523.28	93,270.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	315,584.00	65,145.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	643,212.00	484,593.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,312.00	1,340.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,347,118.77	253,621.00			
			TOTAL ANCILLARY	38,965,741.13	8,312,564.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,965,741.13	8,312,564.31

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021330059421	09/23/21 - 09/23/21	12/06/21	33.00	0.00	0.00	0.00	20.52
614	2022040089417	11/03/21 - 11/03/21	02/14/22	4,747.00	0.00	0.00	0.00	852.94
TOTAL				4,780.00	0.00	0.00	0.00	873.46

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

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

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

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,216,112.35	ADJUSTMENTS	0.00
COVERED CHARGES	525,226.77	CONTRACTUAL ALLOW	445,206.66
NON-COVERD CHARGES	690,885.58	TOTAL MEDICAID LIAB	80,020.11
		LESS: COB	80,020.11
		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			142

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	25,833.22	8,152.72	OTHER LAB	8,134.00	0.00
MED/SURG SUPPLY	16,346.24	461.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,455.00	3,790.00	OTHER THERAPEUTIC SVC	0.00	404.00
CT SCAN	12,252.00	25,793.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	147,410.00	36,549.00
EKG/ECG	4,956.00	0.00	MRI SERVICES	7,624.00	71,692.00
IV THERAPY	26,127.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	64,586.00	63,746.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,888.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,048.00	942.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	18,977.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,184.00	11,921.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,833.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,371.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	21,492.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,339.56	338,994.86
RADIOLOGY THERAPEUTIC	20,257.00	2,040.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,194.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	301.00	518.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,636.50	4,375.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,754.00	62,733.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	42,802.66	10,725.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,171.00	14,180.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,720.00	8,918.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	34,220.59	2,265.00			
			TOTAL ANCILLARY	525,226.77	690,885.58
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	525,226.77	690,885.58

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

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

Run Date: 08/06/2023
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Page: 11

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	338,038.35	ADJUSTMENTS	335.65
COVERED CHARGES	319,143.08	CONTRACTUAL ALLOW	306,858.29
NON-COVERD CHARGES	18,895.27	TOTAL MEDICAID LIAB	12,284.79
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,284.79
TOTAL NUMBER OF CLAIMS		183	

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,686.59	0.00	OTHER LAB	4,908.00	0.00
MED/SURG SUPPLY	1,316.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,700.00	6,843.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,351.00	1,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,777.00	759.00
EKG/ECG	6,549.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,710.00	450.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,532.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,764.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,742.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	183,227.00	1,483.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,334.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,101.49	6,663.27
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	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,356.00	1,408.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,306.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	783.00	0.00			
			TOTAL ANCILLARY	319,143.08	18,895.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	319,143.08	18,895.27

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,922.00	ADJUSTMENTS	0.00
COVERED CHARGES	5,580.00	CONTRACTUAL ALLOW	5,445.74
NON-COVERD CHARGES	1,342.00	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 : 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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	1,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,734.00	53.00
EKG/ECG	354.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	408.00	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	2,838.00	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.	246.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	5,580.00	1,342.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,580.00	1,342.00

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

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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	10,651,034.36
COVERED CHARGES	9,526,897.43
NON-COVERD CHARGES	1,124,136.93

-----PAYMENTS-----	
ADJUSTMENTS	441,996.45
CONTRACTUAL ALLOW	6,924,667.97
TOTAL MEDICAID LIAB	2,602,229.46
LESS: COB	2,218.91
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	2,600,010.55

TOTAL NUMBER OF CLAIMS	429
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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 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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	39,072.40	258.91	OTHER LAB	154.00	0.00
MED/SURG SUPPLY	153,621.31	89.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	55,422.00	16,855.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,289.00	11,544.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	340,638.00	21,538.00
EKG/ECG	885.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	423,943.00	9,900.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	818,020.67	73,287.35	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,194.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	166,410.00	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	82,186.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,706,212.37	804,526.59
RADIOLOGY THERAPEUTIC	354,968.00	1,383.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	456.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,956.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	248.00	765.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	212,706.60	73,021.00
LITHOTRIPSY	10,472.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,816.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,662.08	515.08			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,708.00	1,676.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	101,784.00	3,740.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	16,485.00	97,626.00			
			TOTAL ANCILLARY	9,526,897.43	1,124,136.93
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,526,897.43	1,124,136.93

Location: CLMP8000

SUMMARY TYPE VIII

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA, GA 30308-2247

000000503A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	1
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Report : CLM-0814-0
Process : CLMJ0800
Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 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	339.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	225.00	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	22,623.69	0.00
RADIOLOGY THERAPEUTIC	2,214.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	25,401.69	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,401.69	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,387,518.25	ADJUSTMENTS	183,069.55
COVERED CHARGES	36,368,205.75	CONTRACTUAL ALLOW	31,788,734.67
NON-COVERD CHARGES	19,312.50	TOTAL MEDICAID LIAB	4,579,471.08
		LESS: COB	61,732.72
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,402.00
		REIMBURSEMENT	4,521,140.36

TOTAL NUMBER OF ADMISSIONS 494

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	993		0	1,841,181.00		0.00
ROUTINE NURSERY	110		0	158,062.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,103		0	1,999,243.00		0.00
SPECIAL CARE SERVICES						
CCU	1,008		0	5,529,216.00		0.00
ICU	439		0	2,733,578.00		0.00
NICU	80		0	696,720.00		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	1,527		0	8,959,514.00		0.00
TOTAL ACCOMODATIONS	2,630		0	10,958,757.00		0.00

Report : CLM-0800-O
Process : CLMJ0800
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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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,906,210.80	0.00	OTHER LAB	328,198.00	0.00
MED/SURG SUPPLY	773,525.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,089,074.57	0.00	EDUCATION & TRAINING	5,588.00	0.00
RADIOLOGY-DIAGNOSTIC	539,956.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,215,032.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	82,204.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	263,028.00	0.00	MRI SERVICES	348,103.00	0.00
IV THERAPY	582,106.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,464,582.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	462,749.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,004,258.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	434,380.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	133,906.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,574,080.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	77,082.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	3,400.40
LABORATORY PATHOLOGIC	111,689.00	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	72,427.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	43,158.00	15,204.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,333.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	3,351.00	0.00	IMPL DEV CHARGE PATIENTS	92,578.57	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	127,704.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	717,303.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	81,606.60	708.10			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	937,937.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	55,296.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	873,003.07	0.00			
			TOTAL ANCILLARY	25,409,448.75	19,312.50
			TOTAL ACCOMODATIONS	10,958,757.00	0.00
			TOTAL CHARGES	36,368,205.75	19,312.50

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	366,379.70	ADJUSTMENTS	0.00
COVERED CHARGES	366,379.70	CONTRACTUAL ALLOW	318,055.89
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	48,323.81
		LESS: COB	48,575.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		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	10		0	18,530.00		0.00
ROUTINE NURSERY	5		0	16,048.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	15		0	34,578.00		0.00
SPECIAL CARE SERVICES						
CCU	2		0	10,880.00		0.00
ICU	2		0	12,240.00		0.00
NICU	4		0	34,836.00		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	8		0	57,956.00		0.00
TOTAL ACCOMODATIONS	23		0	92,534.00		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	97,394.40	0.00	OTHER LAB	2,405.00	0.00
MED/SURG SUPPLY	11,294.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	37,531.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,588.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,518.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,920.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	21,807.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	19,451.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,460.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,038.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,520.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,541.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,616.00	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	612.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,692.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	11,619.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,627.00	0.00			
			TOTAL ANCILLARY	273,845.70	0.00
			TOTAL ACCOMODATIONS	92,534.00	0.00
			TOTAL CHARGES	366,379.70	0.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 18,062,714.83
COVERED CHARGES 16,987,364.60
NON-COVERD CHARGES 1,075,350.23

-----PAYMENTS-----
ADJUSTMENTS 163,455.80
CONTRACTUAL ALLOW 14,948,823.00
TOTAL MEDICAID LIAB 2,038,541.60
LESS: COB 14,402.13
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,024,139.47
ALL OTHER 1,681,754.75
FEE SCHEDULE-LAB 193,508.99
INJECTABLE DRUGS 148,875.73

TOTAL NUMBER OF CLAIMS 3,667

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	333,658.00	0.00	OTHER LAB	269,261.00	3,792.00
MED/SURG SUPPLY	264,249.58	5,369.14	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	156.00
RADIOLOGY-DIAGNOSTIC	738,729.00	3,922.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,171,898.00	129,432.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	33,120.00	5,480.00	FEE SCHEDULE LAB	2,271,655.08	67,511.45
EKG/ECG	287,544.00	8,484.00	MRI SERVICES	485,262.00	47,761.00
IV THERAPY	947,469.00	207,076.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	584,736.00	122,580.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	50.00
RESPIRATORY SERVICES	160,180.00	6,582.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	292,816.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	118,812.00	17,836.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,071,499.00	7,067.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	80,746.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,039,669.90	116,898.54
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	368.00	204.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,165.00	3,420.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,555.40	3,519.10	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	459.00	IMPL DEV CHARGE PATIENTS	26,546.03	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	421,601.00	33,822.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	20,646.00	5,536.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	273,025.80	16,536.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	252,015.00	49,631.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	142,005.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	682,132.81	212,226.00			
			TOTAL ANCILLARY	16,987,364.60	1,075,350.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,987,364.60	1,075,350.23

WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	198,994.04	ADJUSTMENTS	0.00
COVERED CHARGES	166,063.84	CONTRACTUAL ALLOW	147,035.02
NON-COVERD CHARGES	32,930.20	TOTAL MEDICAID LIAB	19,028.82
		LESS: COB	19,028.82
		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			34

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Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,434.70	0.00	OTHER LAB	7,744.00	0.00
MED/SURG SUPPLY	193.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,468.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,061.00	15,349.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	31,980.75	884.00
EKG/ECG	2,424.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,117.00	749.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,681.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,525.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	55,960.00	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	1,094.90	508.20
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	6,430.00	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	9,002.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,528.00	3,711.00			
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	12,422.09	1,410.00			
			TOTAL ANCILLARY	166,063.84	32,930.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	166,063.84	32,930.20

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	370,950.00	ADJUSTMENTS	134.26
COVERED CHARGES	359,444.00	CONTRACTUAL ALLOW	351,455.53
NON-COVERD CHARGES	11,506.00	TOTAL MEDICAID LIAB	7,988.47
		LESS: COB	67.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,921.47

TOTAL NUMBER OF CLAIMS 119

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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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,987.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	547.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,229.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	67,562.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,275.00	1,065.00
EKG/ECG	1,818.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	15,406.00	1,043.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	202,206.00	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	613.30	434.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	4,000.00			
			TOTAL ANCILLARY	359,444.00	11,506.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	359,444.00	11,506.00

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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WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,924.60	ADJUSTMENTS	0.00
COVERED CHARGES	5,924.60	CONTRACTUAL ALLOW	5,790.34
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 : 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.60	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	718.00	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	938.00	0.00
EKG/ECG	606.00	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	3,662.00	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	5,924.60	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,924.60	0.00

WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	945,058.44	ADJUSTMENTS	21,300.96
COVERED CHARGES	920,830.34	CONTRACTUAL ALLOW	830,301.26
NON-COVERD CHARGES	24,228.10	TOTAL MEDICAID LIAB	90,529.08
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	90,529.08

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8,567.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	15,987.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	617.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,074.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	17,502.00	822.00
EKG/ECG	0.00	606.00	MRI SERVICES	0.00	0.00
IV THERAPY	23,083.00	2,243.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,938.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,355.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,422.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,578.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,453.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	690,171.10	19,559.10
RADIOLOGY THERAPEUTIC	1,480.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	4,286.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	66,316.24	998.00			
			TOTAL ANCILLARY	920,830.34	24,228.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	920,830.34	24,228.10

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 07/01/21 THROUGH 06/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	60,913.73	ADJUSTMENTS 0.00
COVERED CHARGES	47,419.13	CONTRACTUAL ALLOW 42,093.89
NON-COVERD CHARGES	13,494.60	TOTAL MEDICAID LIAB 5,325.24
		LESS: COB 5,325.24
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 0.00
TOTAL NUMBER OF CLAIMS		1

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

WELLSTAR DOUGLAS HOSPITAL
8954 HOSPITAL DR
DOUGLASVILLE,GA 30134-2224

PROVIDER NUMBER
000000624A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,101.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,321.12	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	424.00	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	751.00	FEE SCHEDULE LAB	0.00	2,343.00
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	16,611.00	7,523.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,474.00	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	2,569.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	378.20	2,877.60
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	16,086.00	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	454.41	0.00			
			TOTAL ANCILLARY	47,419.13	13,494.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	47,419.13	13,494.60

** 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: 08/06/2023
Run Time: 14:22:06
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,876.96	ADJUSTMENTS	0.00
COVERED CHARGES	51,249.76	CONTRACTUAL ALLOW	26,214.16
NON-COVERD CHARGES	1,627.20	TOTAL MEDICAID LIAB	25,035.60
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	25,035.60

TOTAL NUMBER OF ADMISSIONS 6

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	13		0	12,350.00		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	12,350.00		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	12,350.00		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: 08/06/2023
Run Time: 14:22:06
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,211.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	760.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,189.57	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,039.20	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,566.80	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	346.62	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	130.80	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	1,756.50	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	9,455.40	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	300.00	0.00	INJECTABLE DRUGS	2,407.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	150.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	1,586.72	1,627.20			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	38,899.76	1,627.20
			TOTAL ACCOMODATIONS	12,350.00	0.00
			TOTAL CHARGES	51,249.76	1,627.20

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: 08/06/2023
Run Time: 14:22:06
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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:22:06
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	387,784.76	ADJUSTMENTS	13,069.97
COVERED CHARGES	279,280.29	CONTRACTUAL ALLOW	148,111.77
NON-COVERD CHARGES	108,504.47	TOTAL MEDICAID LIAB	131,168.52
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	131,168.52
		ALL OTHER	120,812.03
		FEE SCHEDULE-LAB	9,901.43
		INJECTABLE DRUGS	455.06
TOTAL NUMBER OF CLAIMS		354	

Report : CLM-0804-O
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: 08/06/2023
Run Time: 14:22:06
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,730.00	4,521.88	OTHER LAB	1,548.10	0.00
MED/SURG SUPPLY	8,788.18	1,289.74	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,744.84	2,631.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	27,506.70	79,896.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	150.00	0.00	FEE SCHEDULE LAB	36,602.59	4,176.00
EKG/ECG	2,746.80	130.80	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	376.16	447.24	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	157,710.12	11,647.51	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,863.28	3,763.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,925.52	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	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,588.00	0.00			
			TOTAL ANCILLARY	279,280.29	108,504.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	279,280.29	108,504.47

Report : CLM-0806-O
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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	195.48	ADJUSTMENTS	0.00
COVERED CHARGES	145.08	CONTRACTUAL ALLOW	102.66
NON-COVERD CHARGES	50.40	TOTAL MEDICAID LIAB	42.42
		LESS: COB	42.42
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	145.08	50.40
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	145.08	50.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	145.08	50.40

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,541.10	ADJUSTMENTS	350.00
COVERED CHARGES	34,250.06	CONTRACTUAL ALLOW	31,380.06
NON-COVERD CHARGES	8,291.04	TOTAL MEDICAID LIAB	2,870.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,870.00

TOTAL NUMBER OF CLAIMS 41

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	153.00	866.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	223.69	33.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	462.08	1,664.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,992.00	5,307.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,871.24	197.64
EKG/ECG	130.80	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	24,755.25	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	662.00	222.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	34,250.06	8,291.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,250.06	8,291.04

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:18:57
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,157,399.67	ADJUSTMENTS	0.00
COVERED CHARGES	1,100,424.67	CONTRACTUAL ALLOW	851,356.05
NON-COVERD CHARGES	56,975.00	TOTAL MEDICAID LIAB	249,068.62
		LESS: COB	837.01
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	248,231.61

TOTAL NUMBER OF ADMISSIONS 29

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	81		0	139,766.67		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	81		0	139,766.67		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	15		0	31,600.00		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	15		0	31,600.00		0.00
TOTAL ACCOMODATIONS	96		0	171,366.67		0.00

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

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

Run Date: 08/06/2023
Run Time: 12:18:57
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	117,905.00	160.00	OTHER LAB	8,450.00	0.00
MED/SURG SUPPLY	110,138.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	242,725.00	19,735.00	EDUCATION & TRAINING	270.00	0.00
RADIOLOGY-DIAGNOSTIC	14,895.00	730.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	145,175.00	19,055.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,230.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	9,280.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	56,535.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	51,880.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	68,065.00	2,845.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,915.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	54,230.00	1,815.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,195.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,070.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,950.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,150.00	12,635.00			
			TOTAL ANCILLARY	929,058.00	56,975.00
			TOTAL ACCOMODATIONS	171,366.67	0.00
			TOTAL CHARGES	1,100,424.67	56,975.00

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: 08/06/2023
Run Time: 12:18:57
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,515,580.64
COVERED CHARGES	2,015,999.62
NON-COVERD CHARGES	499,581.02

-----PAYMENTS-----	
ADJUSTMENTS	27,290.89
CONTRACTUAL ALLOW	1,672,976.14
TOTAL MEDICAID LIAB	343,023.48
LESS: COB	298.08
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	342,725.40
ALL OTHER	314,259.98
FEE SCHEDULE-LAB	27,222.74
INJECTABLE DRUGS	1,242.68

TOTAL NUMBER OF CLAIMS	722
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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: 08/06/2023
Run Time: 12:18:57
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	35,430.00	50,670.00	OTHER LAB	17,670.00	0.00
MED/SURG SUPPLY	76,504.60	21,426.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	405.00
RADIOLOGY-DIAGNOSTIC	101,090.00	5,225.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	295,490.00	214,060.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	139,650.00	11,060.00	FEE SCHEDULE LAB	390,015.00	34,000.00
EKG/ECG	29,730.00	2,560.00	MRI SERVICES	92,580.00	5,965.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	94,170.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,605.00	8,075.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	98,590.00	67,825.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	417,725.00	24,335.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,035.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	51,575.02	25,860.02
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	3,010.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,300.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,125.00	2,630.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,105.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	14,125.00	11,300.00			
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	85,775.00	12,885.00			
			TOTAL ANCILLARY	2,015,999.62	499,581.02
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,015,999.62	499,581.02

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

CLAXTON, GA 30417-1659

000000734A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	3
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	315.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	590.00	40.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	365.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,445.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,470.00	395.00
EKG/ECG	320.00	640.00	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	4,790.00	240.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	180.00	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	1,975.00	240.00			
			TOTAL ANCILLARY	13,690.00	8,445.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,690.00	8,445.00

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	58,855.00	ADJUSTMENTS	78.32
COVERED CHARGES	53,945.00	CONTRACTUAL ALLOW	50,812.20
NON-COVERD CHARGES	4,910.00	TOTAL MEDICAID LIAB	3,132.80
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,132.80

TOTAL NUMBER OF CLAIMS	40
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	255.00	1,415.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	770.00	280.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,160.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,250.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,030.00	515.00
EKG/ECG	320.00	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	650.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	34,795.00	1,630.00	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	2,040.00	80.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	675.00	990.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	53,945.00	4,910.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,945.00	4,910.00

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	990.00	ADJUSTMENTS	0.00
COVERED CHARGES	975.00	CONTRACTUAL ALLOW	896.68
NON-COVERD CHARGES	15.00	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
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	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	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	125.00	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	850.00	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	975.00	15.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	975.00	15.00

Report : CLM-0812-0

Process : CLMJ0800

Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MEDICAID MANAGEMENT INFORMATION SYSTEM

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023

Run Time: 12:18:57

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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 10/01/21 THROUGH 09/30/22

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

-----CHARGES-----

TOTAL CHARGES	93,717.00
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COVERED CHARGES	84,201.00
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NON-COVERD CHARGES	9,516.00
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-----PAYMENTS-----

ADJUSTMENTS	5,801.12
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CONTRACTUAL ALLOW	72,598.76
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TOTAL MEDICAID LIAB	11,602.24
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LESS: COB	0.00
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LESS: COPAYMENT	0.00
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ADD: ADDON PYMT	0.00

REIMBURSEMENT	11,602.24
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,650.00	4,620.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,861.00	3,861.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	800.00	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	2,680.00	0.00
EKG/ECG	640.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	63,395.00	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	1,590.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	945.00	840.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,640.00	195.00			
			TOTAL ANCILLARY	84,201.00	9,516.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	84,201.00	9,516.00

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	65,704,251.48	ADJUSTMENTS	2,116,071.20
COVERED CHARGES	64,913,200.82	CONTRACTUAL ALLOW	53,287,917.82
NON-COVERD CHARGES	791,050.66	TOTAL MEDICAID LIAB	11,625,283.00
		LESS: COB	108,624.88
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	13,419.00
		REIMBURSEMENT	11,530,077.12

TOTAL NUMBER OF ADMISSIONS 1,384

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,629		0	3,628,581.00		0.00
ROUTINE NURSERY	576		0	486,163.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.36
TOTAL ROUTINE	5,205		0	4,114,744.00		0.36
SPECIAL CARE SERVICES						
CCU	1,680		0	2,185,960.00		0.00
ICU	1,668		0	2,377,979.99		0.00
NICU	23		0	51,611.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	12		0	33,600.00		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	3,383		0	4,649,150.99		0.00
TOTAL ACCOMODATIONS	8,588		0	8,763,894.99		0.36

Report : CLM-0800-0
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,447,485.10	4,437.05	OTHER LAB	367,956.00	0.00
MED/SURG SUPPLY	1,503,451.05	2,139.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,380,721.59	16,390.00	EDUCATION & TRAINING	182.00	0.00
RADIOLOGY-DIAGNOSTIC	1,093,216.00	1,320.00	OTHER THERAPEUTIC SVC	243,911.00	7,899.00
CT SCAN	2,167,907.09	41,348.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	219,166.00	317.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	898,062.00	375.00	MRI SERVICES	811,492.02	0.00
IV THERAPY	900,331.00	1,665.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,730,029.00	42,648.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	779,126.00	19,065.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,177,079.50	21,594.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,110,210.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	284,896.50	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,570,294.00	6,774.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	796,497.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	156,859.60
LABORATORY PATHOLOGIC	431,574.45	0.00	INJECTABLE DRUGS	3,183,323.91	1,106.05
RADIOLOGY THERAPEUTIC	3,609.96	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	135,864.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	88,222.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	275,116.00	23,137.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,899.00	15,367.00	TRAUMA RESPONSE	0.00	161,400.00
PSYCHIATRIC SERVICES	11,700.00	191.00	IMPL DEV CHARGE PATIENTS	1,983,184.62	93.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	463,961.00	76,304.00	NO CC/INVALID REV CODE	25,420.04	518.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	234,190.00	105,616.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	111,048.00	29,466.90			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,391,453.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	26,737.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	291,990.00	55,020.00			
			TOTAL ANCILLARY	56,149,305.83	791,050.30
			TOTAL ACCOMODATIONS	8,763,894.99	0.36
			TOTAL CHARGES	64,913,200.82	791,050.66

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022255045404	09/04/22 - 09/07/22	09/19/22	1,725.00	0.00	0.00	0.00	0.00
615	5922297001307	09/02/22 - 09/14/22	10/31/22	1,725.00	0.00	0.00	0.00	0.00
905	2222312004876	08/12/22 - 08/18/22	11/14/22	0.00	518.00	0.00	0.00	0.00
615	2322341000128	08/06/22 - 08/17/22	12/12/22	4,739.02	0.00	0.00	3,322.24	0.00
615	5222345257190	08/31/22 - 09/10/22	12/19/22	4,739.00	0.00	0.00	0.00	0.00
615	2023008002293	12/29/22 - 12/30/22	01/16/23	3,014.00	0.00	0.00	0.00	0.00
615	2323059000332	10/04/22 - 10/06/22	03/06/23	4,739.02	0.00	0.00	1,450.86	0.00
615	2023094047246	11/12/22 - 12/30/22	04/10/23	4,739.00	0.00	0.00	0.00	0.00
TOTAL				25,420.04	518.00	0.00	4,773.10	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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	297,419.30	ADJUSTMENTS	0.00
COVERED CHARGES	295,127.30	CONTRACTUAL ALLOW	230,047.67
NON-COVERD CHARGES	2,292.00	TOTAL MEDICAID LIAB	65,079.63
		LESS: COB	65,142.63
		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	38		0	25,102.00		0.00
ROUTINE NURSERY	2		0	1,320.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	40		0	26,422.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	2,310.00		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	2,310.00		0.00
TOTAL ACCOMODATIONS	41		0	28,732.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,393.95	0.00	OTHER LAB	4,752.00	0.00
MED/SURG SUPPLY	3,734.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	40,143.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	550.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,200.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,010.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,447.00	0.00	MRI SERVICES	1,725.00	0.00
IV THERAPY	30,168.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	32,230.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	73,953.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,625.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,455.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,465.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,088.00	0.00	INJECTABLE DRUGS	2,851.35	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	909.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	586.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	202.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,996.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	398.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,660.00	1,288.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,056.00	802.00			
			TOTAL ANCILLARY	266,395.30	2,292.00
			TOTAL ACCOMODATIONS	28,732.00	0.00
			TOTAL CHARGES	295,127.30	2,292.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	37,035,836.64	ADJUSTMENTS	779,079.19
COVERED CHARGES	34,501,479.35	CONTRACTUAL ALLOW	30,084,392.64
NON-COVERD CHARGES	2,534,357.29	TOTAL MEDICAID LIAB	4,417,086.71
		LESS: COB	14,536.41
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,402,550.30
		ALL OTHER	3,605,181.24
		FEE SCHEDULE-LAB	480,834.12
		INJECTABLE DRUGS	316,534.94
TOTAL NUMBER OF CLAIMS		8,447	

Report : CLM-0804-O
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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	338,649.84	1,599.80	OTHER LAB	209,174.00	5,170.00
MED/SURG SUPPLY	739,084.90	9,430.15	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	44.00	EDUCATION & TRAINING	2,100.00	21,380.00
RADIOLOGY-DIAGNOSTIC	1,340,301.00	25,520.00	OTHER THERAPEUTIC SVC	254,035.00	55,067.00
CT SCAN	2,623,960.00	250,166.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	93,562.00	35,542.00	FEE SCHEDULE LAB	6,904,450.35	301,545.29
EKG/ECG	367,643.00	11,583.00	MRI SERVICES	623,710.00	48,265.00
IV THERAPY	1,666,380.00	84,710.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,612,016.71	251,559.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,842.00	1,672.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	307,749.00	31,129.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	566,122.00	3,328.00	AMBULANCE	0.00	0.00
GI SERVICES	133,275.63	29,112.12	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,622,863.00	100,555.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	715,038.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	66,618.60
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,666,396.80	488,866.49
RADIOLOGY THERAPEUTIC	46,701.00	1,416.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,371.00	1,721.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,107.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	125,815.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	997,042.00	88,065.00	TRAUMA RESPONSE	0.00	45,600.00
PSYCHIATRIC SERVICES	49,092.00	22,303.00	IMPL DEV CHARGE PATIENTS	114,984.92	0.00
LITHOTRIPSY	38,742.95	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	497,334.00	103,684.00	NO CC/INVALID REV CODE	9,246.00	11,585.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	38,100.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	219,291.00	119,082.05			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	758,901.00	144,747.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	217,262.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	689,058.00	44,369.00			
			TOTAL ANCILLARY	34,501,479.35	2,534,357.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,501,479.35	2,534,357.29

Report : CLM-0804-O
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: 08/06/2023
Run Time: 12:26:28
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
905	2022119075904	04/05/22 - 04/05/22	05/09/22	0.00	216.00	0.00	0.00	0.00
780	2022252073258	08/17/22 - 08/17/22	09/19/22	204.00	0.00	0.00	0.00	20.52
615	2022270059905	08/13/22 - 08/13/22	10/03/22	3,014.00	0.00	0.00	0.00	428.59
615	5922335000210	10/28/22 - 10/28/22	12/05/22	0.00	1,725.00	0.00	0.00	0.00
615	5922335000210	10/28/22 - 10/28/22	12/05/22	3,014.00	0.00	0.00	0.00	428.59
615	5922346000609	11/24/22 - 11/24/22	12/19/22	0.00	1,725.00	0.00	0.00	0.00
615	5922346000609	11/24/22 - 11/24/22	12/19/22	3,014.00	0.00	0.00	0.00	428.59
614	5923024000872	09/16/22 - 09/16/22	01/30/23	0.00	5,806.00	0.00	0.00	0.00
614	5923024000872	09/16/22 - 09/16/22	01/30/23	0.00	300.00	0.00	0.00	0.00
905	2023024051813	08/10/22 - 08/10/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051813	08/11/22 - 08/11/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051813	08/15/22 - 08/15/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051813	08/17/22 - 08/17/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051883	08/19/22 - 08/19/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051883	08/23/22 - 08/23/22	01/30/23	0.00	259.00	0.00	0.00	0.00
905	2023024051883	08/24/22 - 08/24/22	01/30/23	0.00	259.00	0.00	0.00	0.00
TOTAL				9,246.00	11,585.00	0.00	0.00	1,306.29

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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ROME, GA 30165-5621

000000756A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	69
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,289.27	0.00	OTHER LAB	2,112.00	0.00
MED/SURG SUPPLY	15,724.34	96.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,340.00	90.00	OTHER THERAPEUTIC SVC	1,899.00	211.00
CT SCAN	12,400.00	8,000.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	73,495.40	10,340.00
EKG/ECG	1,125.00	0.00	MRI SERVICES	2,790.00	8,710.00
IV THERAPY	26,575.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	108,915.26	58,590.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,931.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,000.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	24,066.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	87,041.00	138.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	26,880.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	100,980.80	3,444.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	768.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	970.02	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,117.00	9,376.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,090.00	1,200.00			
			TOTAL ANCILLARY	526,509.34	100,195.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	526,509.34	100,195.24

Report : CLM-0808-O
Process : CLMJO800
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	556,714.65	ADJUSTMENTS	335.65
COVERED CHARGES	549,819.35	CONTRACTUAL ALLOW	537,937.34
NON-COVERD CHARGES	6,895.30	TOTAL MEDICAID LIAB	11,882.01
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,882.01

TOTAL NUMBER OF CLAIMS 177

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	730.75	0.00	OTHER LAB	5,745.00	0.00
MED/SURG SUPPLY	3,632.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	36,372.00	908.00	OTHER THERAPEUTIC SVC	7,596.00	0.00
CT SCAN	23,259.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	108,845.00	3,341.00
EKG/ECG	3,512.00	0.00	MRI SERVICES	3,475.00	1,725.00
IV THERAPY	8,992.00	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	250.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	331,499.00	410.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,913.60	511.30
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	2,722.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,974.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,302.00	0.00			
			TOTAL ANCILLARY	549,819.35	6,895.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	549,819.35	6,895.30

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	22,759.95
COVERED CHARGES	18,653.95
NON-COVERD CHARGES	4,106.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	18,452.56
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
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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	25.45	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	1,695.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,560.00	2,200.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,185.00	306.00
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	9,677.00	67.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	315.50	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	196.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,533.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	18,653.95	4,106.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,653.95	4,106.00

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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ROME, GA 30165-5621

000000756A

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

REIMBURSEMENT	721,618.68
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TOTAL NUMBER OF CLAIMS	129
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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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	109,590.05	0.00	OTHER LAB	38,780.00	24,554.00
MED/SURG SUPPLY	412,913.03	2,131.67	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	32.00
RADIOLOGY-DIAGNOSTIC	33,424.00	18,719.00	OTHER THERAPEUTIC SVC	1,899.00	2,564.00
CT SCAN	49,930.00	13,590.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,855.00	FEE SCHEDULE LAB	195,086.00	14,897.00
EKG/ECG	22,907.00	4,500.00	MRI SERVICES	1,725.00	0.00
IV THERAPY	206,077.00	36,946.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,974,909.05	302,832.20	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	43,616.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	378,729.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	69,872.00	613.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	290,126.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,050.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,222,360.25	172,281.05
RADIOLOGY THERAPEUTIC	2,349.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	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	2,124.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	786.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,527,653.92	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	57,544.00	18,261.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,760.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,968.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	325,990.00	100,830.00			
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	97,441.00	4,519.00			
			TOTAL ANCILLARY	10,079,322.30	724,903.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,079,322.30	724,903.92

Report : CLM-0814-O
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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	63,360.25	ADJUSTMENTS	0.00
COVERED CHARGES	63,288.25	CONTRACTUAL ALLOW	57,669.79
NON-COVERD CHARGES	72.00	TOTAL MEDICAID LIAB	5,618.46
		LESS: COB	5,618.46
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	196.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	247.00	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	62,845.00	72.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	63,288.25	72.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	63,288.25	72.00

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,820,041.82	ADJUSTMENTS	2,750,732.21
COVERED CHARGES	50,398,513.82	CONTRACTUAL ALLOW	42,280,116.31
NON-COVERD CHARGES	421,528.00	TOTAL MEDICAID LIAB	8,118,397.51
		LESS: COB	173,109.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,945,287.70

TOTAL NUMBER OF ADMISSIONS 847

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,902		0	5,555,799.00		0.00
ROUTINE NURSERY	828		0	2,333,665.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,730		0	7,889,464.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	831		0	4,253,729.00		0.00
NICU	100		0	822,532.00		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	931		0	5,076,261.00		0.00
TOTAL ACCOMODATIONS	4,661		0	12,965,725.00		0.00

Report : CLM-0800-0
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,002,923.41	7,315.50	OTHER LAB	178,710.00	0.00
MED/SURG SUPPLY	778,079.72	12,272.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,919,638.88	0.00	EDUCATION & TRAINING	1,616.00	0.00
RADIOLOGY-DIAGNOSTIC	563,529.00	0.00	OTHER THERAPEUTIC SVC	0.00	9,460.00
CT SCAN	1,930,622.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	509,111.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	180,740.00	0.00	MRI SERVICES	435,451.00	27,876.00
IV THERAPY	37,882.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,968,255.00	10,838.00	DURABLE MED. EQUIP.	0.00	1,311.00
LABOR/DELIVERY ROOM	1,082,418.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,059,688.02	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	561,149.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	19,138.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,486,000.00	0.00	SPECIAL SERVICES	0.00	7,110.00
RECOVERY ROOM	295,443.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	57,074.50
LABORATORY PATHOLOGIC	352,218.00	0.00	INJECTABLE DRUGS	5,244,221.50	0.00
RADIOLOGY THERAPEUTIC	535,664.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	456,496.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	196,839.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	315,928.00	185,517.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,011.00	492.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,095.00	0.00	IMPL DEV CHARGE PATIENTS	1,033,753.29	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	269,603.00	61,439.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	600,907.00	8,764.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	172,563.00	32,059.00			
AUDIOLOGY	93,059.00	0.00			
CARDIOLOGY	1,045,686.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	59,838.00	0.00			
ORGAN ACQUISITION	1,143.00	0.00			
TREATMENT/OBSERV. RM	39,369.00	0.00			
			TOTAL ANCILLARY	37,432,788.82	421,528.00
			TOTAL ACCOMODATIONS	12,965,725.00	0.00
			TOTAL CHARGES	50,398,513.82	421,528.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,478,046.50	ADJUSTMENTS	0.00
COVERED CHARGES	1,464,353.50	CONTRACTUAL ALLOW	1,251,721.05
NON-COVERD CHARGES	13,693.00	TOTAL MEDICAID LIAB	212,632.45
		LESS: COB	212,632.45
		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	18		0	29,028.00		0.00
ROUTINE NURSERY	89		0	475,847.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	107		0	504,875.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	25		0	204,600.00		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	204,600.00		0.00
TOTAL ACCOMODATIONS	132		0	709,475.00		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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	58,524.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	25,424.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	183,582.00	0.00	EDUCATION & TRAINING	101.00	0.00
RADIOLOGY-DIAGNOSTIC	25,770.00	0.00	OTHER THERAPEUTIC SVC	0.00	5,805.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,657.00	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	58,099.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,095.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	79,731.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,550.00	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	1,315.00
RECOVERY ROOM	9,552.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,693.00	0.00	INJECTABLE DRUGS	48,427.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	10,735.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,952.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	88,562.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,795.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,955.00	6,573.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	1,571.00	0.00			
CARDIOLOGY	39,195.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,908.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	754,878.50	13,693.00
			TOTAL ACCOMODATIONS	709,475.00	0.00
			TOTAL CHARGES	1,464,353.50	13,693.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 15,756,664.62
COVERED CHARGES 14,142,789.12
NON-COVERD CHARGES 1,613,875.50

-----PAYMENTS-----
ADJUSTMENTS 470,195.51
CONTRACTUAL ALLOW 12,148,667.91
TOTAL MEDICAID LIAB 1,994,121.21
LESS: COB 2,813.11
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,991,308.10
ALL OTHER 1,795,838.01
FEE SCHEDULE-LAB 100,970.19
INJECTABLE DRUGS 94,499.90

TOTAL NUMBER OF CLAIMS 2,726

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	652,229.00	0.00	OTHER LAB	182,805.00	312.00
MED/SURG SUPPLY	200,264.00	6,086.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	231.00	0.00
RADIOLOGY-DIAGNOSTIC	425,768.00	5,972.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,723,966.00	168,255.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	249,735.00	17,810.00	FEE SCHEDULE LAB	1,553,802.34	65,625.00
EKG/ECG	73,144.00	446.00	MRI SERVICES	1,177,438.00	115,177.00
IV THERAPY	412,792.00	4,724.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,492,092.50	178,701.50	DURABLE MED. EQUIP.	0.00	4,894.00
LABOR/DELIVERY ROOM	6,484.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	89,417.00	2,036.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	351,700.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,801,303.00	12,857.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	282,698.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	925.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	923,864.00	507,176.50
RADIOLOGY THERAPEUTIC	1,193,390.00	296,073.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	28,723.00	13,972.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,075.00	2,967.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	3,128.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	78,375.00	1,038.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	2,670.00	4,542.00	IMPL DEV CHARGE PATIENTS	128,033.00	11,691.00
LITHOTRIPSY	28,385.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	707,916.00	104,416.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	90,839.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	51,231.00	20,044.00			
AUDIOLOGY	162.00	0.00			
CARDIOLOGY	158,663.00	37,924.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,514.00	0.00			
ORGAN ACQUISITION	0.00	22,702.00			
TREATMENT/OBSERV. RM	54,080.28	4,381.00			
			TOTAL ANCILLARY	14,142,789.12	1,613,875.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,142,789.12	1,613,875.50

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	424,959.00	ADJUSTMENTS	0.00
COVERED CHARGES	320,215.50	CONTRACTUAL ALLOW	280,356.19
NON-COVERD CHARGES	104,743.50	TOTAL MEDICAID LIAB	39,859.31
		LESS: COB	39,859.31
		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		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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,392.50	0.00	OTHER LAB	7,970.00	0.00
MED/SURG SUPPLY	782.00	925.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	2,320.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,580.00	546.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,077.00	37,001.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,174.00	618.00	FEE SCHEDULE LAB	62,018.00	6,352.00
EKG/ECG	1,784.00	446.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,436.00	4,447.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,845.00	30,101.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	776.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	2,549.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,122.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	81,707.00	2,495.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,038.00	2,326.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	18,982.00	7,010.50
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	534.00	2,670.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	28,385.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,220.00	4,937.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,119.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,274.00	0.00			
			TOTAL ANCILLARY	320,215.50	104,743.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	320,215.50	104,743.50

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	415,298.50	ADJUSTMENTS	939.82
COVERED CHARGES	357,086.00	CONTRACTUAL ALLOW	350,574.39
NON-COVERD CHARGES	58,212.50	TOTAL MEDICAID LIAB	6,511.61
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,511.61
TOTAL NUMBER OF CLAIMS		97	

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,418.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	229.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,855.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	46,710.00	51,614.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	58,199.00	2,013.00
EKG/ECG	3,568.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,155.00	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	605.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	179,317.00	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	6,095.00	294.50
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	1,068.00	534.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,096.00	3,528.00	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	357,086.00	58,212.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	357,086.00	58,212.50

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	19,038.00
COVERED CHARGES	13,202.00
NON-COVERD CHARGES	5,836.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	12,799.22
TOTAL MEDICAID LIAB	402.78
LESS: COB	402.78
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	6
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,067.50	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	531.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,283.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,262.00	1,419.00
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	8,220.00	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	121.50	600.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	534.00	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	13,202.00	5,836.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,202.00	5,836.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,173,085.72
COVERED CHARGES 2,999,536.22
NON-COVERD CHARGES 173,549.50

-----PAYMENTS-----
ADJUSTMENTS 75,686.26
CONTRACTUAL ALLOW 2,731,723.30
TOTAL MEDICAID LIAB 267,812.92
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 267,812.92

TOTAL NUMBER OF CLAIMS 46

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 HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	105,551.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	190,443.00	2,445.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	32,829.00	546.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	15,002.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,072.00	16,403.00	FEE SCHEDULE LAB	42,601.00	722.00
EKG/ECG	7,582.00	892.00	MRI SERVICES	0.00	0.00
IV THERAPY	16,485.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	828,710.00	24,432.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,730.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	149,663.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,693.00	273.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	108,639.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	140,582.50	66,795.50
RADIOLOGY THERAPEUTIC	223,280.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	6,695.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	1,051,706.00	29,227.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,647.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,286.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	55,442.00	10,117.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	16,348.72	0.00			
			TOTAL ANCILLARY	2,999,536.22	173,549.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,999,536.22	173,549.50

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	201,747.00	ADJUSTMENTS	0.00
COVERED CHARGES	187,536.00	CONTRACTUAL ALLOW	175,891.96
NON-COVERD CHARGES	14,211.00	TOTAL MEDICAID LIAB	11,644.04
		LESS: COB	11,644.04
		LESS: COPAYMENT	0.00
		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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,838.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	6,165.00	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	3,054.00	90.00
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	19,922.00	12,424.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,292.00	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	7,680.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,835.50	1,697.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	135,749.00	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	187,536.00	14,211.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	187,536.00	14,211.00

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	131,599,567.01	ADJUSTMENTS	1,181,502.63
COVERED CHARGES	131,480,543.31	CONTRACTUAL ALLOW	115,330,102.90
NON-COVERD CHARGES	119,023.70	TOTAL MEDICAID LIAB	16,150,440.41
		LESS: COB	380,079.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,717.00
		REIMBURSEMENT	15,774,077.58

TOTAL NUMBER OF ADMISSIONS 1,537

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,431		0	11,539,632.00		0.00
ROUTINE NURSERY	829		0	2,595,784.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	6,260		0	14,135,416.00		0.00
SPECIAL CARE SERVICES						
CCU	1,900		0	10,535,648.00		0.00
ICU	1,781		0	11,168,593.00		0.00
NICU	215		0	1,872,435.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	427		0	3,673,018.00		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	4,323		0	27,249,694.00		0.00
TOTAL ACCOMODATIONS	10,583		0	41,385,110.00		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: 08/06/2023
Run Time: 20:27:40
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,248,138.24	0.00	OTHER LAB	1,285,526.00	0.00
MED/SURG SUPPLY	3,768,863.95	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	14,072,988.00	0.00	EDUCATION & TRAINING	77,989.00	0.00
RADIOLOGY-DIAGNOSTIC	2,119,088.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,640,131.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,002,229.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	785,001.00	0.00	MRI SERVICES	1,009,233.00	0.00
IV THERAPY	1,032,882.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,238,643.53	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,503,495.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	10,282,920.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,831,136.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	424,237.00	6,022.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,052,434.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	735,904.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	75,369.50
LABORATORY PATHOLOGIC	374,337.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	740,570.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	277,638.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	14,386.00	29,141.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	48,437.30	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	433,372.00	0.00	IMPL DEV CHARGE PATIENTS	3,027,061.20	0.00
LITHOTRIPSY	92,664.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	446,663.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,888,144.00	2,727.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	376,720.30	4,497.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,806,500.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	124,821.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,333,280.79	1,267.00			
			TOTAL ANCILLARY	90,095,433.31	119,023.70
			TOTAL ACCOMODATIONS	41,385,110.00	0.00
			TOTAL CHARGES	131,480,543.31	119,023.70

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,177,612.24	ADJUSTMENTS	0.00
COVERED CHARGES	1,177,612.24	CONTRACTUAL ALLOW	1,063,439.94
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	114,172.30
		LESS: COB	114,172.30
		LESS: COPAYMENT	0.00
		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	40		0	78,964.00		0.00
ROUTINE NURSERY	9		0	9,387.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	49		0	88,351.00		0.00
SPECIAL CARE SERVICES						
CCU	48		0	262,480.00		0.00
ICU	9		0	51,000.00		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	57		0	313,480.00		0.00
TOTAL ACCOMODATIONS	106		0	401,831.00		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	94,746.30	0.00	OTHER LAB	541.00	0.00
MED/SURG SUPPLY	35,891.96	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	93,504.00	0.00	EDUCATION & TRAINING	3,990.00	0.00
RADIOLOGY-DIAGNOSTIC	4,319.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	333.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,030.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	92,817.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	130,577.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	81,772.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	32,945.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,417.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,768.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,454.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,884.00	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	2,136.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	43,158.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	459.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	623.00	0.00	IMPL DEV CHARGE PATIENTS	19,264.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,468.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,518.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,711.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	73,454.23	0.00			
			TOTAL ANCILLARY	775,781.24	0.00
			TOTAL ACCOMODATIONS	401,831.00	0.00
			TOTAL CHARGES	1,177,612.24	0.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 31,834,753.29
COVERED CHARGES 28,923,111.43
NON-COVERD CHARGES 2,911,641.86

-----PAYMENTS-----
ADJUSTMENTS 185,035.74
CONTRACTUAL ALLOW 26,004,721.14
TOTAL MEDICAID LIAB 2,918,390.29
LESS: COB 7,665.86
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,910,724.43
ALL OTHER 2,584,884.43
FEE SCHEDULE-LAB 299,422.52
INJECTABLE DRUGS 26,417.48

TOTAL NUMBER OF CLAIMS 5,887

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	411,144.82	0.00	OTHER LAB	337,755.00	3,792.00
MED/SURG SUPPLY	443,323.19	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	78.00
RADIOLOGY-DIAGNOSTIC	1,400,881.00	5,738.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,263,594.00	275,477.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	126,542.00	8,935.00	FEE SCHEDULE LAB	3,728,394.28	99,028.84
EKG/ECG	573,454.00	20,604.00	MRI SERVICES	749,173.00	28,767.00
IV THERAPY	1,184,562.00	285,410.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,303,152.62	274,294.38	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	234,431.00	91,282.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	659,793.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	84,475.34	12,639.66	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,287,316.00	10,984.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	242,628.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	250,810.00	213,895.58
RADIOLOGY THERAPEUTIC	16,262.00	2,080.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	52,671.00	3,655.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,036.00	2,316.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	760.00	16,985.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	361,208.24	0.00
LITHOTRIPSY	526,554.00	89,394.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	533,885.00	52,306.00	NO CC/INVALID REV CODE	1,220.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	34,859.00	2,727.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	286,206.10	18,366.40			
AUDIOLOGY	1,999.00	235.00			
CARDIOLOGY	182,326.00	26,032.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	211,759.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,429,936.84	1,366,620.00			
			TOTAL ANCILLARY	28,923,111.43	2,911,641.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,923,111.43	2,911,641.86

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021225039629	08/05/21 - 08/05/21	08/16/21	122.00	0.00	0.00	0.00	20.52
780	2021243043470	08/19/21 - 08/19/21	09/06/21	122.00	0.00	0.00	0.00	20.52
780	2021264035599	09/08/21 - 09/08/21	09/27/21	122.00	0.00	0.00	0.00	20.52
780	2021301043727	10/21/21 - 10/21/21	11/01/21	122.00	0.00	0.00	0.00	20.52
780	2022018044609	01/12/22 - 01/12/22	01/24/22	122.00	0.00	0.00	0.00	20.52
780	2022032042461	01/27/22 - 01/27/22	02/07/22	122.00	0.00	0.00	0.00	20.52
780	2022032042471	01/27/22 - 01/27/22	02/07/22	122.00	0.00	0.00	0.00	20.52
780	2022061083100	02/09/22 - 02/09/22	03/07/22	122.00	0.00	0.00	0.00	20.52
780	2022066049182	03/03/22 - 03/03/22	03/14/22	122.00	0.00	0.00	0.00	20.52
780	2022080048791	03/15/22 - 03/15/22	03/28/22	122.00	0.00	0.00	0.00	20.52
TOTAL				1,220.00	0.00	0.00	0.00	205.20

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA, GA 30312-1212

000000789A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	14
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	749.70	335.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	859.40	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	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,534.00	16,401.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,098.00	328.00
EKG/ECG	1,212.00	0.00	MRI SERVICES	4,299.00	0.00
IV THERAPY	3,838.00	1,170.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	14,008.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,614.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	45,529.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,651.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	372.90	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	0.00	IMPL DEV CHARGE PATIENTS	17,414.43	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	804.00	816.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	499.00	800.00			
			TOTAL ANCILLARY	106,606.43	34,335.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	106,606.43	34,335.80

Report : CLM-0808-O
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	538,291.30	ADJUSTMENTS	134.26
COVERED CHARGES	498,589.90	CONTRACTUAL ALLOW	481,270.36
NON-COVERD CHARGES	39,701.40	TOTAL MEDICAID LIAB	17,319.54
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	17,319.54
TOTAL NUMBER OF CLAIMS			258

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,036.20	0.00	OTHER LAB	1,896.00	0.00
MED/SURG SUPPLY	1,532.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,473.00	984.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	73,975.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	43,847.00	335.00
EKG/ECG	3,030.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,258.00	3,614.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	580.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,384.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	321,856.00	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	4,405.40	459.40
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	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	1,317.00	786.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	33,370.00			
			TOTAL ANCILLARY	498,589.90	39,701.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	498,589.90	39,701.40

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: 08/06/2023
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Page: 12

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,343,048.83	ADJUSTMENTS	44,800.27
COVERED CHARGES	3,050,086.72	CONTRACTUAL ALLOW	2,832,118.02
NON-COVERD CHARGES	292,962.11	TOTAL MEDICAID LIAB	217,968.70
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	217,968.70
TOTAL NUMBER OF CLAIMS		34	

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	49,758.50	0.00	OTHER LAB	0.00	73,994.00
MED/SURG SUPPLY	192,505.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,401.00	1,426.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	92,358.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	739.00	8,728.00	FEE SCHEDULE LAB	45,833.00	5,664.00
EKG/ECG	1,212.00	1,818.00	MRI SERVICES	4,299.00	3,783.00
IV THERAPY	15,949.00	10,174.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	403,274.14	105,613.86	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,687.00	11,872.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	215,832.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	68,130.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	45,313.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	21,362.32	22,050.25
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	368.00	7,346.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	306.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	579,147.28	0.00
LITHOTRIPSY	97,024.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,199,893.76	36,540.00			
			TOTAL ANCILLARY	3,050,086.72	292,962.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,050,086.72	292,962.11

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:49:33
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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,359,028.94	ADJUSTMENTS	98,109.38
COVERED CHARGES	2,298,531.71	CONTRACTUAL ALLOW	1,587,843.67
NON-COVERD CHARGES	60,497.23	TOTAL MEDICAID LIAB	710,688.04
		LESS: COB	4,135.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	706,552.64

TOTAL NUMBER OF ADMISSIONS 104

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	365		0	560,002.00		0.00
ROUTINE NURSERY	57		0	65,778.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	422		0	625,780.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	23		0	58,903.00		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	58,903.00		0.00
TOTAL ACCOMODATIONS	445		0	684,683.00		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: 08/06/2023
Run Time: 18:49:33
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	493,234.99	0.00	OTHER LAB	4,771.39	0.00
MED/SURG SUPPLY	166,695.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	271,902.69	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	33,436.53	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	53,155.32	34,886.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,799.85	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	10,237.58	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	149,833.23	992.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	15,006.19	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	105,599.24	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	37,914.22	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,402.16	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	96,967.80	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,585.36	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	508.02	0.00	INJECTABLE DRUGS	29,395.15	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,623.68	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,480.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	433.23	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	13,158.83	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,538.83	0.00	NO CC/INVALID REV CODE	3,784.76	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	48,598.94	24,129.46			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	878.44	56.10			
AUDIOLOGY	3,177.46	0.00			
CARDIOLOGY	30,304.77	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,857.53	0.00			
			TOTAL ANCILLARY	1,613,848.71	60,497.23
			TOTAL ACCOMODATIONS	684,683.00	0.00
			TOTAL CHARGES	2,298,531.71	60,497.23

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

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

Run Date: 08/06/2023
Run Time: 18:49:33
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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021193040191	06/13/21 - 06/23/21	07/19/21	3,784.76	0.00	0.00	0.00	0.00
TOTAL				3,784.76	0.00	0.00	0.00	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: 08/06/2023
Run Time: 18:49:33
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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,970.28	ADJUSTMENTS	0.00
COVERED CHARGES	42,970.28	CONTRACTUAL ALLOW	24,305.39
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	18,664.89
		LESS: COB	18,664.89
		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	10		0	14,680.00		0.00
ROUTINE NURSERY	2		0	2,308.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	12		0	16,988.00		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	16,988.00		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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,509.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,004.46	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,654.93	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	176.51	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	9,950.07	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	918.76	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,757.32	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,388.24	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	312.27	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	165.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	144.43	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	25,982.28	0.00
			TOTAL ACCOMODATIONS	16,988.00	0.00
			TOTAL CHARGES	42,970.28	0.00

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 2,959,326.68
COVERED CHARGES 2,532,511.07
NON-COVERD CHARGES 426,815.61

-----PAYMENTS-----
ADJUSTMENTS 180,549.69
CONTRACTUAL ALLOW 1,909,554.55
TOTAL MEDICAID LIAB 622,956.52
LESS: COB 363.58
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 622,592.94
ALL OTHER 458,898.03
FEE SCHEDULE-LAB 75,638.53
INJECTABLE DRUGS 88,056.38

TOTAL NUMBER OF CLAIMS 1,627

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: 08/06/2023
Run Time: 18:49:33
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	45,534.60	24,086.30	OTHER LAB	51,981.08	5,937.61
MED/SURG SUPPLY	53,653.80	10,280.32	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	116,513.84	5,113.14	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	270,504.66	60,246.48	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,232.96	929.04	FEE SCHEDULE LAB	405,613.26	8,551.60
EKG/ECG	22,513.06	1,412.08	MRI SERVICES	63,425.11	0.00
IV THERAPY	19,957.06	439.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	87,594.00	55,529.63	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,104.63	2,129.84	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	28,737.66	4,975.79	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	46,137.49	0.00	AMBULANCE	0.00	0.00
GI SERVICES	34,299.71	7,639.08	CAST ROOM	0.00	0.00
EMERGENCY ROOM	468,143.85	6,286.92	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	23,693.60	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	253,859.20	105,920.30
RADIOLOGY THERAPEUTIC	179,965.20	49,006.39	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,351.01	362.12	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	435.39	1,309.12	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,962.89	392.10	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,767.28	24,712.84
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	163,728.09	16,878.20	NO CC/INVALID REV CODE	16,820.82	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,731.35	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,623.97	24,131.03			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,349.64	2,457.22			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	122,275.86	8,089.46			
			TOTAL ANCILLARY	2,532,511.07	426,815.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,532,511.07	426,815.61

Report : CLM-0804-O
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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	59211890000904	06/24/21 - 06/24/21	07/12/21	1,892.38	0.00	0.00	0.00	461.55
614	2221243000712	08/12/21 - 08/12/21	09/06/21	2,798.54	0.00	0.00	0.00	682.56
614	2221243001240	08/13/21 - 08/13/21	09/06/21	2,776.32	0.00	0.00	0.00	677.14
614	2221300005579	05/18/21 - 05/18/21	11/01/21	2,757.00	0.00	0.00	0.00	677.37
614	2222060009860	02/10/22 - 02/10/22	03/07/22	1,924.69	0.00	0.00	0.00	472.87
614	5922081001282	01/04/22 - 01/04/22	03/28/22	1,914.89	0.00	0.00	0.00	470.47
614	2222271003599	03/17/22 - 03/17/22	10/03/22	2,757.00	0.00	0.00	0.00	706.35
TOTAL				16,820.82	0.00	0.00	0.00	4,148.31

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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SAINT MARYS, GA 31558-3810

000000811A

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

TOTAL NUMBER OF CLAIMS 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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	535.25	451.55	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	166.22	505.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,708.99	1,479.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,632.94	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,781.13	434.26
EKG/ECG	176.51	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	4,980.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	459.38	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,733.43	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,198.71	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	543.12	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	929.80	164.10
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	489.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	484.22	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	20,924.31	0.00			
			TOTAL ANCILLARY	36,641.07	10,137.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,641.07	10,137.71

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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	139,323.46	ADJUSTMENTS	1,331.44
COVERED CHARGES	135,111.05	CONTRACTUAL ALLOW	127,670.65
NON-COVERD CHARGES	4,212.41	TOTAL MEDICAID LIAB	7,440.40
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,440.40

TOTAL NUMBER OF CLAIMS 95

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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,673.20	975.95	OTHER LAB	3,034.14	0.00
MED/SURG SUPPLY	2,822.50	12.13	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,154.97	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,859.06	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	16,890.09	395.78
EKG/ECG	1,765.10	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	229.69	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	67,186.66	363.21	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,563.20	2,144.90
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	1,932.44	320.44	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	135,111.05	4,212.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	135,111.05	4,212.41

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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,130.40	ADJUSTMENTS	0.00
COVERED CHARGES	2,729.24	CONTRACTUAL ALLOW	2,572.60
NON-COVERD CHARGES	1,401.16	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 : 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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	60.50	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	618.10	282.38	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,066.42	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	754.06	52.36
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	1,296.58	0.00	SPECIAL SERVICES	0.00	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	2,729.24	1,401.16
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,729.24	1,401.16

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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	694,628.92	ADJUSTMENTS	58,187.25
COVERED CHARGES	649,298.23	CONTRACTUAL ALLOW	554,082.73
NON-COVERD CHARGES	45,330.69	TOTAL MEDICAID LIAB	95,215.50
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	95,215.50

TOTAL NUMBER OF CLAIMS 18

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,558.15	2,634.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,165.18	6,677.37	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,295.09	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	1,967.63	FEE SCHEDULE LAB	7,024.51	267.44
EKG/ECG	353.02	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,848.70	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	64,203.34	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	689.07	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,625.72	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	2,376.16	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	494,273.95	1,789.55
RADIOLOGY THERAPEUTIC	26,798.78	994.45	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	371.13	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	459.66	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	21,626.90	22,945.69
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	6,183.43	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	1,500.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	649,298.23	45,330.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	649,298.23	45,330.69

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VIII

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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,633,169.91	ADJUSTMENTS	600,969.75
COVERED CHARGES	27,908,823.33	CONTRACTUAL ALLOW	20,118,333.87
NON-COVERD CHARGES	724,346.58	TOTAL MEDICAID LIAB	7,790,489.46
		LESS: COB	61,439.20
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,729,050.26

TOTAL NUMBER OF ADMISSIONS 888

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,521		0	7,353,712.00		0.00
ROUTINE NURSERY	229		0	272,690.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,750		0	7,626,402.00		0.00
SPECIAL CARE SERVICES						
CCU	31		0	79,391.00		0.00
ICU	440		0	1,128,924.00		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	471		0	1,208,315.00		0.00
TOTAL ACCOMODATIONS	5,221		0	8,834,717.00		0.00

Report : CLM-0800-O
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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,247,849.96	0.00	OTHER LAB	90,559.46	0.00
MED/SURG SUPPLY	1,260,016.64	460.59	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,646,832.84	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	367,396.35	0.00	OTHER THERAPEUTIC SVC	0.00	853.44
CT SCAN	628,809.78	246,673.39	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	148,484.14	834.97	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	108,333.45	0.00	MRI SERVICES	237,146.95	0.02
IV THERAPY	4,026.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,450,662.95	2,053.70	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	184,696.40	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,325,625.97	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	365,914.11	0.00	AMBULANCE	0.00	0.00
GI SERVICES	50,774.61	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	861,397.35	0.00	SPECIAL SERVICES	0.00	341,650.73
RECOVERY ROOM	103,900.85	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,203.06	0.00	INJECTABLE DRUGS	40,839.95	0.00
RADIOLOGY THERAPEUTIC	23,936.29	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	143,141.88	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	42,412.84	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	394,626.94	17,367.36	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	519,156.02	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	88,976.37	12,208.04	NO CC/INVALID REV CODE	51,583.11	2,053.70
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	382,514.13	83,743.42			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	49,075.50	16,447.22			
AUDIOLOGY	16,031.73	0.00			
CARDIOLOGY	1,040,868.39	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	57,002.91	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	137,309.40	0.00			
			TOTAL ANCILLARY	19,074,106.33	724,346.58
			TOTAL ACCOMODATIONS	8,834,717.00	0.00
			TOTAL CHARGES	27,908,823.33	724,346.58

Report : CLM-0800-O
Process : CLMJ0800
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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021238068877	08/18/21 - 08/19/21	08/30/21	2,776.32	0.00	0.00	0.00	0.00
614	2021257055413	09/01/21 - 09/07/21	09/20/21	1,924.69	0.00	0.00	0.00	0.00
614	2021286034236	09/28/21 - 10/07/21	10/18/21	1,961.20	0.00	0.00	0.00	0.00
615	2021289029702	09/23/21 - 10/10/21	10/25/21	1,975.07	0.00	0.00	0.00	0.00
614	2021295045622	10/06/21 - 10/15/21	10/25/21	2,798.54	0.00	0.00	0.00	0.00
615	2021300032489	10/06/21 - 10/13/21	11/01/21	4,842.87	0.00	0.00	0.00	0.00
614	2021306032830	10/23/21 - 10/27/21	11/08/21	2,798.54	0.00	0.00	0.00	0.00
-1	2321340000274	10/05/21 - 10/10/21	12/13/21	0.00	2,053.70	0.00	552.17	0.00
614	2021340038772	09/30/21 - 10/07/21	12/13/21	5,542.68	0.00	0.00	0.00	0.00
614	2021358061153	12/13/21 - 12/18/21	12/27/21	1,924.69	0.00	0.00	0.00	0.00
614	2022026068727	01/10/22 - 01/18/22	01/31/22	1,924.69	0.00	0.00	0.00	0.00
615	2222032007861	12/17/21 - 12/30/21	02/07/22	1,975.07	0.00	0.00	0.00	0.00
614	2022033057048	12/02/21 - 12/10/21	02/07/22	2,798.54	0.00	0.00	0.00	0.00
614	2022108032608	04/03/22 - 04/09/22	04/25/22	1,961.20	0.00	0.00	0.00	0.00
614	2022117060646	04/16/22 - 04/20/22	05/02/22	1,961.20	0.00	0.00	0.00	0.00
615	2022122001992	04/23/22 - 04/25/22	05/09/22	4,842.87	0.00	0.00	0.00	0.00
614	2222144001534	11/24/21 - 12/09/21	05/30/22	2,757.00	0.00	0.00	0.00	0.00
615	2022168043061	03/21/22 - 03/25/22	06/20/22	2,867.80	0.00	0.00	0.00	0.00
615	2022298041820	08/18/21 - 08/23/21	10/31/22	1,975.07	0.00	0.00	0.00	0.00
615	2223139003177	10/14/21 - 02/26/22	05/22/23	1,975.07	0.00	0.00	0.00	0.00
TOTAL				51,583.11	2,053.70	0.00	552.17	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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	216,849.83	ADJUSTMENTS	0.00
COVERED CHARGES	209,094.27	CONTRACTUAL ALLOW	142,238.44
NON-COVERD CHARGES	7,755.56	TOTAL MEDICAID LIAB	66,855.83
		LESS: COB	66,855.83
		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	32		0	50,391.00		0.00
ROUTINE NURSERY	4		0	4,616.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	36		0	55,007.00		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	36		0	55,007.00		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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	63,573.65	0.00	OTHER LAB	1,733.36	0.00
MED/SURG SUPPLY	7,795.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	21,468.60	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,402.62	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,755.56	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,412.08	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,122.11	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	256.88	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,614.73	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,444.43	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,303.39	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	851.05	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	149.48	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	119.94	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	514.29	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	288.86	0.00			
CARDIOLOGY	9,368.39	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	667.60	0.00			
			TOTAL ANCILLARY	154,087.27	7,755.56
			TOTAL ACCOMODATIONS	55,007.00	0.00
			TOTAL CHARGES	209,094.27	7,755.56

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,778,398.04	ADJUSTMENTS	717,382.41
COVERED CHARGES	8,213,505.14	CONTRACTUAL ALLOW	6,242,929.28
NON-COVERD CHARGES	1,564,892.90	TOTAL MEDICAID LIAB	1,970,575.86
		LESS: COB	3,211.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,967,364.36
		ALL OTHER	1,545,274.77
		FEE SCHEDULE-LAB	219,531.56
		INJECTABLE DRUGS	202,558.03
TOTAL NUMBER OF CLAIMS		4,693	

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	156,314.08	55,137.00	OTHER LAB	139,194.80	13,869.12
MED/SURG SUPPLY	165,244.67	47,287.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	149.98	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	298,895.61	15,941.38	OTHER THERAPEUTIC SVC	0.00	1,249.00
CT SCAN	673,353.95	112,699.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	86,299.89	10,398.42	FEE SCHEDULE LAB	1,229,036.29	49,039.83
EKG/ECG	68,325.44	2,118.12	MRI SERVICES	195,683.16	10,751.61
IV THERAPY	159,441.71	1,330.37	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	717,974.30	223,738.85	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	15,245.70	6,389.57	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	96,076.20	45,668.46	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	230,848.94	409.61	AMBULANCE	0.00	0.00
GI SERVICES	105,130.23	7,605.88	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,143,361.63	29,343.22	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	100,268.30	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	876,349.49	470,805.72
RADIOLOGY THERAPEUTIC	846,523.11	164,028.04	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	24,273.87	13,246.08	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	435.39	2,749.50	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	17,684.45	1,523.78	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	56,445.43	71,364.91
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	354,399.00	25,448.54	NO CC/INVALID REV CODE	60,866.50	4,723.23
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	43,654.02	2,797.38			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	32,702.34	68,152.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	60,305.74	99,632.24			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	17,283.06	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	241,887.84	5,366.97			
			TOTAL ANCILLARY	8,213,505.14	1,562,965.90
			TOTAL ACCOMODATIONS	0.00	1,927.00
			TOTAL CHARGES	8,213,505.14	1,564,892.90

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2221232005448	08/05/21 - 08/05/21	08/23/21	1,883.43	0.00	0.00	0.00	482.55
614	2221243002502	08/12/21 - 08/12/21	09/06/21	1,892.38	0.00	0.00	0.00	484.84
614	2221250000409	08/21/21 - 08/21/21	09/13/21	1,892.38	0.00	0.00	0.00	484.84
614	5921256000437	08/18/21 - 08/18/21	09/20/21	0.00	1,924.69	0.00	0.00	0.00
614	2221256006070	08/20/21 - 08/20/21	09/20/21	1,892.38	0.00	0.00	0.00	484.84
614	5921284000800	09/22/21 - 09/22/21	10/18/21	0.00	2,798.54	0.00	0.00	0.00
614	2221286010113	09/23/21 - 09/23/21	10/18/21	1,924.69	0.00	0.00	0.00	485.79
614	2021287003205	10/06/21 - 10/06/21	10/18/21	1,961.20	0.00	0.00	0.00	495.01
614	2221288006689	09/27/21 - 09/27/21	10/18/21	1,892.38	0.00	0.00	0.00	477.64
614	2221288007336	10/01/21 - 10/01/21	10/18/21	2,798.54	0.00	0.00	0.00	706.35
614	2021294059917	10/15/21 - 10/15/21	10/25/21	1,961.20	0.00	0.00	0.00	495.01
614	2221295014374	10/04/21 - 10/04/21	10/25/21	1,892.38	0.00	0.00	0.00	477.64
614	2221309008953	10/22/21 - 10/22/21	11/08/21	1,924.69	0.00	0.00	0.00	485.79
614	2221337008728	11/19/21 - 11/19/21	12/06/21	1,892.38	0.00	0.00	0.00	477.64
614	2221337008847	11/17/21 - 11/17/21	12/06/21	1,883.43	0.00	0.00	0.00	475.38
614	2221363008359	12/07/21 - 12/07/21	01/03/22	1,892.38	0.00	0.00	0.00	477.64
614	2222003001070	12/14/21 - 12/14/21	01/10/22	1,924.69	0.00	0.00	0.00	485.79
614	2022003009746	12/28/21 - 12/28/21	01/10/22	2,757.00	0.00	0.00	0.00	695.87
614	2222005000928	12/15/21 - 12/15/21	01/10/22	1,892.38	0.00	0.00	0.00	477.64
614	2022005036307	12/30/21 - 12/30/21	01/10/22	2,757.00	0.00	0.00	0.00	695.87
614	2022019030556	01/13/22 - 01/13/22	01/24/22	2,757.00	0.00	0.00	0.00	695.87
614	2022021042086	01/14/22 - 01/14/22	01/24/22	2,460.78	0.00	0.00	0.00	621.10
614	5922024001197	01/06/22 - 01/06/22	01/31/22	1,892.38	0.00	0.00	0.00	477.64
614	2222133009527	03/29/22 - 03/29/22	05/16/22	1,883.43	0.00	0.00	0.00	475.38
614	2222171002422	01/27/22 - 01/27/22	06/27/22	1,883.43	0.00	0.00	0.00	475.38
614	5922179000722	12/23/21 - 12/23/21	07/04/22	2,757.00	0.00	0.00	0.00	695.87
614	2222200004880	02/17/22 - 02/17/22	07/25/22	1,892.38	0.00	0.00	0.00	477.64
614	2222201000472	02/23/22 - 02/23/22	07/25/22	1,892.38	0.00	0.00	0.00	477.64
614	2222228002812	04/04/22 - 04/04/22	08/22/22	1,883.43	0.00	0.00	0.00	475.38
614	2222228003140	04/11/22 - 04/11/22	08/22/22	1,892.38	0.00	0.00	0.00	477.64
614	2222263003824	12/23/21 - 12/23/21	09/26/22	2,757.00	0.00	0.00	0.00	673.97
TOTAL				60,866.50	4,723.23	0.00	0.00	15,369.64

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

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

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

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	279,033.43	ADJUSTMENTS	0.00
COVERED CHARGES	166,394.59	CONTRACTUAL ALLOW	139,052.09
NON-COVERD CHARGES	112,638.84	TOTAL MEDICAID LIAB	27,342.50
		LESS: COB	27,342.50
		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 50

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,712.45	11,542.00	OTHER LAB	866.68	0.00
MED/SURG SUPPLY	2,019.37	287.77	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	693.71	916.20	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,377.99	10,701.74	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,879.33	2,078.15
EKG/ECG	529.53	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,429.63	972.99	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	10,896.21	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	817.70	2,835.28	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	229.69	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,809.72	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,601.06	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,614.29	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,997.91	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	57,070.70	67,489.80
RADIOLOGY THERAPEUTIC	16,483.96	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,165.72	285.19	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	691.69
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,416.75	2,778.79	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,435.22	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	970.20	277.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	712.85			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,272.98	172.98			
			TOTAL ANCILLARY	166,394.59	112,638.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	166,394.59	112,638.84

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

SOUTHEAST GEORGIA HEALTH SYSTEM INC
2415 PARKWOOD DRIVE
BRUNSWICK, GA 31520-4722

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	1,812.51
CONTRACTUAL ALLOW	318,050.53
TOTAL MEDICAID LIAB	17,051.02
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	17,051.02

TOTAL NUMBER OF CLAIMS	254
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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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,622.90	2,254.65	OTHER LAB	1,468.35	848.23
MED/SURG SUPPLY	2,696.13	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,137.02	973.51	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	47,371.99	9,141.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	365.47	FEE SCHEDULE LAB	42,248.88	2,318.29
EKG/ECG	3,353.69	176.51	MRI SERVICES	0.00	0.00
IV THERAPY	658.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,161.10	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,515.93	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	166,521.94	886.98	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	29,785.00	2,130.95
RADIOLOGY THERAPEUTIC	2,478.03	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	371.13	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	814.32
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,457.09	1,293.22	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	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,625.00	75.00			
			TOTAL ANCILLARY	335,101.55	21,649.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	335,101.55	21,649.27

Report : CLM-0810-O
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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	10,937.29
COVERED CHARGES	8,447.65
NON-COVERD CHARGES	2,489.64

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	8,112.00
TOTAL MEDICAID LIAB	335.65
LESS: COB	335.65
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	5
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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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	121.80	829.45	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	36.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	687.82	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,938.89	1,609.73	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	937.82	50.46
EKG/ECG	529.53	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	4,050.24	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	144.80	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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	8,447.65	2,489.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,447.65	2,489.64

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,119,318.43	ADJUSTMENTS	206,300.25
COVERED CHARGES	1,969,847.02	CONTRACTUAL ALLOW	1,499,059.30
NON-COVERD CHARGES	149,471.41	TOTAL MEDICAID LIAB	470,787.72
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	470,787.72
TOTAL NUMBER OF CLAIMS			89

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,010.52	7,504.95	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	33,602.76	5,231.60	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,303.10	233.77	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,281.32	1,369.61	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	201.40	2,282.21	FEE SCHEDULE LAB	13,619.17	590.94
EKG/ECG	1,412.08	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	38,775.66	662.90	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	327,784.48	16,005.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,899.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,242.72	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,802.74	455.70	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,361.29	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,201,058.65	37,689.80
RADIOLOGY THERAPEUTIC	131,357.49	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,957.84	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	153.22	178.78	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	124,439.87	71,022.63
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	1,378.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	908.46	573.87			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	13,632.84	333.80			
			TOTAL ANCILLARY	1,969,847.02	149,471.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,969,847.02	149,471.41

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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:41:53
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,580,328.30	ADJUSTMENTS	16,258.99
COVERED CHARGES	1,576,440.30	CONTRACTUAL ALLOW	954,856.56
NON-COVERD CHARGES	3,888.00	TOTAL MEDICAID LIAB	621,583.74
		LESS: COB	2,445.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	67,095.00
		REIMBURSEMENT	686,233.12

TOTAL NUMBER OF ADMISSIONS 171

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	262		0	250,899.00		0.00
ROUTINE NURSERY	107		0	79,180.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	369		0	330,079.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	14		0	29,984.00		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	29,984.00		0.00
TOTAL ACCOMODATIONS	383		0	360,063.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 12:41:53
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	231,589.00	0.00	OTHER LAB	929.00	0.00
MED/SURG SUPPLY	72,480.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	310,522.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,969.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	59,316.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,476.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,169.00	0.00	MRI SERVICES	13,998.00	0.00
IV THERAPY	6,326.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	83,289.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	185,128.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,073.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,866.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,620.00	3,888.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	52,394.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,206.30	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	14,242.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	11,362.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,642.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	512.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,629.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,417.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,587.00	0.00			
AUDIOLOGY	46,794.00	0.00			
CARDIOLOGY	7,836.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	30,006.00	0.00			
			TOTAL ANCILLARY	1,216,377.30	3,888.00
			TOTAL ACCOMODATIONS	360,063.00	0.00
			TOTAL CHARGES	1,576,440.30	3,888.00

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: 08/06/2023
Run Time: 12:41:53
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,678,948.09
COVERED CHARGES	2,550,024.63
NON-COVERD CHARGES	128,923.46

-----PAYMENTS-----	
ADJUSTMENTS	119,024.72
CONTRACTUAL ALLOW	1,957,897.46
TOTAL MEDICAID LIAB	592,127.17
LESS: COB	700.30
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	591,426.87
ALL OTHER	502,206.25
FEE SCHEDULE-LAB	86,186.69
INJECTABLE DRUGS	3,033.93

TOTAL NUMBER OF CLAIMS	2,197
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53,049.00	1,569.00	OTHER LAB	6,648.00	0.00
MED/SURG SUPPLY	72,672.00	123.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	148,137.00	888.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	372,432.00	30,052.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	84,804.00	12,407.00	FEE SCHEDULE LAB	653,660.28	24,177.70
EKG/ECG	29,515.00	230.00	MRI SERVICES	71,338.00	8,885.02
IV THERAPY	143,454.00	97.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	184,428.35	11,391.74	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	22,500.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,935.00	2,841.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	22,184.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	31,367.00	1,543.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	395,819.00	2,234.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	36,593.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	46,692.00	13,380.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	56,907.00	10,547.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	355.00	2,381.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,710.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	9,602.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	54,142.00	2,373.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,110.00	1,512.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	3,545.00	0.00			
CARDIOLOGY	19,014.00	582.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,122.00	0.00			
			TOTAL ANCILLARY	2,550,024.63	128,923.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,550,024.63	128,923.46

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

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

Run Date: 08/06/2023
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SUMMARY TYPE IV
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	26,731.00	ADJUSTMENTS	0.00
COVERED CHARGES	17,581.00	CONTRACTUAL ALLOW	13,721.44
NON-COVERD CHARGES	9,150.00	TOTAL MEDICAID LIAB	3,859.56
		LESS: COB	3,859.56
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
Run Time: 12:41:53
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	22.00	255.00	OTHER LAB	0.00	366.00
MED/SURG SUPPLY	438.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	736.00	875.00	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	4,466.00	125.00
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	7,171.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,750.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	338.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,012.00	346.00	AMBULANCE	0.00	0.00
GI SERVICES	1,543.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,121.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,001.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	866.00	12.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	472.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	17,581.00	9,150.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,581.00	9,150.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	68,404.00	ADJUSTMENTS	234.96
COVERED CHARGES	67,972.00	CONTRACTUAL ALLOW	62,019.68
NON-COVERD CHARGES	432.00	TOTAL MEDICAID LIAB	5,952.32
		LESS: COB	6.96
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,945.36

TOTAL NUMBER OF CLAIMS 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	876.00	36.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,382.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,358.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,813.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	17,226.00	300.00
EKG/ECG	920.00	0.00	MRI SERVICES	2,268.00	0.00
IV THERAPY	3,735.00	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	121.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	33,795.00	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	2,478.00	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	0.00	0.00			
			TOTAL ANCILLARY	67,972.00	432.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	67,972.00	432.00

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: 08/06/2023
Run Time: 12:41:53
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	57,663.00	ADJUSTMENTS	0.00
COVERED CHARGES	51,833.33	CONTRACTUAL ALLOW	41,331.63
NON-COVERD CHARGES	5,829.67	TOTAL MEDICAID LIAB	10,501.70
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,501.70

TOTAL NUMBER OF CLAIMS 2

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,725.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,217.00	16.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	161.00	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	3,338.00	1,173.00
EKG/ECG	1,150.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,356.00	366.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,953.33	2,390.67	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	568.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	858.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,655.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	820.00	1,884.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,050.00	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	2,612.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,032.00	0.00			
			TOTAL ANCILLARY	51,833.33	5,829.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	51,833.33	5,829.67

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:43:57
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	596,492,023.87	ADJUSTMENTS	22,225,174.56
COVERED CHARGES	594,081,131.98	CONTRACTUAL ALLOW	506,475,788.72
NON-COVERD CHARGES	2,410,891.89	TOTAL MEDICAID LIAB	87,605,343.26
		LESS: COB	1,087,635.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	174,423.83
		REIMBURSEMENT	86,692,132.02

TOTAL NUMBER OF ADMISSIONS 5,442

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	29,366		0	76,295,345.00		0.00
ROUTINE NURSERY	3,892		0	15,520,776.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		318,694.41
TOTAL ROUTINE	33,258		0	91,816,121.00		318,694.41
SPECIAL CARE SERVICES						
CCU	464		0	2,228,272.00		0.00
ICU	9,462		0	51,891,805.00		0.00
NICU	148		0	1,011,781.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	204		0	1,402,500.00		0.00
BURN UNIT	866		0	8,496,571.00		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	11,144		0	65,030,929.00		0.00
TOTAL ACCOMODATIONS	44,402		0	156,847,050.00		318,694.41

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,166,718.38	41,598.50	OTHER LAB	3,375,024.00	0.00
MED/SURG SUPPLY	11,805,124.75	2,579.53	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	74,384,824.11	0.00	EDUCATION & TRAINING	157,912.00	0.00
RADIOLOGY-DIAGNOSTIC	11,617,724.50	0.00	OTHER THERAPEUTIC SVC	0.00	2,835.00
CT SCAN	38,154,234.91	0.00	SPECIAL CHARGES	5,448.00	0.00
PHYSICAL THERAPY	6,214,719.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,985,002.00	0.00	MRI SERVICES	7,027,711.79	0.00
IV THERAPY	9,687,919.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	101,328,150.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,000,930.00	12,870.00	REHAB THERAPY	0.00	63.00
RESPIRATORY SERVICES	43,552,053.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,462,845.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	959,262.00	0.00	CAST ROOM	7,544.00	0.00
EMERGENCY ROOM	21,574,909.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,618,410.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	365,076.74
LABORATORY PATHOLOGIC	1,187,348.00	6,630.00	INJECTABLE DRUGS	16,726,040.71	0.00
RADIOLOGY THERAPEUTIC	737,692.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,126,171.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,330,994.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,119,390.00	19,767.00	PATIENT CONVENIENCE	0.00	0.51
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,238.00	195,355.20	TRAUMA RESPONSE	0.00	1,283,133.00
PSYCHIATRIC SERVICES	108,572.00	0.00	IMPL DEV CHARGE PATIENTS	5,058,748.66	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,452,559.00	0.00	NO CC/INVALID REV CODE	0.05	130.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,223,371.00	3,057.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,076,360.12	159,102.00			
AUDIOLOGY	292,969.00	0.00			
CARDIOLOGY	9,396,710.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,701,453.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,602,999.00	0.00			
			TOTAL ANCILLARY	437,234,081.98	2,092,197.48
			TOTAL ACCOMODATIONS	156,847,050.00	318,694.41
			TOTAL CHARGES	594,081,131.98	2,410,891.89

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

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

Run Date: 08/06/2023
Run Time: 12:43:57
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2322089000169	02/10/22 - 02/14/22	04/11/22	0.01	0.00	0.00	754.70	0.00
615	2322256000359	05/17/22 - 07/03/22	09/19/22	0.01	0.00	0.00	9,552.52	0.00
615	2322349000235	10/14/22 - 10/25/22	12/26/22	0.01	0.00	0.00	6,561.14	0.00
780	2022357023110	12/13/22 - 12/18/22	12/26/22	0.00	65.00	0.00	0.00	0.00
780	2022361006943	12/21/22 - 12/23/22	01/02/23	0.00	65.00	0.00	0.00	0.00
615	2323023000287	10/20/22 - 11/08/22	01/30/23	0.01	0.00	0.00	5,134.58	0.00
615	2323038000114	12/13/22 - 12/15/22	02/13/23	0.01	0.00	0.00	2,593.70	0.00
TOTAL				0.05	130.00	0.00	24,596.64	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: 08/06/2023
Run Time: 12:43:57
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,756,402.27	ADJUSTMENTS	0.00
COVERED CHARGES	3,748,524.60	CONTRACTUAL ALLOW	3,280,320.84
NON-COVERD CHARGES	7,877.67	TOTAL MEDICAID LIAB	468,203.76
		LESS: COB	468,392.76
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 35

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	181		0	509,512.00		0.00
ROUTINE NURSERY	49		0	227,342.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	230		0	736,854.00		0.00
SPECIAL CARE SERVICES						
CCU	3		0	14,379.00		0.00
ICU	33		0	189,616.00		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	203,995.00		0.00
TOTAL ACCOMODATIONS	266		0	940,849.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	48,470.72	5,336.26	OTHER LAB	26,915.00	0.00
MED/SURG SUPPLY	37,647.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	450,906.00	0.00	EDUCATION & TRAINING	620.00	0.00
RADIOLOGY-DIAGNOSTIC	65,181.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	172,317.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	33,293.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	30,906.00	0.00	MRI SERVICES	25,845.00	0.00
IV THERAPY	46,404.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	906,522.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	45,582.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	92,554.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	192,868.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	143,381.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	166,181.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,541.41
LABORATORY PATHOLOGIC	5,158.00	0.00	INJECTABLE DRUGS	110,632.34	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,931.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	7,428.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	62.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,410.26	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,489.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	92,326.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,411.00	0.00			
AUDIOLOGY	1,739.00	0.00			
CARDIOLOGY	31,654.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,050.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,792.00	0.00			
			TOTAL ANCILLARY	2,807,675.60	7,877.67
			TOTAL ACCOMODATIONS	940,849.00	0.00
			TOTAL CHARGES	3,748,524.60	7,877.67

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	183,699,030.62	ADJUSTMENTS	2,311,759.12
COVERED CHARGES	168,161,625.37	CONTRACTUAL ALLOW	140,607,331.61
NON-COVERD CHARGES	15,537,405.25	TOTAL MEDICAID LIAB	27,554,293.76
		LESS: COB	28,157.11
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,526,136.65
		ALL OTHER	21,882,430.25
		FEE SCHEDULE-LAB	1,819,057.91
		INJECTABLE DRUGS	3,824,648.49
TOTAL NUMBER OF CLAIMS		61,997	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	735,749.60	1,171.11	OTHER LAB	2,337,478.00	42,645.00
MED/SURG SUPPLY	798,099.37	65,646.97	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	715.00	EDUCATION & TRAINING	0.00	11,942.00
RADIOLOGY-DIAGNOSTIC	7,057,874.00	49,724.00	OTHER THERAPEUTIC SVC	0.00	126.00
CT SCAN	20,224,612.00	2,250,210.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,236,411.00	148,909.00	FEE SCHEDULE LAB	36,832,796.67	1,312,673.50
EKG/ECG	2,673,348.00	58,782.00	MRI SERVICES	3,473,106.00	401,250.00
IV THERAPY	6,678,819.00	691,767.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,660,572.00	2,114,271.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	383.00	383.00
RESPIRATORY SERVICES	665,941.00	80,346.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,487,275.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,931,827.78	241,324.22	CAST ROOM	18,184.00	0.00
EMERGENCY ROOM	24,813,644.00	692,364.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,103,230.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	135,745.90
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,373,296.49	4,176,845.81
RADIOLOGY THERAPEUTIC	7,309,736.00	668,614.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	238,984.00	90,397.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	30,878.00	36,630.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,567.00	PATIENT CONVENIENCE	0.00	0.07
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,542,388.91	659,493.80	TRAUMA RESPONSE	0.00	164,302.00
PSYCHIATRIC SERVICES	812,405.05	27,212.87	IMPL DEV CHARGE PATIENTS	157,964.50	112,218.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,903,635.00	359,587.00	NO CC/INVALID REV CODE	15,275.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,523,938.00	19,128.00			
ONCOLOGY	0.00	497.00			
NUCLEAR MEDICINE	2,840,067.00	472,987.00			
AUDIOLOGY	89,285.00	19,410.00			
CARDIOLOGY	2,285,826.00	234,694.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	71,041.00	13,806.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,237,555.00	175,020.00			
			TOTAL ANCILLARY	168,161,625.37	15,537,405.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	168,161,625.37	15,537,405.25

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022009002826	01/04/22 - 01/04/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022010005762	01/05/22 - 01/05/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022011045617	01/06/22 - 01/06/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022011045717	01/06/22 - 01/06/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022011045933	01/06/22 - 01/06/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022012036827	01/07/22 - 01/07/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022012037395	01/07/22 - 01/07/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022012037406	01/06/22 - 01/06/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022013031006	01/07/22 - 01/07/22	01/17/22	65.00	0.00	0.00	0.00	20.52
780	2022015024184	01/10/22 - 01/10/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022015024201	01/05/22 - 01/05/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022015024290	01/10/22 - 01/10/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022015024500	01/10/22 - 01/10/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022016002063	01/11/22 - 01/11/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022017007511	01/12/22 - 01/12/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022018010566	01/13/22 - 01/13/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019016976	01/13/22 - 01/13/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019017029	01/12/22 - 01/12/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019017056	01/12/22 - 01/12/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019017070	01/13/22 - 01/13/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019029962	01/12/22 - 01/12/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019029964	01/13/22 - 01/13/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022019029969	01/13/22 - 01/13/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022020042308	01/14/22 - 01/14/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022021032084	01/12/22 - 01/12/22	01/24/22	65.00	0.00	0.00	0.00	20.52
780	2022023001365	01/18/22 - 01/18/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022024007051	01/19/22 - 01/19/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022024007291	01/19/22 - 01/19/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022025029260	01/14/22 - 01/14/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022025029702	01/18/22 - 01/18/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022026042901	01/21/22 - 01/21/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022027029329	01/06/22 - 01/06/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022028035032	01/21/22 - 01/21/22	01/31/22	65.00	0.00	0.00	0.00	20.52
780	2022029022483	01/24/22 - 01/24/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022029022679	01/24/22 - 01/24/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022032036638	01/27/22 - 01/27/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022032036727	01/27/22 - 01/27/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022032038581	01/27/22 - 01/27/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022033030371	01/28/22 - 01/28/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022033042281	01/28/22 - 01/28/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022033042376	01/28/22 - 01/28/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022033042434	01/28/22 - 01/28/22	02/07/22	65.00	0.00	0.00	0.00	20.52

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Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

780	5922035000225	01/26/22 - 01/26/22	02/07/22	65.00	0.00	0.00	0.00	20.52
780	2022037000347	01/31/22 - 01/31/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022037000702	01/31/22 - 01/31/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022038008230	02/02/22 - 02/02/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022038008288	02/02/22 - 02/02/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022039022550	02/03/22 - 02/03/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022039023088	02/03/22 - 02/03/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022040060944	01/11/22 - 01/11/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022040060955	01/18/22 - 01/18/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022040061067	01/11/22 - 01/11/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022041028884	02/03/22 - 02/03/22	02/14/22	65.00	0.00	0.00	0.00	20.52
780	2022043020082	02/07/22 - 02/07/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022043020110	02/07/22 - 02/07/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022046038231	02/10/22 - 02/10/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022047037229	02/11/22 - 02/11/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022047044573	02/11/22 - 02/11/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022047044612	02/11/22 - 02/11/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022049027974	02/03/22 - 02/03/22	02/21/22	65.00	0.00	0.00	0.00	20.52
780	2022050024012	02/14/22 - 02/14/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022050024016	01/11/22 - 01/11/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022050024061	02/14/22 - 02/14/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022050024771	02/14/22 - 02/14/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022054029309	02/10/22 - 02/10/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022054029401	02/18/22 - 02/18/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022055041123	02/16/22 - 02/16/22	02/28/22	65.00	0.00	0.00	0.00	20.52
780	2022057024101	02/21/22 - 02/21/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022057024104	02/21/22 - 02/21/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022057024155	02/21/22 - 02/21/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022058003321	02/22/22 - 02/22/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022058003395	02/22/22 - 02/22/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060046019	02/04/22 - 02/04/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060048258	02/17/22 - 02/17/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060048288	02/24/22 - 02/24/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060050154	02/17/22 - 02/17/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060050168	02/22/22 - 02/22/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060050723	01/14/22 - 01/14/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022060050760	01/19/22 - 01/19/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2222060002968	01/21/22 - 01/21/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022061039586	02/25/22 - 02/25/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022063049727	02/15/22 - 02/15/22	03/07/22	65.00	0.00	0.00	0.00	20.52
780	2022064022248	02/28/22 - 02/28/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	2022066006824	03/02/22 - 03/02/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	2022068042894	03/02/22 - 03/02/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	2022068042898	03/02/22 - 03/02/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	2022069034182	01/28/22 - 01/28/22	03/14/22	65.00	0.00	0.00	0.00	20.52
780	2022070033928	02/04/22 - 02/04/22	03/14/22	65.00	0.00	0.00	0.00	20.52

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

780	2022071024723	03/07/22 - 03/07/22	03/21/22	65.00	0.00	0.00	0.00	20.52
780	2022075035594	03/07/22 - 03/07/22	03/21/22	65.00	0.00	0.00	0.00	20.52
780	2022078023751	03/14/22 - 03/14/22	03/28/22	65.00	0.00	0.00	0.00	20.52
780	2022078023821	03/14/22 - 03/14/22	03/28/22	65.00	0.00	0.00	0.00	20.52
780	2022081033035	03/17/22 - 03/17/22	03/28/22	65.00	0.00	0.00	0.00	20.52
780	2022082039448	03/17/22 - 03/17/22	03/28/22	65.00	0.00	0.00	0.00	20.52
780	2022085021596	03/09/22 - 03/09/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022085021680	03/10/22 - 03/10/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022088044445	03/02/22 - 03/02/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022088041239	03/24/22 - 03/24/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022088041290	03/24/22 - 03/24/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022089038729	03/25/22 - 03/25/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022090031426	03/25/22 - 03/25/22	04/04/22	65.00	0.00	0.00	0.00	20.52
780	2022092021568	03/28/22 - 03/28/22	04/11/22	65.00	0.00	0.00	0.00	20.52
780	2022092021570	03/23/22 - 03/23/22	04/11/22	65.00	0.00	0.00	0.00	20.52
780	2022094008265	03/30/22 - 03/30/22	04/11/22	65.00	0.00	0.00	0.00	20.52
780	2022099017243	04/04/22 - 04/04/22	04/18/22	65.00	0.00	0.00	0.00	20.52
780	2022100001975	04/05/22 - 04/05/22	04/18/22	65.00	0.00	0.00	0.00	20.52
780	2022102032754	04/07/22 - 04/07/22	04/18/22	65.00	0.00	0.00	0.00	20.52
780	2022105036340	02/10/22 - 02/10/22	04/18/22	65.00	0.00	0.00	0.00	20.52
780	2022107002434	04/12/22 - 04/12/22	04/25/22	65.00	0.00	0.00	0.00	20.52
780	2022107002465	04/12/22 - 04/12/22	04/25/22	65.00	0.00	0.00	0.00	20.52
780	2022107003010	04/12/22 - 04/12/22	04/25/22	65.00	0.00	0.00	0.00	20.52
780	2022109038598	04/06/22 - 04/06/22	04/25/22	65.00	0.00	0.00	0.00	20.52
780	2022112037514	04/13/22 - 04/13/22	04/25/22	65.00	0.00	0.00	0.00	20.52
780	2022116035229	04/21/22 - 04/21/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022116039211	02/22/22 - 02/22/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022116039596	01/11/22 - 01/11/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022116046006	01/11/22 - 01/11/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022116048464	04/21/22 - 04/21/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022116048484	01/25/22 - 01/25/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022117041172	03/18/22 - 03/18/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022117041391	01/27/22 - 01/27/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022119038788	04/14/22 - 04/14/22	05/02/22	65.00	0.00	0.00	0.00	20.52
780	2022123033686	04/25/22 - 04/25/22	05/09/22	65.00	0.00	0.00	0.00	20.52
780	2022123033793	04/28/22 - 04/28/22	05/09/22	65.00	0.00	0.00	0.00	20.52
780	2022123034767	04/28/22 - 04/28/22	05/09/22	65.00	0.00	0.00	0.00	20.52
780	2022131033672	04/26/22 - 04/26/22	05/16/22	65.00	0.00	0.00	0.00	20.52
780	2022137033612	05/12/22 - 05/12/22	05/23/22	65.00	0.00	0.00	0.00	20.52
780	2022137033767	05/12/22 - 05/12/22	05/23/22	65.00	0.00	0.00	0.00	20.52
780	2022149001752	05/24/22 - 05/24/22	06/06/22	65.00	0.00	0.00	0.00	20.52
780	2022150004533	05/25/22 - 05/25/22	06/06/22	65.00	0.00	0.00	0.00	20.52
780	2022151008040	05/26/22 - 05/26/22	06/06/22	65.00	0.00	0.00	0.00	20.52
780	2022154039580	05/26/22 - 05/26/22	06/06/22	65.00	0.00	0.00	0.00	20.52
780	2022158041556	06/02/22 - 06/02/22	06/13/22	130.00	0.00	0.00	0.00	20.52
780	2022158041846	06/01/22 - 06/01/22	06/13/22	65.00	0.00	0.00	0.00	20.52

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

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

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

780	2022158042840	06/02/22 - 06/02/22	06/13/22	65.00	0.00	0.00	0.00	20.52
780	2022162019466	06/06/22 - 06/06/22	06/20/22	65.00	0.00	0.00	0.00	20.52
780	2022168033304	03/04/22 - 03/04/22	06/20/22	65.00	0.00	0.00	0.00	20.52
780	2022169030052	04/27/22 - 04/27/22	06/27/22	65.00	0.00	0.00	0.00	20.52
780	2022169030909	06/13/22 - 06/13/22	06/27/22	65.00	0.00	0.00	0.00	20.52
780	2022172043681	06/10/22 - 06/10/22	06/27/22	65.00	0.00	0.00	0.00	20.52
780	2022172043872	06/15/22 - 06/15/22	06/27/22	65.00	0.00	0.00	0.00	20.52
780	2022176020859	05/10/22 - 05/10/22	07/04/22	65.00	0.00	0.00	0.00	20.52
780	2022182038363	06/24/22 - 06/24/22	07/04/22	65.00	0.00	0.00	0.00	20.52
780	2022183022880	06/27/22 - 06/27/22	07/11/22	65.00	0.00	0.00	0.00	20.52
780	2022186031296	06/30/22 - 06/30/22	07/11/22	65.00	0.00	0.00	0.00	20.52
780	2022186031774	06/30/22 - 06/30/22	07/11/22	65.00	0.00	0.00	0.00	20.52
780	2022197020893	07/11/22 - 07/11/22	07/25/22	65.00	0.00	0.00	0.00	20.52
780	2022202041370	07/11/22 - 07/11/22	07/25/22	65.00	0.00	0.00	0.00	20.52
780	2022203032491	03/01/22 - 03/01/22	07/25/22	65.00	0.00	0.00	0.00	20.52
780	2022203033107	01/31/22 - 01/31/22	07/25/22	65.00	0.00	0.00	0.00	20.52
780	2022206007570	07/20/22 - 07/20/22	08/01/22	65.00	0.00	0.00	0.00	20.52
780	2022207030940	07/19/22 - 07/19/22	08/01/22	65.00	0.00	0.00	0.00	20.52
780	2022207031071	07/21/22 - 07/21/22	08/01/22	65.00	0.00	0.00	0.00	20.52
780	2022211021630	07/25/22 - 07/25/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022211021976	07/25/22 - 07/25/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022215031788	07/18/22 - 07/18/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022215038216	07/18/22 - 07/18/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022216033087	07/20/22 - 07/20/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022216033090	07/12/22 - 07/12/22	08/08/22	65.00	0.00	0.00	0.00	20.52
780	2022221029894	08/04/22 - 08/04/22	08/15/22	65.00	0.00	0.00	0.00	20.52
780	2022221029971	08/04/22 - 08/04/22	08/15/22	65.00	0.00	0.00	0.00	20.52
780	2022225021216	08/08/22 - 08/08/22	08/22/22	65.00	0.00	0.00	0.00	20.52
780	2022226002459	08/09/22 - 08/09/22	08/22/22	65.00	0.00	0.00	0.00	20.52
780	2022226002503	08/09/22 - 08/09/22	08/22/22	65.00	0.00	0.00	0.00	20.52
780	2022233001874	08/16/22 - 08/16/22	08/29/22	65.00	0.00	0.00	0.00	20.52
780	2022238056132	04/28/22 - 04/28/22	08/29/22	65.00	0.00	0.00	0.00	20.52
780	2022239023614	08/22/22 - 08/22/22	09/05/22	65.00	0.00	0.00	0.00	20.52
780	2022244031144	08/25/22 - 08/25/22	09/05/22	65.00	0.00	0.00	0.00	20.52
780	2022250027809	08/29/22 - 08/29/22	09/12/22	65.00	0.00	0.00	0.00	20.52
780	2022252037349	08/30/22 - 08/30/22	09/12/22	65.00	0.00	0.00	0.00	20.52
780	2022252037637	08/30/22 - 08/30/22	09/12/22	65.00	0.00	0.00	0.00	20.52
780	2022260023753	09/12/22 - 09/12/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	2022261002984	09/13/22 - 09/13/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	2022261002994	09/13/22 - 09/13/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	2022262006753	09/14/22 - 09/14/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	2022263028163	09/15/22 - 09/15/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	2022265029160	09/07/22 - 09/07/22	09/26/22	65.00	0.00	0.00	0.00	20.52
780	5922267029140	01/10/22 - 01/10/22	10/03/22	65.00	0.00	0.00	0.00	20.52
780	2022277031764	09/29/22 - 09/29/22	10/10/22	65.00	0.00	0.00	0.00	20.52
780	2022278040148	09/30/22 - 09/30/22	10/10/22	65.00	0.00	0.00	0.00	20.52

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

780	2022283007856	10/05/22 - 10/05/22	10/17/22	65.00	0.00	0.00	0.00	20.52
780	2022286031823	10/03/22 - 10/03/22	10/17/22	65.00	0.00	0.00	0.00	20.52
780	2022288032661	06/20/22 - 06/20/22	10/24/22	65.00	0.00	0.00	0.00	20.52
780	2022290006235	09/29/22 - 09/29/22	10/24/22	65.00	0.00	0.00	0.00	20.52
780	2022295024883	10/17/22 - 10/17/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022296001569	10/18/22 - 10/18/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022296001589	10/17/22 - 10/17/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022296001615	10/18/22 - 10/18/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022296001766	10/18/22 - 10/18/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022298040830	10/06/22 - 10/06/22	10/31/22	65.00	0.00	0.00	0.00	20.52
780	2022302022617	10/24/22 - 10/24/22	11/07/22	65.00	0.00	0.00	0.00	20.52
780	2022302022704	10/24/22 - 10/24/22	11/07/22	65.00	0.00	0.00	0.00	20.52
780	2022310002002	11/01/22 - 11/01/22	11/14/22	65.00	0.00	0.00	0.00	20.52
780	2022312037305	10/28/22 - 10/28/22	11/14/22	65.00	0.00	0.00	0.00	20.52
780	2022318011963	11/09/22 - 11/09/22	11/21/22	65.00	0.00	0.00	0.00	20.52
780	2022318012042	11/08/22 - 11/08/22	11/21/22	65.00	0.00	0.00	0.00	20.52
780	2022332006330	11/23/22 - 11/23/22	12/05/22	65.00	0.00	0.00	0.00	20.52
780	2022333036042	11/23/22 - 11/23/22	12/05/22	65.00	0.00	0.00	0.00	20.52
780	2022334031875	11/04/22 - 11/04/22	12/05/22	65.00	0.00	0.00	0.00	20.52
780	2022335047723	11/02/22 - 11/02/22	12/05/22	65.00	0.00	0.00	0.00	20.52
780	2022338001734	11/29/22 - 11/29/22	12/12/22	65.00	0.00	0.00	0.00	20.52
780	2022339006074	11/30/22 - 11/30/22	12/12/22	65.00	0.00	0.00	0.00	20.52
780	2022346004687	12/07/22 - 12/07/22	12/19/22	65.00	0.00	0.00	0.00	20.52
780	2022346004710	12/07/22 - 12/07/22	12/19/22	65.00	0.00	0.00	0.00	20.52
780	2022347023052	12/08/22 - 12/08/22	12/19/22	65.00	0.00	0.00	0.00	20.52
780	2022347035597	12/07/22 - 12/07/22	12/19/22	65.00	0.00	0.00	0.00	20.52
780	2022349035358	10/31/22 - 10/31/22	12/19/22	65.00	0.00	0.00	0.00	20.52
780	2022352002179	12/13/22 - 12/13/22	12/26/22	65.00	0.00	0.00	0.00	20.52
780	2022353004325	12/14/22 - 12/14/22	12/26/22	65.00	0.00	0.00	0.00	20.52
780	2022353004366	12/14/22 - 12/14/22	12/26/22	65.00	0.00	0.00	0.00	20.52
780	2022358005257	12/19/22 - 12/19/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022359001573	12/20/22 - 12/20/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022360002463	12/21/22 - 12/21/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022360002524	12/21/22 - 12/21/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022364043662	12/10/22 - 12/10/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022364043677	12/09/22 - 12/09/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022364043691	12/13/22 - 12/13/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022364043736	12/12/22 - 12/12/22	01/02/23	65.00	0.00	0.00	0.00	20.52
780	2022365026784	08/25/22 - 08/25/22	01/09/23	65.00	0.00	0.00	0.00	20.52
780	2022365026975	06/23/22 - 06/23/22	01/09/23	65.00	0.00	0.00	0.00	20.52
780	2023004018141	12/21/22 - 12/21/22	01/09/23	65.00	0.00	0.00	0.00	20.52
780	2023004018208	12/12/22 - 12/12/22	01/09/23	65.00	0.00	0.00	0.00	20.52
780	2023004026878	12/06/22 - 12/06/22	01/09/23	65.00	0.00	0.00	0.00	20.52
780	2023014030421	11/28/22 - 11/28/22	01/23/23	65.00	0.00	0.00	0.00	20.52
780	2023049026942	12/01/22 - 12/01/22	02/27/23	65.00	0.00	0.00	0.00	20.52
780	2023056022835	01/07/22 - 01/07/22	03/06/23	65.00	0.00	0.00	0.00	20.52

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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

780	5923063000080	10/11/22 - 10/11/22	03/13/23	65.00	0.00	0.00	0.00	20.52
780	2023082043417	12/29/22 - 12/29/22	03/27/23	65.00	0.00	0.00	0.00	20.52
780	2023082043880	12/22/22 - 12/22/22	03/27/23	65.00	0.00	0.00	0.00	20.52
780	2023095047031	07/19/22 - 07/19/22	04/10/23	65.00	0.00	0.00	0.00	20.52
780	2023116050858	12/13/22 - 12/13/22	05/01/23	65.00	0.00	0.00	0.00	20.52
780	2023118036030	12/15/22 - 12/15/22	05/01/23	65.00	0.00	0.00	0.00	20.52
780	2023126012258	06/27/22 - 06/27/22	05/15/23	65.00	0.00	0.00	0.00	20.52
780	2023172056569	01/18/22 - 01/18/22	06/26/23	65.00	0.00	0.00	0.00	20.52
TOTAL				15,275.00	0.00	0.00	0.00	4,801.68

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA, GA 30303-3031

000000855A

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

NON-COVERD CHARGES	233,163.47
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INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	174
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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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GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
ATLANTA,GA 30303-3031

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,211.46	0.00	OTHER LAB	2,523.00	0.00
MED/SURG SUPPLY	1,314.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,048.00	1,417.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,596.00	10,201.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	740.00	726.00	FEE SCHEDULE LAB	103,182.00	7,778.00
EKG/ECG	9,090.00	0.00	MRI SERVICES	5,561.00	5,561.00
IV THERAPY	37,473.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,002.00	2,198.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	15,210.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,855.00	14,759.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	83,860.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,180.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	9,959.54	161,778.47
RADIOLOGY THERAPEUTIC	27,679.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	30,959.57	2,193.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,658.00	541.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,177.00	0.00	NO CC/INVALID REV CODE	130.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,270.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	9,411.00			
AUDIOLOGY	2,208.00	474.00			
CARDIOLOGY	7,999.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,794.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,935.00	16,126.00			
			TOTAL ANCILLARY	437,614.57	233,163.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	437,614.57	233,163.47

Report : CLM-0806-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022167035555	05/26/22 - 05/26/22	06/20/22	65.00	0.00	0.00	20.52	0.00
780	2023010029168	12/12/22 - 12/12/22	01/16/23	65.00	0.00	0.00	20.52	0.00
TOTAL				130.00	0.00	0.00	41.04	0.00

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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GRADY MEMORIAL HOSPITAL
80 JESSE HILL JR DR SE
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	946,874.49	ADJUSTMENTS	872.69
COVERED CHARGES	910,240.70	CONTRACTUAL ALLOW	894,062.37
NON-COVERD CHARGES	36,633.79	TOTAL MEDICAID LIAB	16,178.33
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	16,178.33

TOTAL NUMBER OF CLAIMS 241

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,996.10	0.00	OTHER LAB	1,882.00	0.00
MED/SURG SUPPLY	454.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	63,981.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	195,813.00	12,255.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	110,081.00	3,570.00
EKG/ECG	8,484.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,210.00	5,792.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,504.00	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	477,646.00	2,144.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,516.60	12,559.79
RADIOLOGY THERAPEUTIC	619.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	514.00	313.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,540.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	910,240.70	36,633.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	910,240.70	36,633.79

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	71,458.54	ADJUSTMENTS	0.00
COVERED CHARGES	59,582.90	CONTRACTUAL ALLOW	59,045.86
NON-COVERD CHARGES	11,875.64	TOTAL MEDICAID LIAB	537.04
		LESS: COB	537.04
		LESS: COPAYMENT	0.00
		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	15.56	0.00	OTHER LAB	2,071.00	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	1,925.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,842.00	10,201.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,369.00	462.00
EKG/ECG	606.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,955.00	630.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	21,349.00	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	450.34	582.64
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	59,582.90	11,875.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	59,582.90	11,875.64

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 39,325,547.77
COVERED CHARGES 36,981,328.83
NON-COVERD CHARGES 2,344,218.94

-----PAYMENTS-----
ADJUSTMENTS 465,164.06
CONTRACTUAL ALLOW 31,563,934.73
TOTAL MEDICAID LIAB 5,417,394.10
LESS: COB 9,555.14
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 5,407,838.96

TOTAL NUMBER OF CLAIMS 675

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	207,308.27	0.00	OTHER LAB	17,781.00	0.00
MED/SURG SUPPLY	409,466.58	22,559.60	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	425.00
RADIOLOGY-DIAGNOSTIC	193,029.00	25,601.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,119,949.00	52,010.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,938.00	26,722.00	FEE SCHEDULE LAB	723,665.00	17,472.00
EKG/ECG	25,452.00	1,818.00	MRI SERVICES	71,556.00	27,142.00
IV THERAPY	273,581.00	42,953.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,892,423.51	1,281,534.49	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,455.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,613,817.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	671,497.00	25,533.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,993,458.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	828.48
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,773,442.03	577,979.37
RADIOLOGY THERAPEUTIC	488,320.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,254.00	19,633.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,268.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,227.00	1,780.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	88,074.00	0.00	IMPL DEV CHARGE PATIENTS	463,209.44	173,069.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	40,030.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,711.00	3,057.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	13,932.00	22,408.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	164,725.00	18,426.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,050.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,701,978.00	0.00			
			TOTAL ANCILLARY	36,981,328.83	2,344,218.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	36,981,328.83	2,344,218.94

Location: CLMP8000

SUMMARY TYPE VIII

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA, GA 30303-3031

000000855A

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

REIMBURSEMENT	0.00
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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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	281.33	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	4,823.00	215.00
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	125,924.24	0.00
RADIOLOGY THERAPEUTIC	8,710.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	139,738.57	215.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	139,738.57	215.00

** END OF REPORT **

Report : CLM-0800-0
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Location: CLMP8000

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,451,282.51	ADJUSTMENTS	229,159.22
COVERED CHARGES	50,440,897.01	CONTRACTUAL ALLOW	44,816,370.57
NON-COVERD CHARGES	10,385.50	TOTAL MEDICAID LIAB	5,624,526.44
		LESS: COB	57,312.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,701.00
		REIMBURSEMENT	5,568,914.66

TOTAL NUMBER OF ADMISSIONS 532

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,299		0	2,429,287.00		0.00
ROUTINE NURSERY	59		0	75,981.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,358		0	2,505,268.00		0.00
SPECIAL CARE SERVICES						
CCU	1,398		0	7,670,264.00		0.00
ICU	806		0	5,031,085.00		0.00
NICU	86		0	748,974.00		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	2,290		0	13,450,323.00		0.00
TOTAL ACCOMODATIONS	3,648		0	15,955,591.00		0.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,368,026.73	0.00	OTHER LAB	259,873.00	0.00
MED/SURG SUPPLY	1,151,299.64	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,082,645.14	0.00	EDUCATION & TRAINING	4,064.00	0.00
RADIOLOGY-DIAGNOSTIC	854,302.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,235,813.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	252,629.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	302,144.00	0.00	MRI SERVICES	365,333.00	0.00
IV THERAPY	606,729.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,927,384.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	112,234.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,762,300.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	493,473.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	128,887.00	3,124.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,216,700.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	85,184.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	768.80
LABORATORY PATHOLOGIC	140,314.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	74,436.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	89,477.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	21,579.00	5,068.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,730.10	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	186,855.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	212,053.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	634,546.05	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	189,966.90	1,424.70			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,043,701.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	42,575.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,633,052.06	0.00			
			TOTAL ANCILLARY	34,485,306.01	10,385.50
			TOTAL ACCOMODATIONS	15,955,591.00	0.00
			TOTAL CHARGES	50,440,897.01	10,385.50

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	576,209.76	ADJUSTMENTS	0.00
COVERED CHARGES	576,209.76	CONTRACTUAL ALLOW	484,419.51
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	91,790.25
		LESS: COB	91,916.25
		LESS: COPAYMENT	0.00
		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	22		0	40,766.00		0.00
ROUTINE NURSERY	4		0	4,172.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	26		0	44,938.00		0.00
SPECIAL CARE SERVICES						
CCU	21		0	114,240.00		0.00
ICU	1		0	5,440.00		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	119,680.00		0.00
TOTAL ACCOMODATIONS	48		0	164,618.00		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	91,008.10	0.00	OTHER LAB	2,405.00	0.00
MED/SURG SUPPLY	14,779.34	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	65,619.00	0.00	EDUCATION & TRAINING	1,270.00	0.00
RADIOLOGY-DIAGNOSTIC	4,319.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,425.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,263.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,818.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,527.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	45,564.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	49,447.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,924.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	17,204.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,462.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,242.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,280.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	576.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	918.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,050.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,415.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,711.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	66,365.32	0.00			
			TOTAL ANCILLARY	411,591.76	0.00
			TOTAL ACCOMODATIONS	164,618.00	0.00
			TOTAL CHARGES	576,209.76	0.00

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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,152,715.37	ADJUSTMENTS	73,654.86
COVERED CHARGES	19,442,455.54	CONTRACTUAL ALLOW	17,556,542.06
NON-COVERD CHARGES	1,710,259.83	TOTAL MEDICAID LIAB	1,885,913.48
		LESS: COB	3,826.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,882,086.86
		ALL OTHER	1,677,126.07
		FEE SCHEDULE-LAB	178,761.90
		INJECTABLE DRUGS	26,198.89
		TOTAL NUMBER OF CLAIMS	3,870

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	296,517.00	0.00	OTHER LAB	277,216.00	679.00
MED/SURG SUPPLY	286,685.54	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	791,077.00	984.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,201,789.00	61,901.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	249,457.00	7,677.00	FEE SCHEDULE LAB	2,851,896.00	86,361.00
EKG/ECG	363,229.00	12,726.00	MRI SERVICES	197,977.00	4,299.00
IV THERAPY	1,098,177.00	176,160.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	775,754.41	146,898.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	177,619.00	19,782.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	356,897.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	138,636.50	7,527.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,558,188.00	6,397.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	81,876.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	279,435.40	621,636.37
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	111,412.00	12,986.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,995.00	11,709.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,545.20	6,120.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	131,025.37	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	419,099.08	25,177.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	203,223.50	2,727.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	56,295.30	17,290.80			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	246,255.00	7,422.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	342,267.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	936,911.24	473,800.00			
			TOTAL ANCILLARY	19,442,455.54	1,710,259.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,442,455.54	1,710,259.83

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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	82,322.57	ADJUSTMENTS	0.00
COVERED CHARGES	55,074.24	CONTRACTUAL ALLOW	50,988.76
NON-COVERD CHARGES	27,248.33	TOTAL MEDICAID LIAB	4,085.48
		LESS: COB	4,085.48
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	389.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,315.34	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	7,756.00	9,364.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,325.00	0.00
EKG/ECG	1,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,213.00	192.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	3,128.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	6,022.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,201.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	76.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	879.10	795.50
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	11,629.00	1,632.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	552.83			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	499.00	8,690.00			
			TOTAL ANCILLARY	55,074.24	27,248.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	55,074.24	27,248.33

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	422,751.10	ADJUSTMENTS	134.26
COVERED CHARGES	416,695.10	CONTRACTUAL ALLOW	403,336.23
NON-COVERD CHARGES	6,056.00	TOTAL MEDICAID LIAB	13,358.87
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,358.87

TOTAL NUMBER OF CLAIMS 199

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,772.20	0.00	OTHER LAB	5,339.00	0.00
MED/SURG SUPPLY	1,110.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	21,539.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,121.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	49,228.00	1,306.00
EKG/ECG	7,272.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,614.00	1,619.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	390.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	267,435.00	759.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,572.70	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	8,302.00	1,572.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	800.00			
			TOTAL ANCILLARY	416,695.10	6,056.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	416,695.10	6,056.00

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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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	487,303.40	ADJUSTMENTS	10,579.50
COVERED CHARGES	480,918.40	CONTRACTUAL ALLOW	454,469.65
NON-COVERD CHARGES	6,385.00	TOTAL MEDICAID LIAB	26,448.75
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	26,448.75

TOTAL NUMBER OF CLAIMS5

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: 08/06/2023
Run Time: 21:18:12
Page: 13

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,513.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,710.20	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	10,040.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,230.00	275.00
EKG/ECG	606.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,516.00	1,964.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	5,636.00	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	61,506.20	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	383,161.00	499.00			
			TOTAL ANCILLARY	480,918.40	6,385.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	480,918.40	6,385.00

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: 08/06/2023
Run Time: 21:18:12
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
 Run Time: 13:32:32
 Page: 1

HABERSHAM COUNTY MEDICAL CTR
 541 HISTORIC HWY, 441N
 DEMOREST, GA 30535-4528

PROVIDER NUMBER 000000877A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,688,298.83	ADJUSTMENTS	24,921.46
COVERED CHARGES	2,646,985.56	CONTRACTUAL ALLOW	1,805,268.98
NON-COVERD CHARGES	41,313.27	TOTAL MEDICAID LIAB	841,716.58
		LESS: COB	5,918.88
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	4,158.00
		REIMBURSEMENT	839,955.70

TOTAL NUMBER OF ADMISSIONS 182

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	353		0	274,560.00		0.00
ROUTINE NURSERY	140		0	61,820.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	493		0	336,380.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	60		0	108,000.00		0.00
NICU	2		0	3,080.00		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	111,080.00		0.00
TOTAL ACCOMODATIONS	555		0	447,460.00		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: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	267,410.07	0.00	OTHER LAB	6,047.83	0.00
MED/SURG SUPPLY	148,587.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	362,911.49	0.00	EDUCATION & TRAINING	2,397.15	0.00
RADIOLOGY-DIAGNOSTIC	25,731.44	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	70,102.53	912.08	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	13,683.26	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	14,495.12	0.00	MRI SERVICES	6,604.01	0.00
IV THERAPY	55,589.24	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	77,379.61	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	342,358.74	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	306,572.18	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	34,432.86	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	134,102.59	0.00	SPECIAL SERVICES	0.00	36,234.75
RECOVERY ROOM	111,617.26	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,102.28	0.00	INJECTABLE DRUGS	48,006.77	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	4,177.81	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,461.83	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	55,026.69	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,579.25	0.00	NO CC/INVALID REV CODE	1,861.28	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,391.75	3,944.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,186.55	222.04			
AUDIOLOGY	18,435.20	0.00			
CARDIOLOGY	19,786.20	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	35,487.43	0.00			
			TOTAL ANCILLARY	2,199,525.56	41,313.27
			TOTAL ACCOMODATIONS	447,460.00	0.00
			TOTAL CHARGES	2,646,985.56	41,313.27

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

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

Run Date: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022157028932	05/10/22 - 05/14/22	06/13/22	1,861.28	0.00	0.00	0.00	0.00
TOTAL				1,861.28	0.00	0.00	0.00	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: 08/06/2023
Run Time: 13:32:32
Page: 4

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,332.87	ADJUSTMENTS	0.00
COVERED CHARGES	23,332.87	CONTRACTUAL ALLOW	18,274.19
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,058.68
		LESS: COB	5,121.68
		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	3		0	2,340.00		0.00
ROUTINE NURSERY	2		0	880.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5		0	3,220.00		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	5		0	3,220.00		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: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	642.65	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	785.64	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	1,025.35	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	240.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,581.39	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	2,348.10	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	542.36	0.00	INJECTABLE DRUGS	57.33	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	147.63	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	288.05	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	454.37	0.00			
			TOTAL ANCILLARY	20,112.87	0.00
			TOTAL ACCOMODATIONS	3,220.00	0.00
			TOTAL CHARGES	23,332.87	0.00

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: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 3,542,752.27
COVERED CHARGES 3,344,916.26
NON-COVERD CHARGES 197,836.01

-----PAYMENTS-----
ADJUSTMENTS 52,450.81
CONTRACTUAL ALLOW 2,632,605.41
TOTAL MEDICAID LIAB 712,310.85
LESS: COB 1,372.21
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 710,938.64
ALL OTHER 609,193.62
FEE SCHEDULE-LAB 86,260.92
INJECTABLE DRUGS 15,484.10

TOTAL NUMBER OF CLAIMS 1,386

Report : CLM-0804-O
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: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	67,884.78	0.00	OTHER LAB	151,995.43	0.00
MED/SURG SUPPLY	48,050.88	2,631.96	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	81.00	EDUCATION & TRAINING	0.00	913.20
RADIOLOGY-DIAGNOSTIC	106,774.89	209.30	OTHER THERAPEUTIC SVC	0.00	249.86
CT SCAN	543,885.29	41,913.82	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,150.82	3,049.79	FEE SCHEDULE LAB	583,631.81	33,279.28
EKG/ECG	62,253.01	391.76	MRI SERVICES	47,527.14	3,552.26
IV THERAPY	275,412.72	926.86	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	99,773.69	8,843.46	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,938.21	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,680.21	23,156.64	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	51,299.02	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	895,140.70	6,542.64	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	57,608.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	79,662.64	18,697.26
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	669.12	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,843.50	2,804.97	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,293.32	41,566.05
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	59,895.32	2,611.70	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,341.20	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	29,083.88	1,233.96			
AUDIOLOGY	2,304.40	0.00			
CARDIOLOGY	25,923.00	2,826.60			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	84,892.38	2,353.64			
			TOTAL ANCILLARY	3,344,916.26	197,836.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,344,916.26	197,836.01

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: 08/06/2023
Run Time: 13:32:32
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST,GA 30535-4528

PROVIDER NUMBER 000000877A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	27,735.64	ADJUSTMENTS	0.00
COVERED CHARGES	21,374.91	CONTRACTUAL ALLOW	16,765.17
NON-COVERD CHARGES	6,360.73	TOTAL MEDICAID LIAB	4,609.74
		LESS: COB	4,609.74
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	726.07	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	648.56	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	319.80	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,156.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,905.34	126.45
EKG/ECG	195.88	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,804.03	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	570.00	3,687.32	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,393.12	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,036.01	222.30	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,870.56	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	427.91	168.06
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	527.35	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	950.28	0.00			
			TOTAL ANCILLARY	21,374.91	6,360.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,374.91	6,360.73

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

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

Run Date: 08/06/2023
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST,GA 30535-4528

PROVIDER NUMBER 000000877A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	91,079.99	ADJUSTMENTS	156.64
COVERED CHARGES	89,862.96	CONTRACTUAL ALLOW	83,519.04
NON-COVERD CHARGES	1,217.03	TOTAL MEDICAID LIAB	6,343.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,343.92

TOTAL NUMBER OF CLAIMS 81

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: 08/06/2023
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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,097.91	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	5,562.84	143.98	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,403.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,687.90	1,073.05
EKG/ECG	391.76	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,816.95	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	53,077.38	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,855.78	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	681.14	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	288.05	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	89,862.96	1,217.03
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	89,862.96	1,217.03

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

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	1,013.40
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 : 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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HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	143.98	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	492.06	25.29
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	534.00	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	1,170.04	25.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,170.04	25.29

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	163,862.29	ADJUSTMENTS	20,131.92
COVERED CHARGES	161,341.19	CONTRACTUAL ALLOW	141,209.27
NON-COVERD CHARGES	2,521.10	TOTAL MEDICAID LIAB	20,131.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	20,131.92

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

Run Date: 08/06/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,309.95	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	117,349.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	802.20	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	227.05	443.62	FEE SCHEDULE LAB	2,168.34	126.45
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,958.09	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	17,791.36	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	782.90	23.80	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,723.64	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	5,854.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,515.56	1,927.23
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	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	858.00	0.00			
			TOTAL ANCILLARY	161,341.19	2,521.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	161,341.19	2,521.10

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HABERSHAM COUNTY MEDICAL CTR
541 HISTORIC HWY, 441N
DEMOREST, GA 30535-4528

PROVIDER NUMBER
000000877A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:54:06
Page: 1

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	196,902,045.36	ADJUSTMENTS	11,318,499.75
COVERED CHARGES	194,632,088.30	CONTRACTUAL ALLOW	163,936,719.02
NON-COVERD CHARGES	2,269,957.06	TOTAL MEDICAID LIAB	30,695,369.28
		LESS: COB	275,980.05
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	32,445.00
		REIMBURSEMENT	30,451,834.23

TOTAL NUMBER OF ADMISSIONS 2,609

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,701		0	20,275,686.00		0.00
ROUTINE NURSERY	2,134		0	4,390,043.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	12,835		0	24,665,729.00		0.00
SPECIAL CARE SERVICES						
CCU	141		0	517,843.00		0.00
ICU	3,071		0	10,304,104.00		0.00
NICU	7		0	41,750.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	239		0	1,271,480.00		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	3,458		0	12,135,177.00		0.00
TOTAL ACCOMODATIONS	16,293		0	36,800,906.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 14:54:06
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	43,342,024.27	0.00	OTHER LAB	1,339,304.00	0.00
MED/SURG SUPPLY	8,604,943.46	325,662.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,606,001.70	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,916,374.00	0.00	OTHER THERAPEUTIC SVC	99,876.00	0.00
CT SCAN	8,259,285.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	952,555.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	927,210.00	0.00	MRI SERVICES	1,616,817.00	0.00
IV THERAPY	3,095,766.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,042,253.00	5,040.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,769,285.00	8,231.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,313,999.14	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,760,820.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	633,721.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,804,149.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,924,138.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	537,698.75	311,158.16	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	589,841.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	402,052.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	486,437.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	3,424,213.00	1,007,054.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	80,876.00	74,965.00	TRAUMA RESPONSE	0.00	180,584.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,413,094.48	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	792,115.00	254,808.00	NO CC/INVALID REV CODE	5,688.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,283,249.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	171,419.00	102,454.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,499,455.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	381,327.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,755,195.00	0.00			
			TOTAL ANCILLARY	157,831,182.30	2,269,957.06
			TOTAL ACCOMODATIONS	36,800,906.00	0.00
			TOTAL CHARGES	194,632,088.30	2,269,957.06

Report : CLM-0800-0
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022011038759	12/28/21 - 01/05/22	01/24/22	1,896.00	0.00	0.00	0.00	0.00
614	2122124000017	04/13/22 - 04/18/22	06/13/22	1,896.00	0.00	0.00	0.00	0.00
614	2023004055211	05/01/22 - 05/06/22	01/09/23	1,896.00	0.00	0.00	0.00	0.00
TOTAL				5,688.00	0.00	0.00	0.00	0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,698,437.55	ADJUSTMENTS	0.00
COVERED CHARGES	2,687,533.55	CONTRACTUAL ALLOW	2,311,914.48
NON-COVERD CHARGES	10,904.00	TOTAL MEDICAID LIAB	375,619.07
		LESS: COB	376,186.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	567.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 55

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	152		0	324,156.00		0.00
ROUTINE NURSERY	100		0	268,900.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	252		0	593,056.00		0.00
SPECIAL CARE SERVICES						
CCU	6		0	22,662.00		0.00
ICU	20		0	55,650.00		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	26		0	78,312.00		0.00
TOTAL ACCOMODATIONS	278		0	671,368.00		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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ZERO PAID INPATIENT PAID CLAIMS

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	352,990.00	0.00	OTHER LAB	12,608.00	0.00
MED/SURG SUPPLY	207,737.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	212,082.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,857.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	45,303.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	13,413.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	13,968.00	0.00	MRI SERVICES	4,615.00	0.00
IV THERAPY	19,708.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	239,126.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	242,831.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	74,854.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	102,447.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,229.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,574.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	140,279.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	6,140.00	1,604.00	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	7,176.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,611.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,394.00	9,300.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	68,826.65	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	26,572.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	21,935.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	96,973.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	25,916.00	0.00			
			TOTAL ANCILLARY	2,016,165.55	10,904.00
			TOTAL ACCOMODATIONS	671,368.00	0.00
			TOTAL CHARGES	2,687,533.55	10,904.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 57,026,502.76
COVERED CHARGES 46,886,436.20
NON-COVERD CHARGES 10,140,066.56

-----PAYMENTS-----
ADJUSTMENTS 372,087.53
CONTRACTUAL ALLOW 40,887,393.24
TOTAL MEDICAID LIAB 5,999,042.96
LESS: COB 5,342.14
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 5,993,700.82
ALL OTHER 4,920,453.16
FEE SCHEDULE-LAB 590,918.73
INJECTABLE DRUGS 482,328.93

TOTAL NUMBER OF CLAIMS 11,618

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,783.00	1,091,950.00	OTHER LAB	591,370.00	3,012.00
MED/SURG SUPPLY	704,298.19	1,142,985.03	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,218.00
RADIOLOGY-DIAGNOSTIC	1,021,535.00	78,917.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,022,987.00	501,198.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	408,415.00	53,943.00	FEE SCHEDULE LAB	7,206,827.00	946,802.00
EKG/ECG	580,824.00	9,312.00	MRI SERVICES	1,178,108.00	78,699.00
IV THERAPY	2,885,500.00	10,560.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,009,741.19	713,268.01	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	30,825.00	3,237.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	287,896.00	12,215.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,780,709.00	852.00	AMBULANCE	0.00	0.00
GI SERVICES	700,833.76	146,237.24	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,239,166.00	7,621.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,159,406.00	0.00	DRUG-SPECIFIC/HOME IV	998.00	44,501.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,649,890.01	1,449,738.00
RADIOLOGY THERAPEUTIC	3,501,368.00	120,284.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	58,443.00	56,863.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	51,066.00	34,508.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	340,452.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	71,800.00	6,080.00	TRAUMA RESPONSE	0.00	100,682.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	28,466.05	1,681,318.28
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,897,600.00	339,827.00	NO CC/INVALID REV CODE	4,836.00	4,113.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	177,827.00	12,049.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	604,397.00	321,154.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,198,453.00	609,808.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	442,320.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,355,748.00	216,663.00			
			TOTAL ANCILLARY	46,886,436.20	10,140,066.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	46,886,436.20	10,140,066.56

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022019048156	01/14/22 - 01/14/22	01/24/22	1,612.00	0.00	0.00	0.00	224.90
614	2022126075107	04/25/22 - 04/25/22	05/09/22	0.00	4,113.00	0.00	0.00	0.00
614	2022175065149	06/18/22 - 06/18/22	06/27/22	1,612.00	0.00	0.00	0.00	224.90
614	2022207062025	01/21/22 - 01/21/22	08/01/22	1,612.00	0.00	0.00	0.00	224.90
TOTAL				4,836.00	4,113.00	0.00	0.00	674.70

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,070,283.05	ADJUSTMENTS	0.00
COVERED CHARGES	824,227.58	CONTRACTUAL ALLOW	727,629.18
NON-COVERD CHARGES	246,055.47	TOTAL MEDICAID LIAB	96,598.40
		LESS: COB	96,598.40
		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			139

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,680.00	30,718.00	OTHER LAB	8,827.00	0.00
MED/SURG SUPPLY	15,222.58	2,632.93	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,150.00	304.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	48,658.00	8,808.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	110,168.00	21,855.00
EKG/ECG	9,312.00	0.00	MRI SERVICES	42,130.00	16,224.00
IV THERAPY	80,034.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	45,672.00	58,359.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,062.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,465.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	65,289.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	24,659.00	1,756.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	134,934.00	1,500.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	55,848.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	23,855.00	37,040.00
RADIOLOGY THERAPEUTIC	7,552.00	2,549.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	3,474.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	337.00	266.00	TRAUMA RESPONSE	0.00	7,990.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,293.54
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	28,886.00	12,219.00	NO CC/INVALID REV CODE	1,896.00	1,896.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	18,226.00	5,040.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	22,582.00	28,991.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	13,341.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	20,442.00	3,140.00			
			TOTAL ANCILLARY	824,227.58	246,055.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	824,227.58	246,055.47

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022014051869	12/03/21 - 12/03/21	01/17/22	1,896.00	0.00	0.00	978.16	0.00
614	2022213029157	05/26/22 - 05/26/22	08/08/22	0.00	1,896.00	0.00	434.53	0.00
TOTAL				1,896.00	1,896.00	0.00	1,412.69	0.00

NORTHEAST GEORGIA MEDICAL CENTER IN 743 SPRING ST NE GAINESVILLE,GA 30501-3715	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
	000000888A	SERVICE DATES	10/01/21	THROUGH	09/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES		145,099.00	-----PAYMENTS-----		
COVERED CHARGES		141,111.00	ADJUSTMENTS		134.26
NON-COVERD CHARGES		3,988.00	CONTRACTUAL ALLOW		134,867.91
			TOTAL MEDICAID LIAB		6,243.09
			LESS: COB		0.00
			LESS: COPAYMENT		0.00
			ADD: ADDON PYMT		0.00
			REIMBURSEMENT		6,243.09
TOTAL NUMBER OF CLAIMS					93

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	653.00	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	14,077.00	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	22,979.00	2,261.00
EKG/ECG	1,164.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,532.00	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	100,228.00	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	131.00	1,074.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	141,111.00	3,988.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	141,111.00	3,988.00

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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GAINESVILLE, GA 30501-3715

000000888A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	5
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	272.00	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	2,123.00	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	3,403.00	372.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	717.00	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	6,276.00	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	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	12,531.00	646.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,531.00	646.00

NORTHEAST GEORGIA MEDICAL CENTER IN 743 SPRING ST NE GAINESVILLE,GA 30501-3715	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
	000000888A	SERVICE DATES	10/01/21	THROUGH	09/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
	TOTAL CHARGES	13,084,825.22	-----PAYMENTS-----		
	COVERED CHARGES	8,944,686.92	ADJUSTMENTS	88,080.71	
	NON-COVERD CHARGES	4,140,138.30	CONTRACTUAL ALLOW	7,933,013.59	
			TOTAL MEDICAID LIAB	1,011,673.33	
			LESS: COB	0.00	
			LESS: COPAYMENT	0.00	
			ADD: ADDON PYMT	0.00	
			REIMBURSEMENT	1,011,673.33	
	TOTAL NUMBER OF CLAIMS				182

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,755.00	330,374.00	OTHER LAB	1,567.00	0.00
MED/SURG SUPPLY	787,307.34	938,583.69	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	41,783.00	29,324.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	89,113.00	6,379.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,366.00	15,467.00	FEE SCHEDULE LAB	207,544.00	51,265.00
EKG/ECG	31,816.00	2,328.00	MRI SERVICES	6,230.00	2,996.00
IV THERAPY	277,039.00	1,679.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,284,515.42	183,965.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,631.00	2,073.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,007,469.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	26,955.07	11,807.93	CAST ROOM	0.00	0.00
EMERGENCY ROOM	36,317.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	987,121.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,706,703.00	206,836.00
RADIOLOGY THERAPEUTIC	535,741.00	11,378.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	347.00	4,392.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,680.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	133.00	0.00	TRAUMA RESPONSE	0.00	7,191.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	247,037.09	1,893,001.10
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	42,024.00	4,641.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,316.00	2,896.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,482.00	1,102.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	499,346.00	277,476.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,320.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	97,709.00	153,303.00			
			TOTAL ANCILLARY	8,944,686.92	4,140,138.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,944,686.92	4,140,138.30

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,793.15	ADJUSTMENTS	0.00
COVERED CHARGES	54,730.15	CONTRACTUAL ALLOW	49,092.56
NON-COVERD CHARGES	6,063.00	TOTAL MEDICAID LIAB	5,637.59
		LESS: COB	5,637.59
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS

1

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	2,899.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,463.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	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	452.00	FEE SCHEDULE LAB	1,470.00	42.00
EKG/ECG	388.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,737.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,350.00	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	6,731.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,951.00	2,670.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	54,730.15	6,063.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	54,730.15	6,063.00

** 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: 08/06/2023
 Run Time: 15:11:57
 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 10/01/21 THROUGH 09/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	49,909,547.71	ADJUSTMENTS	2,451,255.87
COVERED CHARGES	49,546,840.69	CONTRACTUAL ALLOW	41,741,060.07
NON-COVERD CHARGES	362,707.02	TOTAL MEDICAID LIAB	7,805,780.62
		LESS: COB	154,467.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,528.00
		REIMBURSEMENT	7,654,841.24

TOTAL NUMBER OF ADMISSIONS 587

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,620		0	4,425,809.00		0.00
ROUTINE NURSERY	367		0	1,012,500.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,987		0	5,438,309.00		0.00
SPECIAL CARE SERVICES						
CCU	58		0	194,756.00		0.00
ICU	997		0	3,455,393.00		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	1,055		0	3,650,149.00		0.00
TOTAL ACCOMODATIONS	4,042		0	9,088,458.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 15:11:57
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,480,337.00	0.00	OTHER LAB	328,334.00	0.00
MED/SURG SUPPLY	1,407,062.09	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,750,269.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	528,272.00	0.00	OTHER THERAPEUTIC SVC	8,323.00	0.00
CT SCAN	2,558,490.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	233,589.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	277,436.00	0.00	MRI SERVICES	455,151.00	0.00
IV THERAPY	999,528.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,812,563.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	172,225.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,291,126.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	906,645.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	274,081.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,138,536.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	620,291.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	197,559.98	77,922.02	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	82,697.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	141,909.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	180,466.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,068,367.00	244,676.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,543.00	24,637.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,200,560.62	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	316,773.00	0.00	NO CC/INVALID REV CODE	1,896.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	573,456.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	96,332.00	15,472.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,531,665.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	81,601.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	731,299.00	0.00			
			TOTAL ANCILLARY	40,458,382.69	362,707.02
			TOTAL ACCOMODATIONS	9,088,458.00	0.00
			TOTAL CHARGES	49,546,840.69	362,707.02

Report : CLM-0800-0
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2222154006650	04/09/22 - 04/12/22	06/06/22	1,896.00	0.00	0.00	0.00	0.00
TOTAL				1,896.00	0.00	0.00	0.00	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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	525,389.10	ADJUSTMENTS	0.00
COVERED CHARGES	524,484.10	CONTRACTUAL ALLOW	436,535.50
NON-COVERD CHARGES	905.00	TOTAL MEDICAID LIAB	87,948.60
		LESS: COB	88,011.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	38		0	75,764.00		0.00
ROUTINE NURSERY	2		0	2,000.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	40		0	77,764.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	11		0	41,547.00		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	41,547.00		0.00
TOTAL ACCOMODATIONS	51		0	119,311.00		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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	147,972.00	0.00	OTHER LAB	4,003.00	0.00
MED/SURG SUPPLY	5,681.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	53,834.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,774.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	27,676.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,493.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	776.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,803.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,691.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	59,985.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	32,558.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,146.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,677.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,586.00	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	708.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	266.00	905.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	5,766.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,380.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,398.00	0.00			
			TOTAL ANCILLARY	405,173.10	905.00
			TOTAL ACCOMODATIONS	119,311.00	0.00
			TOTAL CHARGES	524,484.10	905.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,880,831.33
COVERED CHARGES 15,538,321.42
NON-COVERD CHARGES 2,342,509.91

-----PAYMENTS-----
ADJUSTMENTS 117,677.22
CONTRACTUAL ALLOW 13,541,098.01
TOTAL MEDICAID LIAB 1,997,223.41
LESS: COB 1,418.01
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,995,805.40
ALL OTHER 1,793,871.49
FEE SCHEDULE-LAB 165,019.79
INJECTABLE DRUGS 36,914.12

TOTAL NUMBER OF CLAIMS 2,747

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	36,588.00	364,612.00	OTHER LAB	268,953.00	2,313.00
MED/SURG SUPPLY	366,640.39	159,979.77	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	430,219.00	20,763.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,334,607.00	197,258.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	125,711.00	19,944.00	FEE SCHEDULE LAB	2,014,040.50	270,881.50
EKG/ECG	233,964.00	6,596.00	MRI SERVICES	607,956.00	41,023.00
IV THERAPY	1,016,539.00	795.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,447,629.25	192,504.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,304.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	88,313.00	12,078.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	589,177.00	1,704.00	AMBULANCE	0.00	0.00
GI SERVICES	202,639.68	54,787.32	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,189,818.00	7,958.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	773,122.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	2,288.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	440,492.00	401,914.00
RADIOLOGY THERAPEUTIC	659,941.00	56,918.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	26,423.00	7,913.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,198.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	17,370.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,618.00	3,059.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,785.60	298,574.57
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	265,183.00	28,477.00	NO CC/INVALID REV CODE	3,508.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	33,263.00	724.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	250,623.00	64,604.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	665,708.00	58,989.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	104,931.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	332,625.00	46,284.00			
			TOTAL ANCILLARY	15,538,321.42	2,342,509.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,538,321.42	2,342,509.91

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022059029031	02/13/22 - 02/13/22	03/07/22	1,896.00	0.00	0.00	0.00	264.52
614	2022157028511	01/15/22 - 01/15/22	06/13/22	1,612.00	0.00	0.00	0.00	224.90
TOTAL				3,508.00	0.00	0.00	0.00	489.42

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	730,444.53	ADJUSTMENTS	0.00
COVERED CHARGES	559,564.09	CONTRACTUAL ALLOW	489,402.38
NON-COVERED CHARGES	170,880.44	TOTAL MEDICAID LIAB	70,161.71
		LESS: COB	70,161.71
		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	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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	349.00	23,049.00	OTHER LAB	6,026.00	0.00
MED/SURG SUPPLY	26,379.09	12,383.27	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,490.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	60,135.00	48,310.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	86,844.00	18,010.00
EKG/ECG	8,924.00	0.00	MRI SERVICES	12,909.00	4,757.00
IV THERAPY	72,982.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	33,425.00	8,251.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	4,432.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,368.00	480.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,238.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,694.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	124,081.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	37,920.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,214.00	19,307.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	23,667.17
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,926.00	7,354.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,491.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,450.00	2,172.00			
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	13,287.00	3,140.00			
			TOTAL ANCILLARY	559,564.09	170,880.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	559,564.09	170,880.44

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	88,529.00	ADJUSTMENTS	67.13
COVERED CHARGES	87,270.00	CONTRACTUAL ALLOW	83,779.24
NON-COVERD CHARGES	1,259.00	TOTAL MEDICAID LIAB	3,490.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,490.76

TOTAL NUMBER OF CLAIMS 52

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	413.00	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	12,630.00	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	9,654.00	693.00
EKG/ECG	388.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,289.00	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	60,278.00	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	1,154.00	153.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	877.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	87,270.00	1,259.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	87,270.00	1,259.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,766.00	ADJUSTMENTS	0.00
COVERED CHARGES	6,652.00	CONTRACTUAL ALLOW	6,450.61
NON-COVERD CHARGES	114.00	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 : 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	1,090.00	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	1,736.00	114.00
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	3,826.00	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	6,652.00	114.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,652.00	114.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 4,434,706.23
COVERED CHARGES 2,879,452.35
NON-COVERD CHARGES 1,555,253.88

-----PAYMENTS-----
ADJUSTMENTS 22,198.19
CONTRACTUAL ALLOW 2,601,946.55
TOTAL MEDICAID LIAB 277,505.80
LESS: COB 4,966.86
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 272,538.94

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,181.00	93,530.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	521,684.37	101,157.83	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,242.00	5,114.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,448.00	2,591.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,708.00	14,740.00	FEE SCHEDULE LAB	74,216.00	11,627.00
EKG/ECG	14,356.00	388.00	MRI SERVICES	0.00	0.00
IV THERAPY	97,642.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	976,761.55	101,681.45	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,948.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	364,780.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	4,067.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,838.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	340,547.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	51,717.00	144,920.00
RADIOLOGY THERAPEUTIC	127,170.00	1,865.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,776.00	8,873.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	4,368.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,483.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	90,229.26	988,445.60
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,427.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	123,364.00	17,274.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,934.17	54,612.00			
			TOTAL ANCILLARY	2,879,452.35	1,555,253.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,879,452.35	1,555,253.88

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	48,713,247.67	ADJUSTMENTS	1,518,270.00
COVERED CHARGES	48,631,245.67	CONTRACTUAL ALLOW	41,098,401.92
NON-COVERD CHARGES	82,002.00	TOTAL MEDICAID LIAB	7,532,843.75
		LESS: COB	72,131.12
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	15,813.00
		REIMBURSEMENT	7,476,525.63

TOTAL NUMBER OF ADMISSIONS 914

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,895		0	4,976,158.00		0.00
ROUTINE NURSERY	815		0	2,564,582.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,710		0	7,540,740.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	772		0	3,164,712.00		0.00
NICU	2		0	15,382.00		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	774		0	3,180,094.00		0.00
TOTAL ACCOMODATIONS	4,484		0	10,720,834.00		0.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,776,046.10	0.00	OTHER LAB	151,987.00	0.00
MED/SURG SUPPLY	2,182,108.00	1,728.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,290,474.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	760,872.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,094,436.00	21,463.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	361,395.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,603,218.00	0.00	MRI SERVICES	275,566.00	0.00
IV THERAPY	450,332.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,446,342.00	2,558.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,736,717.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,339,211.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	412,356.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,253,417.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	299,724.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	84,361.00	0.00	INJECTABLE DRUGS	58,124.57	0.00
RADIOLOGY THERAPEUTIC	68,449.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	159,408.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	101,266.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	357,591.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	36,640.00	0.00	TRAUMA RESPONSE	0.00	43,973.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	872,580.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	189,984.00	0.00	NO CC/INVALID REV CODE	118,809.00	0.00
BLOOD	10,347.00	0.00			
BLOOD STORAGE & PRO.	437,638.00	8,673.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	160,609.00	0.00			
AUDIOLOGY	169,290.00	0.00			
CARDIOLOGY	1,496,806.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	17,976.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	136,332.00	3,607.00			
			TOTAL ANCILLARY	37,910,411.67	82,002.00
			TOTAL ACCOMODATIONS	10,720,834.00	0.00
			TOTAL CHARGES	48,631,245.67	82,002.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021342059851	11/20/21 - 11/29/21	12/13/21	10,041.00	0.00	0.00	0.00	0.00
614	2322046000136	12/17/21 - 12/19/21	02/21/22	4,775.00	0.00	0.00	2,290.84	0.00
614	2022050025117	02/03/22 - 02/08/22	02/28/22	4,290.00	0.00	0.00	0.00	0.00
614	2222073005556	12/22/21 - 02/02/22	03/21/22	7,652.00	0.00	0.00	0.00	0.00
615	2022082062890	01/18/22 - 01/26/22	03/28/22	4,476.00	0.00	0.00	0.00	0.00
614	2022087021344	03/15/22 - 03/21/22	04/04/22	5,671.00	0.00	0.00	0.00	0.00
614	5922101000288	02/15/22 - 02/18/22	04/18/22	5,671.00	0.00	0.00	0.00	0.00
614	5922165001061	03/07/22 - 03/15/22	06/20/22	5,671.00	0.00	0.00	0.00	0.00
614	2022168055578	05/23/22 - 05/24/22	06/20/22	4,536.00	0.00	0.00	2,306.64	0.00
614	2022235050376	10/17/21 - 10/20/21	08/29/22	5,671.00	0.00	0.00	0.00	0.00
614	2022235050490	11/14/21 - 11/19/21	08/29/22	5,671.00	0.00	0.00	0.00	0.00
614	2022235050525	11/24/21 - 11/29/21	08/29/22	5,671.00	0.00	0.00	0.00	0.00
614	2022235050570	10/05/21 - 10/12/21	08/29/22	5,671.00	0.00	0.00	0.00	0.00
615	2022235068864	07/15/22 - 07/19/22	08/29/22	4,701.00	0.00	0.00	0.00	0.00
614	2022273067343	09/19/22 - 09/23/22	10/03/22	5,955.00	0.00	0.00	0.00	0.00
614	2222314004209	06/06/22 - 09/04/22	11/14/22	4,018.00	0.00	0.00	0.00	0.00
614	5222342000464	04/04/22 - 05/04/22	12/12/22	5,671.00	0.00	0.00	0.00	0.00
614	2022347056426	09/03/22 - 09/08/22	12/19/22	10,460.00	0.00	0.00	0.00	0.00
614	2022347056457	05/25/22 - 06/03/22	12/19/22	5,955.00	0.00	0.00	0.00	0.00
614	2323019000285	07/01/22 - 08/13/22	01/30/23	6,582.00	0.00	0.00	0.00	0.00
TOTAL				118,809.00	0.00	0.00	4,597.48	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: 08/06/2023
Run Time: 13:36:06
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	320,615.36	ADJUSTMENTS	0.00
COVERED CHARGES	320,615.36	CONTRACTUAL ALLOW	255,579.55
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	65,035.81
		LESS: COB	65,161.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		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	23		0	40,198.00		0.00
ROUTINE NURSERY	7		0	28,520.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	30		0	68,718.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	4,196.00		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	4,196.00		0.00
TOTAL ACCOMODATIONS	31		0	72,914.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,712.36	0.00	OTHER LAB	1,739.00	0.00
MED/SURG SUPPLY	5,116.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	44,918.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,990.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,549.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	614.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,135.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,556.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	39,361.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	80,418.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,232.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,800.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,407.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,682.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,860.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	328.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	68.00	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.	9,502.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	1,374.00	0.00			
CARDIOLOGY	2,083.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,257.00	0.00			
			TOTAL ANCILLARY	247,701.36	0.00
			TOTAL ACCOMODATIONS	72,914.00	0.00
			TOTAL CHARGES	320,615.36	0.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	30,465,117.97
COVERED CHARGES	29,245,966.17
NON-COVERD CHARGES	1,219,151.80

-----PAYMENTS-----	
ADJUSTMENTS	853,024.35
CONTRACTUAL ALLOW	25,353,832.46
TOTAL MEDICAID LIAB	3,892,133.71
LESS: COB	7,133.32
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	3,885,000.39
ALL OTHER	3,066,883.21
FEE SCHEDULE-LAB	442,477.31
INJECTABLE DRUGS	375,639.87

TOTAL NUMBER OF CLAIMS	7,464
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Report : CLM-0804-O
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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,061,911.38	4,159.00	OTHER LAB	781,619.00	76,896.00
MED/SURG SUPPLY	433,914.00	3,830.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	3,000.00	0.00
RADIOLOGY-DIAGNOSTIC	872,446.00	11,314.00	OTHER THERAPEUTIC SVC	3,419.00	1,398.00
CT SCAN	3,109,345.00	142,141.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	181,414.00	39,678.00	FEE SCHEDULE LAB	6,867,978.00	224,340.00
EKG/ECG	485,355.00	25,962.00	MRI SERVICES	918,527.00	23,588.00
IV THERAPY	1,482,575.00	6,320.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,124,416.76	175,325.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,536.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	218,447.00	17,324.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	323,411.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	15,481.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,092,085.00	1,876.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	194,894.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,033,800.03	196,038.56
RADIOLOGY THERAPEUTIC	658,563.00	12,202.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	23,898.00	7,352.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,752.00	2,786.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	59,018.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,841.00	0.00	TRAUMA RESPONSE	0.00	75,107.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	109,682.00	2,415.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	848,753.00	31,383.00	NO CC/INVALID REV CODE	101,807.00	194.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	85,636.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	642,000.00	20,188.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	858,684.00	52,563.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	104,086.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	585,690.00	5,754.00			
			TOTAL ANCILLARY	29,245,966.17	1,219,151.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,245,966.17	1,219,151.80

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021292038805	10/14/21 - 10/14/21	10/25/21	4,034.00	0.00	0.00	0.00	609.29
614	2021303019817	10/25/21 - 10/25/21	11/08/21	1,373.00	0.00	0.00	0.00	207.38
791	5921320000416	10/08/21 - 10/08/21	11/22/21	0.00	194.00	0.00	0.00	0.00
614	2021321036441	11/12/21 - 11/12/21	11/22/21	4,034.00	0.00	0.00	0.00	609.29
615	2021337065102	11/22/21 - 11/22/21	12/06/21	2,445.00	0.00	0.00	0.00	369.29
615	2021337065102	11/22/21 - 11/22/21	12/06/21	2,031.00	0.00	0.00	0.00	306.76
614	2021354031196	12/15/21 - 12/15/21	12/27/21	4,034.00	0.00	0.00	0.00	609.29
614	2022010009001	01/03/22 - 01/03/22	01/17/22	4,034.00	0.00	0.00	0.00	609.29
614	2022029022827	01/24/22 - 01/24/22	02/07/22	1,373.00	0.00	0.00	0.00	207.38
614	2022032036148	01/27/22 - 01/27/22	02/07/22	4,034.00	0.00	0.00	0.00	609.29
614	5922080000806	03/04/22 - 03/04/22	03/28/22	4,034.00	0.00	0.00	0.00	609.29
614	5922108000659	03/23/22 - 03/23/22	04/25/22	4,034.00	0.00	0.00	0.00	609.29
614	2022136018290	05/11/22 - 05/11/22	05/23/22	3,203.00	0.00	0.00	0.00	483.78
614	5922139000427	05/02/22 - 05/02/22	05/23/22	4,300.00	0.00	0.00	0.00	649.46
614	2022157020484	06/01/22 - 06/01/22	06/13/22	4,236.00	0.00	0.00	0.00	639.80
614	2022157020487	06/01/22 - 06/01/22	06/13/22	4,236.00	0.00	0.00	0.00	639.80
614	2022165033958	06/09/22 - 06/09/22	06/20/22	7,415.00	0.00	0.00	0.00	1,119.95
614	2022179035127	06/23/22 - 06/23/22	07/04/22	4,236.00	0.00	0.00	0.00	639.80
614	2022185013540	06/29/22 - 06/29/22	07/11/22	3,203.00	0.00	0.00	0.00	483.78
614	2022211022267	07/25/22 - 07/25/22	08/08/22	4,236.00	0.00	0.00	0.00	639.80
614	2022229044992	08/12/22 - 08/12/22	08/22/22	1,442.00	0.00	0.00	0.00	217.80
614	2022241018940	08/23/22 - 08/23/22	09/05/22	4,236.00	0.00	0.00	0.00	639.80
614	5922255000700	08/22/22 - 08/22/22	09/19/22	4,300.00	0.00	0.00	0.00	649.46
614	2022255045224	09/07/22 - 09/07/22	09/19/22	4,236.00	0.00	0.00	0.00	641.22
614	2022258075410	05/12/22 - 05/12/22	09/19/22	4,505.00	0.00	0.00	0.00	681.94
614	5922263001181	08/29/22 - 08/29/22	09/26/22	4,236.00	0.00	0.00	0.00	641.22
614	5922277000413	08/11/22 - 08/11/22	10/10/22	4,236.00	0.00	0.00	0.00	641.22
614	2023075059150	06/08/22 - 06/08/22	03/20/23	4,091.00	0.00	0.00	0.00	619.27
TOTAL				101,807.00	194.00	0.00	0.00	15,383.94

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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DALTON, GA 30720-2529

000000899A

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

NON-COVERD CHARGES	137,581.64
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INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS 97

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,744.71	7,294.00	OTHER LAB	2,163.00	870.00
MED/SURG SUPPLY	6,813.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,139.00	3,947.00	OTHER THERAPEUTIC SVC	0.00	5,206.00
CT SCAN	11,925.00	26,664.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,145.00	0.00	FEE SCHEDULE LAB	100,012.00	3,215.00
EKG/ECG	7,966.00	0.00	MRI SERVICES	4,166.00	27,578.00
IV THERAPY	27,187.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	46,186.00	11,521.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	330.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,076.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	61,308.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,688.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	33,381.92	17,612.64
RADIOLOGY THERAPEUTIC	2,608.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,690.00	12,343.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,834.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,278.00	20,631.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,641.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,766.00	700.00			
			TOTAL ANCILLARY	386,047.63	137,581.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	386,047.63	137,581.64

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

HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	242,510.66
COVERED CHARGES	230,977.73
NON-COVERD CHARGES	11,532.93

-----PAYMENTS-----	
ADJUSTMENTS	402.78
CONTRACTUAL ALLOW	224,801.77
TOTAL MEDICAID LIAB	6,175.96
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	6,175.96

TOTAL NUMBER OF CLAIMS	92
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Report : CLM-0808-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,888.69	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,179.00	22.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,629.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,864.00	9,956.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	37,619.00	1,515.00
EKG/ECG	4,890.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,636.00	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	118,635.00	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	144.04	39.93
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	3,904.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	589.00	0.00			
			TOTAL ANCILLARY	230,977.73	11,532.93
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	230,977.73	11,532.93

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

HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON, GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	36,408.29
COVERED CHARGES	29,187.29
NON-COVERD CHARGES	7,221.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	28,717.38
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
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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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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON,GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	883.29	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	352.00	19.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,123.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,018.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,367.00	184.00
EKG/ECG	954.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,829.00	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	11,679.00	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	29,187.29	7,221.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,187.29	7,221.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,890,980.72	ADJUSTMENTS	431,317.60
COVERED CHARGES	9,097,921.03	CONTRACTUAL ALLOW	8,192,154.07
NON-COVERD CHARGES	793,059.69	TOTAL MEDICAID LIAB	905,766.96
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	905,766.96

TOTAL NUMBER OF CLAIMS 168

Report : CLM-0812-O
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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	205,158.34	0.00	OTHER LAB	3,212.00	0.00
MED/SURG SUPPLY	162,410.00	246.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,198.00	123,303.00	OTHER THERAPEUTIC SVC	0.00	1,204.00
CT SCAN	51,041.00	13,168.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,755.00	FEE SCHEDULE LAB	260,420.00	7,061.00
EKG/ECG	18,058.00	2,625.00	MRI SERVICES	5,128.00	4,086.00
IV THERAPY	336,780.00	538.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,002,945.17	222,057.83	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	29,140.00	567.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	44,217.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	31,966.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	85,614.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,911,942.52	280,395.86
RADIOLOGY THERAPEUTIC	1,005,311.00	68,435.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	907.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	405,397.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	612.00	3,174.00	NO CC/INVALID REV CODE	0.00	4,505.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	17,931.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,729.00	6,619.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	406,319.00	48,566.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	77,392.00	847.00			
			TOTAL ANCILLARY	9,097,921.03	793,059.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,097,921.03	793,059.69

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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HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON,GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	5922256000096	08/23/22 - 08/23/22	09/19/22	0.00	4,505.00	0.00	0.00	0.00
TOTAL				0.00	4,505.00	0.00	0.00	0.00

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,225.69	ADJUSTMENTS	0.00
COVERED CHARGES	43,804.84	CONTRACTUAL ALLOW	38,413.37
NON-COVERD CHARGES	6,420.85	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
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Report : CLM-0814-O
Process : CLMJ0800
Location: CLMP8000

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HAMILTON MEDICAL CENTER
1200 MEMORIAL DR
DALTON,GA 30720-2529

PROVIDER NUMBER
000000899A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,311.59	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,698.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,423.00	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	2,074.00	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	18,986.25	6,328.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,270.00	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	4,194.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	62.10
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	9,848.00	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	43,804.84	6,420.85
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	43,804.84	6,420.85

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	839,218.47	ADJUSTMENTS	7,063.02
COVERED CHARGES	839,068.47	CONTRACTUAL ALLOW	616,696.86
NON-COVERD CHARGES	150.00	TOTAL MEDICAID LIAB	222,371.61
		LESS: COB	6,299.09
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	216,072.52

TOTAL NUMBER OF ADMISSIONS 27

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	72		0	118,074.00		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	72		0	118,074.00		0.00
SPECIAL CARE SERVICES						
CCU	46		0	112,583.00		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	46		0	112,583.00		0.00
TOTAL ACCOMODATIONS	118		0	230,657.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	144,407.75	150.00	OTHER LAB	2,629.00	0.00
MED/SURG SUPPLY	36,369.63	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	130,270.00	0.00	EDUCATION & TRAINING	56.00	0.00
RADIOLOGY-DIAGNOSTIC	10,279.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	75,059.07	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,161.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	10,293.00	0.00	MRI SERVICES	6,836.02	0.00
IV THERAPY	49,627.00	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	55,547.00	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	52,603.00	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	243.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	840.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,074.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,117.00	0.00			
			TOTAL ANCILLARY	608,411.47	150.00
			TOTAL ACCOMODATIONS	230,657.00	0.00
			TOTAL CHARGES	839,068.47	150.00

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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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,968,012.95	ADJUSTMENTS	115,369.99
COVERED CHARGES	3,582,748.69	CONTRACTUAL ALLOW	2,791,772.35
NON-COVERD CHARGES	385,264.26	TOTAL MEDICAID LIAB	790,976.34
		LESS: COB	311.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	790,664.84
		ALL OTHER	726,151.14
		FEE SCHEDULE-LAB	51,915.85
		INJECTABLE DRUGS	12,597.85
TOTAL NUMBER OF CLAIMS		1,545	

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	28,479.46	30,304.54	OTHER LAB	30,662.00	0.00
MED/SURG SUPPLY	14,385.44	1,029.42	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	201,800.00	34,681.00	OTHER THERAPEUTIC SVC	818.00	786.00
CT SCAN	812,060.69	78,954.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	99,954.00	24,117.00	FEE SCHEDULE LAB	491,299.00	35,269.00
EKG/ECG	46,374.00	2,821.00	MRI SERVICES	0.00	0.00
IV THERAPY	292,756.00	57,209.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	188,928.68	4,868.32	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,946.00	7,524.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	22,381.92	0.00	AMBULANCE	0.00	0.00
GI SERVICES	55,647.32	2,515.68	CAST ROOM	0.00	0.00
EMERGENCY ROOM	879,378.00	5,242.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,433.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	184,628.18	52,675.92
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	497.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,560.00	2,387.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	3,400.88
LITHOTRIPSY	48,460.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	64,532.00	4,638.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,604.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	32,050.00	3,250.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	28,611.00	33,094.00			
			TOTAL ANCILLARY	3,582,748.69	385,264.26
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,582,748.69	385,264.26

Report : CLM-0806-O
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	56,567.36	ADJUSTMENTS	0.00
COVERED CHARGES	49,412.31	CONTRACTUAL ALLOW	37,578.67
NON-COVERD CHARGES	7,155.05	TOTAL MEDICAID LIAB	11,833.64
		LESS: COB	11,833.64
		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 : 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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	313.65	375.00	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	2,131.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,601.02	5,406.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,415.00	296.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,225.00	909.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	1,229.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,062.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	579.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	947.64	169.04
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	17,692.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,217.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	49,412.31	7,155.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,412.31	7,155.05

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	351,691.92	ADJUSTMENTS	630.00
COVERED CHARGES	335,449.81	CONTRACTUAL ALLOW	322,499.81
NON-COVERD CHARGES	16,242.11	TOTAL MEDICAID LIAB	12,950.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,950.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	797.52	1,254.92	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	95.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,734.00	668.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	83,182.05	4,298.04	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	31,299.00	1,353.00
EKG/ECG	5,070.00	305.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,063.00	5,807.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	152,500.00	974.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,090.24	1,493.15
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	89.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	335,449.81	16,242.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	335,449.81	16,242.11

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,694.00	ADJUSTMENTS	0.00
COVERED CHARGES	6,694.00	CONTRACTUAL ALLOW	6,204.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	490.00
		LESS: COB	490.00
		LESS: COPAYMENT	0.00
		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	1,395.00	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	197.00	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	5,102.00	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	6,694.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,694.00	0.00

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

TOTAL NUMBER OF CLAIMS	3
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,003.53	1,179.92	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,375.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	604.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,744.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,716.00	1,171.00
EKG/ECG	1,830.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,272.00	3,876.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	36,077.00	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	4,507.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,337.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	474.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,706.87	1,263.72
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,394.00	0.00			
			TOTAL ANCILLARY	108,802.40	7,490.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	108,802.40	7,490.64

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VIII

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,985,050.58	ADJUSTMENTS	192,710.78
COVERED CHARGES	23,933,550.58	CONTRACTUAL ALLOW	17,702,190.02
NON-COVERD CHARGES	51,500.00	TOTAL MEDICAID LIAB	6,231,360.56
		LESS: COB	62,924.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	10,143.00
		REIMBURSEMENT	6,178,578.58

TOTAL NUMBER OF ADMISSIONS 946

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,408		0	5,619,000.00		0.00
ROUTINE NURSERY	418		0	591,100.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,826		0	6,210,100.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	523		0	1,517,110.00		0.00
NICU	15		0	61,350.00		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	538		0	1,578,460.00		0.00
TOTAL ACCOMODATIONS	4,364		0	7,788,560.00		0.00

Report : CLM-0800-O
Process : CLMJ0800
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,753,253.99	0.00	OTHER LAB	92,503.00	0.00
MED/SURG SUPPLY	361,764.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,900,490.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	406,613.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	599,190.00	6,182.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	401,916.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	279,226.00	0.00	MRI SERVICES	106,565.00	0.00
IV THERAPY	32,073.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,074,421.00	11,315.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	884,716.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,452,802.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	241,200.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,963,266.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	165,952.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	191,856.00	0.00	INJECTABLE DRUGS	82.96	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	46,918.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	77,708.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	183,671.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,094.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	314,494.38	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	108,931.00	0.00	NO CC/INVALID REV CODE	11,000.00	1,415.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	192,588.00	32,588.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	64,523.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	760,279.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	56,670.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	419,224.00	0.00			
			TOTAL ANCILLARY	16,144,990.58	51,500.00
			TOTAL ACCOMODATIONS	7,788,560.00	0.00
			TOTAL CHARGES	23,933,550.58	51,500.00

Report : CLM-0800-O
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022098083305	03/15/22 - 03/30/22	04/11/22	1,000.00	0.00	0.00	0.00	0.00
615	2022102063030	03/20/22 - 04/04/22	04/18/22	1,000.00	0.00	0.00	0.00	0.00
615	2022129024840	04/23/22 - 04/26/22	05/16/22	2,000.00	0.00	0.00	0.00	0.00
615	2322160000103	03/03/22 - 03/09/22	06/13/22	1,000.00	0.00	0.00	977.64	0.00
615	2022189060969	06/24/22 - 06/26/22	07/11/22	1,000.00	0.00	0.00	0.00	0.00
615	2022209071457	07/17/22 - 07/21/22	08/01/22	1,000.00	0.00	0.00	0.00	0.00
615	2022270051473	09/06/22 - 09/10/22	10/03/22	1,000.00	0.00	0.00	0.00	0.00
618	2022312048496	10/17/22 - 10/31/22	11/14/22	0.00	1,415.00	0.00	0.00	0.00
615	2022347048680	11/12/22 - 12/06/22	12/19/22	1,000.00	0.00	0.00	0.00	0.00
615	2322363000196	09/05/22 - 09/07/22	01/02/23	2,000.00	0.00	0.00	860.64	0.00
TOTAL				11,000.00	1,415.00	0.00	1,838.28	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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	255,183.65	ADJUSTMENTS	0.00
COVERED CHARGES	255,006.65	CONTRACTUAL ALLOW	187,184.02
NON-COVERD CHARGES	177.00	TOTAL MEDICAID LIAB	67,822.63
		LESS: COB	67,822.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 16

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	44		0	72,150.00		0.00
ROUTINE NURSERY	2		0	2,750.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	46		0	74,900.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	8,000.00		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	4		0	8,000.00		0.00
TOTAL ACCOMODATIONS	50		0	82,900.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,732.66	0.00	OTHER LAB	1,690.00	0.00
MED/SURG SUPPLY	1,395.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	25,641.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,787.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,510.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,416.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,086.00	0.00	MRI SERVICES	2,265.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	177.00
OPERATING ROOM	8,991.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	46,486.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	932.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,977.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	671.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,230.00	0.00	INJECTABLE DRUGS	2,408.03	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	4,122.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	789.75	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	18,868.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,109.00	0.00			
			TOTAL ANCILLARY	172,106.65	177.00
			TOTAL ACCOMODATIONS	82,900.00	0.00
			TOTAL CHARGES	255,006.65	177.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 13,818,926.10
COVERED CHARGES 12,914,572.40
NON-COVERD CHARGES 904,353.70

-----PAYMENTS-----
ADJUSTMENTS 495,052.61
CONTRACTUAL ALLOW 10,030,250.82
TOTAL MEDICAID LIAB 2,884,321.58
LESS: COB 16,839.72
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,867,481.86
ALL OTHER 2,498,556.75
FEE SCHEDULE-LAB 291,872.62
INJECTABLE DRUGS 77,052.49

TOTAL NUMBER OF CLAIMS 5,789

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	59,881.00	9,776.80	OTHER LAB	137,975.00	0.00
MED/SURG SUPPLY	83,374.92	14,466.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	508.00	0.00
RADIOLOGY-DIAGNOSTIC	587,419.00	10,654.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	735,165.00	55,540.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	223,348.00	24,171.00	FEE SCHEDULE LAB	1,381,090.68	82,317.48
EKG/ECG	275,882.00	3,998.00	MRI SERVICES	114,692.00	8,830.00
IV THERAPY	1,031,598.00	3,318.00	PROFESSIONAL FEES	0.00	1,427.00
OPERATING ROOM	1,409,233.00	207,935.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	15,305.00	518.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	123,356.00	40,939.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	173,700.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,471,738.00	15,433.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	255,969.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	201,077.63	113,077.20
RADIOLOGY THERAPEUTIC	6,945.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	77,023.00	12,633.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,021.00	10,890.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	15,391.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	432,323.00	80,739.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	208.17	47,808.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	321,473.00	28,143.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	26,777.00	6,686.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	55,381.00	140.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	347,473.00	107,122.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	32,058.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	322,578.00	2,400.00			
			TOTAL ANCILLARY	12,914,572.40	904,353.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,914,572.40	904,353.70

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	243,299.19	ADJUSTMENTS	0.00
COVERED CHARGES	173,019.73	CONTRACTUAL ALLOW	134,878.88
NON-COVERD CHARGES	70,279.46	TOTAL MEDICAID LIAB	38,140.85
		LESS: COB	38,140.85
		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		95	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,215.32	182.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	183.18	264.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,174.00	1,193.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,500.00	10,450.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	19,983.00	2,040.00
EKG/ECG	4,172.00	298.00	MRI SERVICES	1,000.00	4,245.00
IV THERAPY	11,501.00	0.00	PROFESSIONAL FEES	0.00	802.00
OPERATING ROOM	10,061.00	39,828.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	952.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	924.00	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	82,007.00	1,611.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,642.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,424.23	380.76
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	7,014.00	772.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,913.00	8,212.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,212.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,233.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,309.00	0.00			
			TOTAL ANCILLARY	173,019.73	70,279.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	173,019.73	70,279.46

Report : CLM-0808-O
Process : CLMJO800
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	356,458.95	ADJUSTMENTS	201.39
COVERED CHARGES	350,299.44	CONTRACTUAL ALLOW	339,827.16
NON-COVERD CHARGES	6,159.51	TOTAL MEDICAID LIAB	10,472.28
		LESS: COB	100.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,372.28

TOTAL NUMBER OF CLAIMS 156

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	159.03	0.00	OTHER LAB	2,908.00	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	16,752.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,965.00	2,250.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	336.00	335.00	FEE SCHEDULE LAB	15,848.00	1,228.00
EKG/ECG	5,364.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,043.00	664.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	281,899.00	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	723.41	145.35
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	300.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	169.16
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,368.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,002.00	0.00			
			TOTAL ANCILLARY	350,299.44	6,159.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	350,299.44	6,159.51

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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WARNER ROBINS, GA 31093-3431

000000976A

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

REIMBURSEMENT	0.00
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24.00	0.00	OTHER LAB	407.00	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	4,187.00	896.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	750.00	2,165.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,954.00	108.00
EKG/ECG	298.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	830.00	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	41,662.00	1,311.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	188.01	11.82
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	808.00	404.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	53,108.01	4,895.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,108.01	4,895.82

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,311,614.35	ADJUSTMENTS	41,136.56
COVERED CHARGES	1,117,970.08	CONTRACTUAL ALLOW	928,636.41
NON-COVERD CHARGES	193,644.27	TOTAL MEDICAID LIAB	189,333.67
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	189,333.67

TOTAL NUMBER OF CLAIMS 37

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,008.35	838.21	OTHER LAB	407.00	0.00
MED/SURG SUPPLY	83,481.74	38,164.29	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,388.00	15,746.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	750.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	104.00	2,578.00	FEE SCHEDULE LAB	22,793.00	1,575.00
EKG/ECG	5,960.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	40,840.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	445,990.40	54,768.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	527.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	65,250.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,150.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	58,172.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	199,036.59	10,615.64
RADIOLOGY THERAPEUTIC	4,126.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	150.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	13,669.00	47,434.53
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	18,404.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,785.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	115,910.00	3,370.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	21,622.00	0.00			
			TOTAL ANCILLARY	1,117,970.08	193,644.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,117,970.08	193,644.27

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	575,509.03	ADJUSTMENTS	0.00
COVERED CHARGES	556,474.42	CONTRACTUAL ALLOW	357,920.92
NON-COVERD CHARGES	19,034.61	TOTAL MEDICAID LIAB	198,553.50
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	28,638.00
		REIMBURSEMENT	227,191.50

TOTAL NUMBER OF ADMISSIONS 58

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	85		0	55,730.00		0.00
ROUTINE NURSERY	61		0	43,920.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	146		0	99,650.00		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	146		0	99,650.00		0.00

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

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

Run Date: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53,238.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	48,495.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	42,169.23	0.00	EDUCATION & TRAINING	279.00	0.00
RADIOLOGY-DIAGNOSTIC	1,933.05	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,257.25	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,018.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	158,108.04	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	96,351.60	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,845.50	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	2,235.50	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,635.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	7,979.74	0.00	INJECTABLE DRUGS	12,485.96	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	354.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	688.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	4,672.68			
BLOOD STORAGE & PRO.	0.00	1,631.18			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	12,730.75			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,749.25	0.00			
			TOTAL ANCILLARY	456,824.42	19,034.61
			TOTAL ACCOMODATIONS	99,650.00	0.00
			TOTAL CHARGES	556,474.42	19,034.61

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: 08/06/2023
Run Time: 13:58:43
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,011,453.58
COVERED CHARGES	899,514.67
NON-COVERD CHARGES	111,938.91

-----PAYMENTS-----	
ADJUSTMENTS	4,103.60
CONTRACTUAL ALLOW	716,037.22
TOTAL MEDICAID LIAB	183,477.45
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	183,477.45
ALL OTHER	139,796.62
FEE SCHEDULE-LAB	43,668.11
INJECTABLE DRUGS	12.72

TOTAL NUMBER OF CLAIMS	621
------------------------	-----

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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	19,848.88	13,524.00	OTHER LAB	3,554.50	0.00
MED/SURG SUPPLY	11,591.12	87.05	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	1.25	EDUCATION & TRAINING	0.00	93.00
RADIOLOGY-DIAGNOSTIC	56,125.61	6,414.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	51,211.50	16,936.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	299,758.36	16,488.70
EKG/ECG	12,196.25	254.50	MRI SERVICES	0.00	0.00
IV THERAPY	24,064.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	146,447.00	17,297.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,841.56	84.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,929.00	4,561.90	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,169.25	8,169.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	146,503.80	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	10,635.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	56.00	3,768.93
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	557.73	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	25,490.75	7,298.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	2,472.12			
BLOOD STORAGE & PRO.	1,191.18	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	62,900.91	13,929.38			
			TOTAL ANCILLARY	899,514.67	111,938.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	899,514.67	111,938.91

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: 08/06/2023
Run Time: 13:58:43
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	164,491.02	ADJUSTMENTS	156.64
COVERED CHARGES	158,188.57	CONTRACTUAL ALLOW	150,043.29
NON-COVERD CHARGES	6,302.45	TOTAL MEDICAID LIAB	8,145.28
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,145.28
TOTAL NUMBER OF CLAIMS		104	

Report : CLM-0808-O
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: 08/06/2023
Run Time: 13:58:43
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,905.12	264.30	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,743.85	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,875.85	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,745.50	3,540.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	25,622.51	1,589.75
EKG/ECG	763.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,451.00	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	7,106.75	470.90	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	68,732.20	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	6.50	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	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,066.25	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	8,169.54	0.00			
			TOTAL ANCILLARY	158,188.57	6,302.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	158,188.57	6,302.45

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: 08/06/2023
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0812-0

Process : CLMJ0800

Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MEDICAID MANAGEMENT INFORMATION SYSTEM

HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023

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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 12/01/21 THROUGH 11/30/22

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

-----CHARGES-----

TOTAL CHARGES	57,528.34
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COVERED CHARGES	56,704.09
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NON-COVERD CHARGES	824.25
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-----PAYMENTS-----

ADJUSTMENTS	0.00
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CONTRACTUAL ALLOW	46,597.19
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TOTAL MEDICAID LIAB	10,106.90
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LESS: COB	0.00
LESS: COLUMBIUM	0.00

LESS: COPAYMENT	0.00
LESS: LBBON FINE	0.00

ADD: ADDON PYMT	0.00
REIMBURSEMENT	10.106.00

REIMBURSEMENT	10,106.90
---------------	-----------

TOTAL NUMBER OF CLAIMS

2

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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,665.29	655.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,717.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	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	2,504.50	115.75
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	36,008.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	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	1,390.50	53.50			
			TOTAL ANCILLARY	56,704.09	824.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	56,704.09	824.25

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

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

Run Date: 08/06/2023
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 13:59:26
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,181.70	ADJUSTMENTS	0.00
COVERED CHARGES	3,181.70	CONTRACTUAL ALLOW	-0.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	3,181.70
		LESS: COB	605.99
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,575.71

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3		0	1,198.80		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	1,198.80		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	3		0	1,198.80		0.00

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

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

Run Date: 08/06/2023
Run Time: 13:59:26
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	579.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	70.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,188.20	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	145.40	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.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,982.90	0.00
			TOTAL ACCOMODATIONS	1,198.80	0.00
			TOTAL CHARGES	3,181.70	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: 08/06/2023
Run Time: 13:59:26
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO, GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	286,732.89
COVERED CHARGES	266,020.00
NON-COVERD CHARGES	20,712.89

-----PAYMENTS-----	
ADJUSTMENTS	5,318.22
CONTRACTUAL ALLOW	139,192.63
TOTAL MEDICAID LIAB	126,827.37
LESS: COB	683.24
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	126,144.13
ALL OTHER	107,880.99
FEE SCHEDULE-LAB	18,033.24
INJECTABLE DRUGS	229.90

TOTAL NUMBER OF CLAIMS	436
------------------------	-----

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: 08/06/2023
Run Time: 13:59:26
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	917.19	1,394.48	OTHER LAB	1,724.50	0.00
MED/SURG SUPPLY	3,848.10	102.60	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,060.70	299.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,650.50	10,976.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	13,448.70	923.60	FEE SCHEDULE LAB	123,213.00	2,551.30
EKG/ECG	3,184.30	148.60	MRI SERVICES	0.00	0.00
IV THERAPY	900.00	225.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	239.00	46.60	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	45,771.00	68.70	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,534.51	2,955.41
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	7,342.00	568.30	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,186.50	452.20	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	0.00	0.00			
			TOTAL ANCILLARY	266,020.00	20,712.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	266,020.00	20,712.89

Report : CLM-0806-O
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: 08/06/2023
Run Time: 13:59:26
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	289.30	ADJUSTMENTS	0.00
COVERED CHARGES	275.40	CONTRACTUAL ALLOW	163.97
NON-COVERD CHARGES	13.90	TOTAL MEDICAID LIAB	111.43
		LESS: COB	111.43
		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 1

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	114.40	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	161.00	13.90
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	275.40	13.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	275.40	13.90

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

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

Run Date: 08/06/2023
Run Time: 13:59:26
Page: 8

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,193.05	ADJUSTMENTS	70.00
COVERED CHARGES	29,213.55	CONTRACTUAL ALLOW	27,113.55
NON-COVERD CHARGES	979.50	TOTAL MEDICAID LIAB	2,100.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,100.00

TOTAL NUMBER OF CLAIMS 30

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	803.50	510.10	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	383.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,024.70	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,624.90	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,460.20	354.50
EKG/ECG	743.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	225.00	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	93.20	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	12,498.10	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	1,357.85	114.90
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	29,213.55	979.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,213.55	979.50

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

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO, GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	262.10	ADJUSTMENTS	0.00
COVERED CHARGES	262.10	CONTRACTUAL ALLOW	192.10
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 : 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: 08/06/2023
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Page: 11

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	59.20	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	202.90	0.00	SPECIAL SERVICES	0.00	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	262.10	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	262.10	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: 08/06/2023
Run Time: 13:59:26
Page: 12

JASPER MEMORIAL HOSP
898 COLLEGE ST
MONTICELLO,GA 31064-1258

PROVIDER NUMBER
000000998A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 13:59:44
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,306,861.51	ADJUSTMENTS	50,674.43
COVERED CHARGES	2,289,475.51	CONTRACTUAL ALLOW	1,698,544.21
NON-COVERD CHARGES	17,386.00	TOTAL MEDICAID LIAB	590,931.30
		LESS: COB	650.89
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	590,280.41

TOTAL NUMBER OF ADMISSIONS 88

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	454		0	566,480.00		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	454		0	566,480.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	47		0	58,750.00		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	47		0	58,750.00		0.00
TOTAL ACCOMODATIONS	501		0	625,230.00		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: 08/06/2023
Run Time: 13:59:44
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	662,582.00	349.00	OTHER LAB	8,572.00	0.00
MED/SURG SUPPLY	183,009.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	420,384.39	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,949.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	95,426.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	770.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	12,660.48	0.00	MRI SERVICES	8,722.00	0.00
IV THERAPY	13,426.00	0.00	PROFESSIONAL FEES	0.00	160.00
OPERATING ROOM	15,446.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	123,158.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,300.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,945.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	44,225.64	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,160.00	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	2,931.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	13,394.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,502.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,200.00	2,892.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,842.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	572.00	11,054.00			
			TOTAL ANCILLARY	1,664,245.51	17,386.00
			TOTAL ACCOMODATIONS	625,230.00	0.00
			TOTAL CHARGES	2,289,475.51	17,386.00

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 13:59:44
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,803,590.70	ADJUSTMENTS	4,605.04
COVERED CHARGES	2,416,627.64	CONTRACTUAL ALLOW	1,943,854.69
NON-COVERD CHARGES	386,963.06	TOTAL MEDICAID LIAB	472,772.95
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	472,772.95
		ALL OTHER	407,190.65
		FEE SCHEDULE-LAB	54,321.09
		INJECTABLE DRUGS	11,261.21
TOTAL NUMBER OF CLAIMS		1,379	

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	30,309.00	31,945.12	OTHER LAB	21,329.64	0.00
MED/SURG SUPPLY	166,465.00	1,354.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	104,771.52	27,980.83	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	508,197.00	95,393.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	519,036.04	22,829.40
EKG/ECG	24,854.40	144.00	MRI SERVICES	82,302.00	5,666.00
IV THERAPY	88,057.24	4,002.00	PROFESSIONAL FEES	0.00	342.00
OPERATING ROOM	55,921.00	6,354.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	55,948.32	566.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,985.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,100.64	10,776.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	250,834.82	2,403.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,400.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	122,645.14	131,576.21
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	126,073.12	3,531.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	96,170.00	5,193.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	41,110.00	5,798.00	NO CC/INVALID REV CODE	11,820.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,956.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,614.00	14,035.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	75,727.76	17,074.00			
			TOTAL ANCILLARY	2,416,627.64	386,963.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,416,627.64	386,963.06

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021362037100	12/23/21 - 12/23/21	01/03/22	5,910.00	0.00	0.00	0.00	1,319.11
614	2022152052361	05/20/22 - 05/20/22	06/06/22	5,910.00	0.00	0.00	0.00	1,319.11
TOTAL				11,820.00	0.00	0.00	0.00	2,638.22

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,462.00	ADJUSTMENTS	0.00
COVERED CHARGES	2,446.00	CONTRACTUAL ALLOW	1,900.05
NON-COVERD CHARGES	16.00	TOTAL MEDICAID LIAB	545.95
		LESS: COB	545.95
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	1,593.00	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	663.00	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	190.00	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	16.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,446.00	16.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,446.00	16.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	111,515.44	ADJUSTMENTS	70.00
COVERED CHARGES	102,303.44	CONTRACTUAL ALLOW	96,703.44
NON-COVERD CHARGES	9,212.00	TOTAL MEDICAID LIAB	5,600.00
		LESS: COB	55.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,544.92

TOTAL NUMBER OF CLAIMS 80

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	192.00	957.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,257.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,358.40	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	43,785.00	6,663.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,440.00	228.00
EKG/ECG	1,152.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	896.00	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	28,837.04	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,286.00	1,364.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	518.00	0.00			
			TOTAL ANCILLARY	102,303.44	9,212.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	102,303.44	9,212.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,229.00	ADJUSTMENTS	0.00
COVERED CHARGES	2,693.00	CONTRACTUAL ALLOW	2,553.00
NON-COVERD CHARGES	6,536.00	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: 08/06/2023
Run Time: 13:59:44
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	103.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	307.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	320.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,392.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	775.00	0.00
EKG/ECG	144.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	99.00	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	1,048.00	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	41.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,693.00	6,536.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,693.00	6,536.00

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:01:15
Page: 1

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	413,059.98	ADJUSTMENTS	0.00
COVERED CHARGES	372,589.98	CONTRACTUAL ALLOW	187,471.95
NON-COVERD CHARGES	40,470.00	TOTAL MEDICAID LIAB	185,118.03
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	185,118.03

TOTAL NUMBER OF ADMISSIONS 34

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	301		0	234,045.25		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	301		0	234,045.25		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	301		0	234,045.25		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: 08/06/2023
Run Time: 14:01:15
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	55,283.50	37,524.00	OTHER LAB	690.00	0.00
MED/SURG SUPPLY	18,214.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,248.50	0.00	EDUCATION & TRAINING	132.00	0.00
RADIOLOGY-DIAGNOSTIC	7,346.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,939.00	2,549.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	433.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,072.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,576.50	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	7,308.50	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	12,171.00	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	899.82	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	485.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	198.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	744.50	0.00			
BLOOD STORAGE & PRO.	498.50	397.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,304.00	0.00			
			TOTAL ANCILLARY	138,544.73	40,470.00
			TOTAL ACCOMODATIONS	234,045.25	0.00
			TOTAL CHARGES	372,589.98	40,470.00

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:01:15
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	544,750.31	ADJUSTMENTS	10,044.79
COVERED CHARGES	488,334.81	CONTRACTUAL ALLOW	268,623.26
NON-COVERD CHARGES	56,415.50	TOTAL MEDICAID LIAB	219,711.55
		LESS: COB	425.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	219,286.05
		ALL OTHER	197,810.29
		FEE SCHEDULE-LAB	21,022.25
		INJECTABLE DRUGS	453.51
TOTAL NUMBER OF CLAIMS		577	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,161.00	6,105.00	OTHER LAB	5,958.00	0.00
MED/SURG SUPPLY	17,828.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	54,066.00	2,216.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,712.00	14,646.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	16,957.00	7,355.00	FEE SCHEDULE LAB	45,393.00	9,839.50
EKG/ECG	9,692.00	0.00	MRI SERVICES	1,260.00	0.00
IV THERAPY	12,884.50	547.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,576.00	1,968.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,903.50	343.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,484.00	1,088.00	AMBULANCE	0.00	0.00
GI SERVICES	15,800.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	210,701.50	4,366.50	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	3,639.00	1,678.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,171.00	745.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	786.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	45,781.00	4,131.50	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	483.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,884.31	600.00			
			TOTAL ANCILLARY	488,334.81	56,415.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	488,334.81	56,415.50

Report : CLM-0806-O
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: 08/06/2023
Run Time: 14:01:15
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	589.00	ADJUSTMENTS	0.00
COVERED CHARGES	574.00	CONTRACTUAL ALLOW	390.24
NON-COVERD CHARGES	15.00	TOTAL MEDICAID LIAB	183.76
		LESS: COB	183.76
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	53.50	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	289.00	9.00
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	231.50	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	574.00	15.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	574.00	15.00

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

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

Run Date: 08/06/2023
Run Time: 14:01:15
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	82,945.36	ADJUSTMENTS	391.60
COVERED CHARGES	75,188.36	CONTRACTUAL ALLOW	69,862.60
NON-COVERD CHARGES	7,757.00	TOTAL MEDICAID LIAB	5,325.76
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,325.76

TOTAL NUMBER OF CLAIMS 68

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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JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	241.00	620.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,681.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,589.50	109.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,653.50	2,722.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,682.00	1,643.50
EKG/ECG	344.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,653.00	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	235.00	10.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	48,973.50	442.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	756.00	351.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,065.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	997.00	0.00			
BLOOD STORAGE & PRO.	0.00	794.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	382.86	0.00			
			TOTAL ANCILLARY	75,188.36	7,757.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	75,188.36	7,757.00

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0814-O
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

JEFFERSON HOSPITAL
1067 PEACHTREE ST
LOUISVILLE,GA 30434-1558

PROVIDER NUMBER
000001031A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:01:51
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	436,510.11	ADJUSTMENTS	9,104.96
COVERED CHARGES	436,510.11	CONTRACTUAL ALLOW	332,295.33
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	104,214.78
		LESS: COB	3,034.34
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	101,180.44

TOTAL NUMBER OF ADMISSIONS 23

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	269		0	309,000.00		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	269		0	309,000.00		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	269		0	309,000.00		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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	60,256.84	0.00	OTHER LAB	664.00	0.00
MED/SURG SUPPLY	1,599.03	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	17,061.67	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,360.65	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,084.60	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,602.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,537.50	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	1,648.82	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	21,059.00	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	100.00	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	2,042.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,718.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	776.00	0.00			
			TOTAL ANCILLARY	127,510.11	0.00
			TOTAL ACCOMODATIONS	309,000.00	0.00
			TOTAL CHARGES	436,510.11	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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	497,804.24	ADJUSTMENTS	42,564.43
COVERED CHARGES	471,366.68	CONTRACTUAL ALLOW	272,281.94
NON-COVERD CHARGES	26,437.56	TOTAL MEDICAID LIAB	199,084.74
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	199,084.74
		ALL OTHER	188,742.77
		FEE SCHEDULE-LAB	10,146.16
		INJECTABLE DRUGS	195.81
TOTAL NUMBER OF CLAIMS		306	

Report : CLM-0804-O
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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,597.15	7,677.05	OTHER LAB	4,299.73	0.00
MED/SURG SUPPLY	2,555.66	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,123.18	0.00	OTHER THERAPEUTIC SVC	0.00	6,210.00
CT SCAN	53,679.50	7,109.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,178.50	1,159.00	FEE SCHEDULE LAB	40,130.92	2,666.30
EKG/ECG	5,836.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	61,483.88	0.00	PROFESSIONAL FEES	0.00	1,160.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,807.88	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	214,551.76	381.21	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	700.00	75.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,910.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,000.64	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,914.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,597.88	0.00			
			TOTAL ANCILLARY	471,366.68	26,437.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	471,366.68	26,437.56

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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	130,714.36	ADJUSTMENTS	210.00
COVERED CHARGES	126,916.61	CONTRACTUAL ALLOW	121,106.61
NON-COVERD CHARGES	3,797.75	TOTAL MEDICAID LIAB	5,810.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,810.00

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: 08/06/2023
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,909.55	1,596.75	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	57.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,461.66	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,954.50	1,966.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,293.90	235.00
EKG/ECG	2,105.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,126.00	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	80,464.00	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	545.00	0.00			
			TOTAL ANCILLARY	126,916.61	3,797.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	126,916.61	3,797.75

Report : CLM-0810-O
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: 08/06/2023
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Page: 9

HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER 000001042A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,549.30	ADJUSTMENTS	0.00
COVERED CHARGES	2,436.00	CONTRACTUAL ALLOW	2,296.00
NON-COVERD CHARGES	113.30	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 : 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: 08/06/2023
Run Time: 14:01:51
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HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	113.30	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	136.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	200.00	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	2,100.00	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	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	2,436.00	113.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,436.00	113.30

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: 08/06/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,526.48	ADJUSTMENTS	0.00
COVERED CHARGES	10,526.48	CONTRACTUAL ALLOW	5,368.60
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,157.88
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,157.88

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: 08/06/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,250.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	661.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	239.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,098.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	420.00	0.00
EKG/ECG	165.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,263.00	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	507.68	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,750.00	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	1,172.00	0.00			
			TOTAL ANCILLARY	10,526.48	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,526.48	0.00

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

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

HOSPITAL AUTHORITY OF JENKINS COUNTY
931 EAST WINTHROPE AVE.
MILLEN,GA 30442-1839

PROVIDER NUMBER
000001042A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 15:58:21
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,588,915.62	ADJUSTMENTS	882,104.27
COVERED CHARGES	29,318,275.62	CONTRACTUAL ALLOW	24,439,612.14
NON-COVERD CHARGES	270,640.00	TOTAL MEDICAID LIAB	4,878,663.48
		LESS: COB	93,610.17
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,785,053.31

TOTAL NUMBER OF ADMISSIONS 446

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,024		0	3,264,061.00		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	2,024		0	3,264,061.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	687		0	3,413,399.00		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	687		0	3,413,399.00		0.00
TOTAL ACCOMODATIONS	2,711		0	6,677,460.00		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: 08/06/2023
Run Time: 15:58:21
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,766,795.98	14,853.00	OTHER LAB	171,177.00	0.00
MED/SURG SUPPLY	266,054.00	1,711.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,010,054.14	3,171.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	443,896.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,895,492.00	36,815.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	199,778.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	219,454.00	0.00	MRI SERVICES	526,678.00	25,422.00
IV THERAPY	66,215.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,240,669.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	826,664.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	201,457.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,655,196.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	98,342.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	17,582.00
LABORATORY PATHOLOGIC	207,758.00	0.00	INJECTABLE DRUGS	3,565,960.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	100,622.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	96,961.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	264,983.00	129,408.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,044.00	112.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	341,844.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	124,261.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	548,696.00	19,719.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	169,279.00	21,847.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	550,890.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	24,809.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	54,786.00	0.00			
			TOTAL ANCILLARY	22,640,815.62	270,640.00
			TOTAL ACCOMODATIONS	6,677,460.00	0.00
			TOTAL CHARGES	29,318,275.62	270,640.00

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: 08/06/2023
Run Time: 15:58:21
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	11,644,387.03
COVERED CHARGES	10,575,431.53
NON-COVERD CHARGES	1,068,955.50

-----PAYMENTS-----	
ADJUSTMENTS	501,642.13
CONTRACTUAL ALLOW	8,956,206.34
TOTAL MEDICAID LIAB	1,619,225.19
LESS: COB	1,768.14
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,617,457.05
ALL OTHER	1,484,812.26
FEE SCHEDULE-LAB	119,202.93
INJECTABLE DRUGS	13,441.86

TOTAL NUMBER OF CLAIMS	1,634
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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: 08/06/2023
Run Time: 15:58:21
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	591,224.66	4,961.00	OTHER LAB	96,504.00	0.00
MED/SURG SUPPLY	155,313.00	2,052.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	466.00	EDUCATION & TRAINING	616.00	154.00
RADIOLOGY-DIAGNOSTIC	369,854.00	546.00	OTHER THERAPEUTIC SVC	1,932.00	0.00
CT SCAN	1,424,755.00	195,110.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	33,729.00	8,674.00	FEE SCHEDULE LAB	1,788,753.00	63,761.00
EKG/ECG	179,292.00	3,122.00	MRI SERVICES	324,245.00	23,585.00
IV THERAPY	834,222.00	13,292.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	715,470.00	269,073.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,228.00	6,027.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	225,964.00	842.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,385,353.00	13,579.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	164,597.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	13,881.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	351,829.11	68,342.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	19,114.00	3,486.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,849.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	246,684.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	16,753.00	2,026.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	90,389.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	305,413.00	35,465.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	88,854.00	11,598.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	53,717.00	36,796.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	79,168.00	11,574.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,752.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	242,390.76	30,010.00			
			TOTAL ANCILLARY	10,575,431.53	1,068,955.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,575,431.53	1,068,955.50

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

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

Run Date: 08/06/2023
Run Time: 15:58:21
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SUMMARY TYPE IV
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	238,447.64	ADJUSTMENTS	0.00
COVERED CHARGES	150,593.14	CONTRACTUAL ALLOW	128,147.41
NON-COVERD CHARGES	87,854.50	TOTAL MEDICAID LIAB	22,445.73
		LESS: COB	22,445.73
		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 30

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,348.00	0.00	OTHER LAB	1,126.00	0.00
MED/SURG SUPPLY	482.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,026.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	27,299.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	35,176.00	1,107.00
EKG/ECG	5,352.00	0.00	MRI SERVICES	6,291.00	26,762.00
IV THERAPY	7,148.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,161.00	26,621.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,970.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	51,370.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,145.00	833.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,143.14	2,880.50
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	3,868.00	2,352.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,987.00	0.00			
			TOTAL ANCILLARY	150,593.14	87,854.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	150,593.14	87,854.50

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	273,870.00	ADJUSTMENTS	537.04
COVERED CHARGES	255,614.50	CONTRACTUAL ALLOW	250,714.01
NON-COVERD CHARGES	18,255.50	TOTAL MEDICAID LIAB	4,900.49
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,900.49

TOTAL NUMBER OF CLAIMS 73

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

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

Run Date: 08/06/2023
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Page: 9

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,975.00	0.00	OTHER LAB	1,126.00	0.00
MED/SURG SUPPLY	315.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,610.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	26,881.00	14,932.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	44,475.00	1,231.00
EKG/ECG	446.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	23,089.00	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	130,382.00	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	6,557.50	916.50
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	4,937.00	1,176.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,821.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	255,614.50	18,255.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	255,614.50	18,255.50

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	13,883.50
COVERED CHARGES	8,755.50
NON-COVERD CHARGES	5,128.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	8,621.24
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
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	302.50	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	531.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,083.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,028.00	45.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,459.00	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	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	4,330.00	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	105.00	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	8,755.50	5,128.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,755.50	5,128.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,778,153.06	ADJUSTMENTS	41,339.46
COVERED CHARGES	2,657,786.06	CONTRACTUAL ALLOW	2,415,511.73
NON-COVERD CHARGES	120,367.00	TOTAL MEDICAID LIAB	242,274.33
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	242,274.33

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	95,183.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	104,603.50	786.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,657.00	533.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	35,044.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	16,724.00	FEE SCHEDULE LAB	71,125.00	690.00
EKG/ECG	5,798.00	446.00	MRI SERVICES	0.00	0.00
IV THERAPY	44,484.00	1,629.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	950,989.00	27,362.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	184,281.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,876.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	140,640.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	38,433.46	66,478.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	814.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	904,708.00	4,905.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,485.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	18,398.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,237.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,843.60	0.00			
			TOTAL ANCILLARY	2,657,786.06	120,367.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,657,786.06	120,367.00

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

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

Run Date: 08/06/2023
Run Time: 15:58:21
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
 Run Time: 14:22:22
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VIDALIA HEALTH SERVICES, LLC
 1 MEADOWS PKWY
 VIDALIA,GA 30474-8759

PROVIDER NUMBER 000001086A
 PAYMENT DATES 00/00/00 THROUGH 00/00/00
 SERVICE DATES 05/01/21 THROUGH 02/28/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,145,817.32	ADJUSTMENTS	436,035.10
COVERED CHARGES	9,943,664.33	CONTRACTUAL ALLOW	7,653,862.65
NON-COVERD CHARGES	202,152.99	TOTAL MEDICAID LIAB	2,289,801.68
		LESS: COB	29,769.27
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	28,150.00
		REIMBURSEMENT	2,288,182.41

TOTAL NUMBER OF ADMISSIONS 244

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	759		0	1,073,141.88		0.00
ROUTINE NURSERY	83		0	114,747.76		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	842		0	1,187,889.64		0.00
SPECIAL CARE SERVICES						
CCU	9		0	28,612.20		0.00
ICU	277		0	781,042.60		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	286		0	809,654.80		0.00
TOTAL ACCOMODATIONS	1,128		0	1,997,544.44		0.00

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

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

Run Date: 08/06/2023
Run Time: 14:22:22
Page: 2

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	489,145.98	138.60	OTHER LAB	64,253.24	0.00
MED/SURG SUPPLY	536,646.61	335.73	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,364,968.48	12,657.67	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	184,269.29	806.58	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	402,140.25	120,693.90	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	78,962.68	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	89,287.52	1,603.98	MRI SERVICES	45,973.92	0.00
IV THERAPY	55,436.97	869.13	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	840,909.09	2,811.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	96,673.59	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,038,050.14	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,804.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	482,942.69	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	44,829.85	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	330.00	0.00	INJECTABLE DRUGS	1,298,316.13	1,609.94
RADIOLOGY THERAPEUTIC	3,258.90	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,552.62	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	9,847.06	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,014.58	384.00	TRAUMA RESPONSE	0.00	4,588.32
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	109,994.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	58,089.52	0.00	NO CC/INVALID REV CODE	0.00	6,513.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	31,182.87	46,466.88			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,766.31	2,673.66			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	561,656.03	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,721.60	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,095.97	0.00			
			TOTAL ANCILLARY	7,946,119.89	202,152.99
			TOTAL ACCOMODATIONS	1,997,544.44	0.00
			TOTAL CHARGES	9,943,664.33	202,152.99

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

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

Run Date: 08/06/2023
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Page: 3

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021265075551	07/26/21 - 08/10/21	09/27/21	0.00	234.00	0.00	0.00	0.00
780	2021266076582	06/14/21 - 06/21/21	09/27/21	0.00	78.00	0.00	0.00	0.00
780	2221267005751	08/01/21 - 08/03/21	09/27/21	0.00	78.00	0.00	0.00	0.00
780	2221299000404	09/01/21 - 09/09/21	11/01/21	0.00	234.00	0.00	0.00	0.00
780	2021312036676	10/14/21 - 11/03/21	11/15/21	0.00	343.20	0.00	0.00	0.00
780	2022014068414	11/09/21 - 12/01/21	01/24/22	0.00	514.80	0.00	0.00	0.00
780	2122048000013	08/02/21 - 09/05/21	03/07/22	0.00	1,326.00	0.00	0.00	0.00
780	5222074004308	07/11/21 - 11/12/21	03/21/22	0.00	3,276.00	0.00	0.00	0.00
780	2022117078941	02/11/22 - 02/16/22	05/02/22	0.00	257.40	0.00	0.00	0.00
780	5223052000352	12/09/21 - 01/23/22	02/27/23	0.00	171.60	0.00	0.00	0.00
TOTAL				0.00	6,513.00	0.00	0.00	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: 08/06/2023
Run Time: 14:22:22
Page: 4

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	80,746.41	ADJUSTMENTS	0.00
COVERED CHARGES	77,756.91	CONTRACTUAL ALLOW	68,229.32
NON-COVERD CHARGES	2,989.50	TOTAL MEDICAID LIAB	9,527.59
		LESS: COB	9,590.59
		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	13		0	19,016.40		0.00
ROUTINE NURSERY	2		0	3,250.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	15		0	22,266.40		0.00
SPECIAL CARE SERVICES						
CCU	1		0	1,908.00		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	1		0	1,908.00		0.00
TOTAL ACCOMODATIONS	16		0	24,174.40		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: 08/06/2023
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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,512.71	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,362.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,670.97	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	792.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,989.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,511.40	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	378.30	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,638.68	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	20,581.20	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	2,441.10	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	7,693.45	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	53,582.51	2,989.50
			TOTAL ACCOMODATIONS	24,174.40	0.00
			TOTAL CHARGES	77,756.91	2,989.50

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: 08/06/2023
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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 8,716,527.95
COVERED CHARGES 7,636,616.51
NON-COVERD CHARGES 1,079,911.44

-----PAYMENTS-----
ADJUSTMENTS 79,189.46
CONTRACTUAL ALLOW 6,244,947.12
TOTAL MEDICAID LIAB 1,391,669.39
LESS: COB 1,294.15
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,390,375.24
ALL OTHER 1,282,713.17
FEE SCHEDULE-LAB 107,660.40
INJECTABLE DRUGS 1.67

TOTAL NUMBER OF CLAIMS 3,283

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: 08/06/2023
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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	44,048.80	0.00	OTHER LAB	59,247.34	0.00
MED/SURG SUPPLY	141,695.64	4,423.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	390,474.98	944.58	OTHER THERAPEUTIC SVC	0.00	238.14
CT SCAN	1,277,868.78	290,746.11	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	64,928.07	2,018.10	FEE SCHEDULE LAB	1,315,183.94	91,571.23
EKG/ECG	141,514.70	4,221.82	MRI SERVICES	236,559.43	33,385.04
IV THERAPY	489,809.45	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	610,701.31	244,743.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	16,219.62	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	1,606,874.23	1,368.36	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	50,905.72	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	33.48	16,751.49
RADIOLOGY THERAPEUTIC	169,792.48	37,453.06	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	22,699.26	1,347.43	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	105,195.63	2,771.82	TRAUMA RESPONSE	0.00	33,786.72
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,777.00	12,964.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	180,015.97	15,914.51	NO CC/INVALID REV CODE	2,145.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	18,034.98	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	126,114.03	136,281.15			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	207,321.36	146,089.92			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	155,910.72	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	190,544.59	2,891.79			
			TOTAL ANCILLARY	7,636,616.51	1,079,911.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,636,616.51	1,079,911.44

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: 08/06/2023
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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021236058369	06/12/21 - 06/12/21	08/30/21	78.00	0.00	0.00	0.00	20.52
780	2021236057664	05/12/21 - 05/12/21	08/30/21	78.00	0.00	0.00	0.00	20.52
780	2021236057704	07/05/21 - 07/05/21	08/30/21	156.00	0.00	0.00	0.00	20.52
780	2021236057704	07/07/21 - 07/07/21	08/30/21	78.00	0.00	0.00	0.00	20.52
780	2021236058724	05/25/21 - 05/25/21	08/30/21	78.00	0.00	0.00	0.00	20.52
780	2021244091624	08/15/21 - 08/15/21	09/06/21	78.00	0.00	0.00	0.00	20.52
780	2021246014587	06/16/21 - 06/16/21	09/06/21	78.00	0.00	0.00	0.00	20.52
780	2021260068850	08/29/21 - 08/29/21	09/27/21	78.00	0.00	0.00	0.00	20.52
780	2021273082829	09/23/21 - 09/23/21	10/04/21	78.00	0.00	0.00	0.00	20.52
780	2021278007797	09/25/21 - 09/25/21	10/11/21	78.00	0.00	0.00	0.00	20.52
780	2021284036040	10/03/21 - 10/03/21	10/18/21	85.80	0.00	0.00	0.00	20.52
780	2021284036040	10/05/21 - 10/05/21	10/18/21	85.80	0.00	0.00	0.00	20.52
780	2021298035588	10/03/21 - 10/03/21	11/01/21	85.80	0.00	0.00	0.00	20.52
780	2021306063098	10/12/21 - 10/12/21	11/08/21	85.80	0.00	0.00	0.00	20.52
780	2021306063098	10/16/21 - 10/16/21	11/08/21	85.80	0.00	0.00	0.00	20.52
780	2021306063098	10/26/21 - 10/26/21	11/08/21	85.80	0.00	0.00	0.00	20.52
780	2021306063105	10/17/21 - 10/17/21	11/08/21	85.80	0.00	0.00	0.00	20.52
780	2021306063131	10/26/21 - 10/26/21	11/08/21	171.60	0.00	0.00	0.00	20.52
780	2021313014240	11/01/21 - 11/01/21	11/15/21	85.80	0.00	0.00	0.00	20.52
780	2021321074046	11/09/21 - 11/09/21	11/22/21	85.80	0.00	0.00	0.00	20.52
780	2022042079628	02/05/22 - 02/05/22	02/21/22	85.80	0.00	0.00	0.00	20.52
780	2022049070898	02/11/22 - 02/11/22	02/28/22	85.80	0.00	0.00	0.00	20.52
780	2022049070898	02/12/22 - 02/12/22	02/28/22	85.80	0.00	0.00	0.00	20.52
780	2022069101181	02/24/22 - 02/24/22	03/14/22	85.80	0.00	0.00	0.00	20.52
TOTAL				2,145.00	0.00	0.00	0.00	492.48

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

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

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

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER PAYMENT DATES 00/00/00 THROUGH 00/00/00
000001086A SERVICE DATES 05/01/21 THROUGH 02/28/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	85,743.04	ADJUSTMENTS	0.00
COVERED CHARGES	60,027.25	CONTRACTUAL ALLOW	50,725.32
NON-COVERD CHARGES	25,715.79	TOTAL MEDICAID LIAB	9,301.93
		LESS: COB	9,301.93
		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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	262.61	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,089.79	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,566.90	396.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,329.40	6,420.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,175.50	0.00	FEE SCHEDULE LAB	10,053.29	1,872.00
EKG/ECG	1,513.20	0.00	MRI SERVICES	4,289.76	0.00
IV THERAPY	9,709.11	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	607.80	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,471.20	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	6,427.20	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	10.80	698.84
RADIOLOGY THERAPEUTIC	4,660.87	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,357.36	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	810.30	1,574.98	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	14,753.97			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,383.16	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	309.00	0.00			
			TOTAL ANCILLARY	60,027.25	25,715.79
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	60,027.25	25,715.79

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000001086A	SERVICE DATES	05/01/21	THROUGH	02/28/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	590,107.15	ADJUSTMENTS	78.32
COVERED CHARGES	557,614.57	CONTRACTUAL ALLOW	542,342.17
NON-COVERD CHARGES	32,492.58	TOTAL MEDICAID LIAB	15,272.40
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,272.40
TOTAL NUMBER OF CLAIMS		195	

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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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA,GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,101.00	0.00	OTHER LAB	2,222.40	0.00
MED/SURG SUPPLY	1,085.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,233.38	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	177,729.09	25,942.20	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	87,837.28	6,550.38
EKG/ECG	10,138.40	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	28,622.99	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	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	214,694.16	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	481.80	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	356.08	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,112.60	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	557,614.57	32,492.58
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	557,614.57	32,492.58

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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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,734.29	ADJUSTMENTS	0.00
COVERED CHARGES	6,734.29	CONTRACTUAL ALLOW	6,577.65
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 : 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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VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 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	427.68	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	2,285.43	0.00
EKG/ECG	408.56	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	2,505.62	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	19.80	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	1,087.20	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	6,734.29	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,734.29	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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	309,943.94	ADJUSTMENTS	5,391.47
COVERED CHARGES	300,383.25	CONTRACTUAL ALLOW	251,860.02
NON-COVERD CHARGES	9,560.69	TOTAL MEDICAID LIAB	48,523.23
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	48,523.23

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 02/28/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,345.81	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	29,392.00	1,797.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	396.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,790.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,712.54	186.90
EKG/ECG	756.60	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,163.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	165,327.94	7,576.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	121.20	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	11,464.11	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	8,222.65	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	30,974.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,099.50	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	36,617.40	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	0.00	0.00			
			TOTAL ANCILLARY	300,383.25	9,560.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	300,383.25	9,560.69

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

VIDALIA HEALTH SERVICES, LLC
1 MEADOWS PKWY
VIDALIA, GA 30474-8759

PROVIDER NUMBER
000001086A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	02/28/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	51,140,917.64	ADJUSTMENTS	2,041,424.72
COVERED CHARGES	50,897,127.64	CONTRACTUAL ALLOW	43,805,388.97
NON-COVERD CHARGES	243,790.00	TOTAL MEDICAID LIAB	7,091,738.67
		LESS: COB	43,665.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,048,073.44

TOTAL NUMBER OF ADMISSIONS 983

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,293		0	6,124,259.00		0.00
ROUTINE NURSERY	932		0	2,443,746.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,225		0	8,568,005.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	587		0	3,035,164.00		0.00
NICU	28		0	229,152.00		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	615		0	3,264,316.00		0.00
TOTAL ACCOMODATIONS	4,840		0	11,832,321.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,684,112.75	15,294.00	OTHER LAB	220,927.00	0.00
MED/SURG SUPPLY	777,435.00	916.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,971,064.10	0.00	EDUCATION & TRAINING	1,818.00	0.00
RADIOLOGY-DIAGNOSTIC	487,016.00	0.00	OTHER THERAPEUTIC SVC	0.00	6,235.00
CT SCAN	2,555,985.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	536,610.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	290,566.00	0.00	MRI SERVICES	746,638.00	0.00
IV THERAPY	59,641.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,144,181.00	6,730.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,644,713.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,645,174.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	545,076.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,569.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,729,664.00	0.00	SPECIAL SERVICES	0.00	10,741.00
RECOVERY ROOM	315,176.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	7,448.00
LABORATORY PATHOLOGIC	571,687.00	0.00	INJECTABLE DRUGS	4,556,331.79	0.00
RADIOLOGY THERAPEUTIC	529,757.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	444,545.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	176,867.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	176,107.00	37,265.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,341.00	2,214.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	534.00	0.00	IMPL DEV CHARGE PATIENTS	680,777.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	283,815.00	105,324.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	531,221.00	2,191.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	172,548.00	49,432.00			
AUDIOLOGY	126,440.00	0.00			
CARDIOLOGY	1,332,403.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	81,681.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	33,386.00	0.00			
			TOTAL ANCILLARY	39,064,806.64	243,790.00
			TOTAL ACCOMODATIONS	11,832,321.00	0.00
			TOTAL CHARGES	50,897,127.64	243,790.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	433,433.00	ADJUSTMENTS	0.00
COVERED CHARGES	428,783.00	CONTRACTUAL ALLOW	383,920.32
NON-COVERD CHARGES	4,650.00	TOTAL MEDICAID LIAB	44,862.68
		LESS: COB	44,862.68
		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	46		0	79,512.00		0.00
ROUTINE NURSERY	11		0	9,944.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	57		0	89,456.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	4,911.00		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	4,911.00		0.00
TOTAL ACCOMODATIONS	58		0	94,367.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	55,723.50	0.00	OTHER LAB	1,126.00	0.00
MED/SURG SUPPLY	5,457.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	67,823.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,278.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,936.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,540.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,338.00	0.00	MRI SERVICES	5,117.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	42,339.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	17,426.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,923.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,146.00	0.00	SPECIAL SERVICES	0.00	2,459.00
RECOVERY ROOM	7,604.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,748.00	0.00	INJECTABLE DRUGS	55,530.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,835.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	827.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	20,311.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	476.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,953.00	2,191.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	1,305.00	0.00			
CARDIOLOGY	3,654.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	334,416.00	4,650.00
			TOTAL ACCOMODATIONS	94,367.00	0.00
			TOTAL CHARGES	428,783.00	4,650.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,422,064.45	ADJUSTMENTS	796,877.86
COVERED CHARGES	18,157,899.95	CONTRACTUAL ALLOW	15,818,586.41
NON-COVERD CHARGES	2,264,164.50	TOTAL MEDICAID LIAB	2,339,313.54
		LESS: COB	493.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,338,820.46
		ALL OTHER	2,040,356.64
		FEE SCHEDULE-LAB	173,000.08
		INJECTABLE DRUGS	125,463.74
TOTAL NUMBER OF CLAIMS		2,904	

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

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	910,286.50	23,690.50	OTHER LAB	174,994.00	312.00
MED/SURG SUPPLY	260,593.00	9,722.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	492,881.00	2,021.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,425,272.00	310,028.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	168,177.00	34,337.00	FEE SCHEDULE LAB	2,559,688.55	109,225.00
EKG/ECG	202,528.00	446.00	MRI SERVICES	1,097,279.00	63,769.00
IV THERAPY	867,822.00	11,891.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,392,091.00	405,101.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	67,179.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	70,208.00	1,770.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	417,100.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,569,114.00	5,745.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	355,661.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,152.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,390,139.50	892,216.00
RADIOLOGY THERAPEUTIC	1,131,360.00	109,850.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	21,374.00	10,087.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	14,163.00	7,341.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	6,256.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	89,085.00	4,404.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	14,418.00	10,146.00	IMPL DEV CHARGE PATIENTS	142,770.00	0.00
LITHOTRIPSY	28,385.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	735,661.00	76,844.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	68,137.00	32,472.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	79,645.00	36,796.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	289,382.00	79,385.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	13,251.00	14,532.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	109,255.40	4,626.00			
			TOTAL ANCILLARY	18,157,899.95	2,264,164.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,157,899.95	2,264,164.50

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	10/01/21	THROUGH	09/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES		565,807.50	-----PAYMENTS-----		
COVERED CHARGES		378,209.50	ADJUSTMENTS		0.00
NON-COVERD CHARGES		187,598.00	CONTRACTUAL ALLOW		334,588.12
			TOTAL MEDICAID LIAB		43,621.38
			LESS: COB		43,621.38
			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					69

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	26,941.00	0.00	OTHER LAB	3,378.00	0.00
MED/SURG SUPPLY	5,238.00	2,729.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,863.00	644.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,429.00	47,818.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	589.00	FEE SCHEDULE LAB	70,519.00	6,625.00
EKG/ECG	4,460.00	892.00	MRI SERVICES	0.00	11,408.00
IV THERAPY	40,715.00	1,896.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,390.00	69,901.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,979.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	19,050.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	83,840.00	516.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,288.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,188.50	5,699.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,230.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	534.00	IMPL DEV CHARGE PATIENTS	0.00	5,742.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	32,013.00	8,880.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,473.00	1,410.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,199.00	22,315.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,016.00	0.00			
			TOTAL ANCILLARY	378,209.50	187,598.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	378,209.50	187,598.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	582,526.50	ADJUSTMENTS	671.30
COVERED CHARGES	522,076.00	CONTRACTUAL ALLOW	514,087.53
NON-COVERD CHARGES	60,450.50	TOTAL MEDICAID LIAB	7,988.47
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,988.47

TOTAL NUMBER OF CLAIMS 119

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	16,003.50	0.00	OTHER LAB	1,126.00	0.00
MED/SURG SUPPLY	0.00	156.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,026.00	470.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	88,872.00	42,657.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	94,555.00	2,193.00
EKG/ECG	8,920.00	0.00	MRI SERVICES	6,291.00	6,291.00
IV THERAPY	36,045.00	464.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,210.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	221,043.00	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	13,149.50	3,686.50
RADIOLOGY THERAPEUTIC	2,514.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	589.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	827.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	173.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	534.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,155.00	2,944.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,632.00	0.00			
			TOTAL ANCILLARY	522,076.00	60,450.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	522,076.00	60,450.50

NORTHSIDE HOSPITAL, INC
450 NORTHSIDE CHEROKEE BLVD
CANTON,GA 30115-8015

PROVIDER NUMBER
000001108A

-----CHARGES-----
TOTAL CHARGES35,463.00
COVERED CHARGES22,893.00
NON-COVERD CHARGES12,570.00

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----PAYMENTS-----
ADJUSTMENTS0.00
CONTRACTUAL ALLOW22,624.48
TOTAL MEDICAID LIAB268.52
LESS: COB268.52
LESS: COPAYMENT0.00
ADD: ADDON PYMT0.00
REIMBURSEMENT0.00

TOTAL NUMBER OF CLAIMS4

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,750.00	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	531.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	11,706.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,348.00	180.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,835.00	684.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	612.00	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	10,454.00	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	1,363.00	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	22,893.00	12,570.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	22,893.00	12,570.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,533,893.82	ADJUSTMENTS	141,809.36
COVERED CHARGES	5,224,317.82	CONTRACTUAL ALLOW	4,697,597.33
NON-COVERD CHARGES	309,576.00	TOTAL MEDICAID LIAB	526,720.49
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	526,720.49

TOTAL NUMBER OF CLAIMS 104

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	147,925.00	0.00	OTHER LAB	1,778.00	0.00
MED/SURG SUPPLY	249,055.00	7,622.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,882.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,933.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,178.00	16,156.00	FEE SCHEDULE LAB	159,548.00	7,299.00
EKG/ECG	6,690.00	0.00	MRI SERVICES	57,103.00	4,002.00
IV THERAPY	72,377.00	1,392.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	960,143.00	137,124.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,495.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	200,902.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,828.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	129,056.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,250,827.50	62,234.00
RADIOLOGY THERAPEUTIC	44,358.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,052.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,385.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,590.00	50.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	784,682.00	39,563.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,869.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,190.00	2,191.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,691.00	25,506.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	28,217.32	0.00			
			TOTAL ANCILLARY	5,224,317.82	309,576.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,224,317.82	309,576.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
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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
000001108A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	203,203,421.08	ADJUSTMENTS	2,021,230.47
COVERED CHARGES	202,987,164.75	CONTRACTUAL ALLOW	179,116,687.39
NON-COVERD CHARGES	216,256.33	TOTAL MEDICAID LIAB	23,870,477.36
		LESS: COB	421,766.54
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	39,627.00
		REIMBURSEMENT	23,488,337.82

TOTAL NUMBER OF ADMISSIONS 2,441

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,997		0	11,332,613.00		0.00
ROUTINE NURSERY	1,976		0	6,883,569.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	7,973		0	18,216,182.50		0.00
SPECIAL CARE SERVICES						
CCU	3,202		0	17,807,160.00		0.00
ICU	2,380		0	14,270,773.00		0.00
NICU	640		0	5,751,444.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	60		0	495,240.00		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	6,282		0	38,324,617.00		0.00
TOTAL ACCOMODATIONS	14,255		0	56,540,799.50		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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	22,960,548.40	7,664.50	OTHER LAB	2,310,871.00	0.00
MED/SURG SUPPLY	8,046,404.80	68,702.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	22,415,908.56	0.00	EDUCATION & TRAINING	96,887.00	0.00
RADIOLOGY-DIAGNOSTIC	3,001,872.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,257,086.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	852,342.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,191,506.00	0.00	MRI SERVICES	1,930,927.00	0.00
IV THERAPY	1,724,816.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	21,229,379.48	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	5,539,652.00	9,372.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,238,876.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,683,295.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	818,444.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,354,081.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,339,590.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	26,108.90
LABORATORY PATHOLOGIC	908,959.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	867,927.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	388,842.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	590,443.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	129,474.00	92,491.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	103,652.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	28,753.00	0.00	IMPL DEV CHARGE PATIENTS	5,855,171.15	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	652,628.00	9,170.83	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,098,198.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	270,891.84	2,746.20			
AUDIOLOGY	262.50	0.00			
CARDIOLOGY	3,412,901.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,001,426.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,144,350.52	0.00			
			TOTAL ANCILLARY	146,446,365.25	216,256.33
			TOTAL ACCOMODATIONS	56,540,799.50	0.00
			TOTAL CHARGES	202,987,164.75	216,256.33

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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,125,920.54	ADJUSTMENTS	0.00
COVERED CHARGES	7,125,920.54	CONTRACTUAL ALLOW	6,312,932.40
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	812,988.14
		LESS: COB	814,941.14
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,953.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 103

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	172		0	318,716.00		0.00
ROUTINE NURSERY	132		0	548,740.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	304		0	867,456.00		0.00
SPECIAL CARE SERVICES						
CCU	45		0	250,920.00		0.00
ICU	83		0	512,400.00		0.00
NICU	56		0	487,704.00		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	184		0	1,251,024.00		0.00
TOTAL ACCOMODATIONS	488		0	2,118,480.00		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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	584,192.70	0.00	OTHER LAB	105,922.00	0.00
MED/SURG SUPPLY	331,787.39	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	516,231.00	0.00	EDUCATION & TRAINING	12,574.00	0.00
RADIOLOGY-DIAGNOSTIC	87,618.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	66,438.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,592.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	21,816.00	0.00	MRI SERVICES	11,720.00	0.00
IV THERAPY	50,738.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,019,745.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	617,966.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	433,108.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	253,109.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,584.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	43,728.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	84,438.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	23,132.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	40,601.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,708.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,906.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,202.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	459.00	0.00	IMPL DEV CHARGE PATIENTS	408,986.45	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	21,808.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	85,492.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	57,389.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	16,011.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	72,439.00	0.00			
			TOTAL ANCILLARY	5,007,440.54	0.00
			TOTAL ACCOMODATIONS	2,118,480.00	0.00
			TOTAL CHARGES	7,125,920.54	0.00

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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 34,173,737.00
COVERED CHARGES 31,181,587.96
NON-COVERD CHARGES 2,992,149.04

-----PAYMENTS-----
ADJUSTMENTS 414,305.25
CONTRACTUAL ALLOW 27,696,050.40
TOTAL MEDICAID LIAB 3,485,537.56
LESS: COB 26,207.98
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,459,329.58
ALL OTHER 3,037,257.92
FEE SCHEDULE-LAB 402,222.11
INJECTABLE DRUGS 19,849.55

TOTAL NUMBER OF CLAIMS 8,179

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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	621,036.91	0.00	OTHER LAB	500,771.00	1,896.00
MED/SURG SUPPLY	745,372.86	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	292.35	EDUCATION & TRAINING	0.00	300.00
RADIOLOGY-DIAGNOSTIC	1,108,834.00	4,201.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,843,863.00	353,079.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	327,109.00	45,489.00	FEE SCHEDULE LAB	4,077,259.97	194,496.72
EKG/ECG	399,216.00	29,088.00	MRI SERVICES	1,538,679.00	136,397.00
IV THERAPY	895,456.00	280,522.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,825,481.07	952,876.93	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	34,914.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	172,917.00	15,786.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,543,057.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	312,192.00	67,759.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,273,248.00	13,350.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	414,823.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	224,642.91	269,982.57
RADIOLOGY THERAPEUTIC	1,028,989.00	3,083.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	158,052.00	36,566.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	30,039.00	15,419.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	13,860.90	5,661.00	TRAUMA RESPONSE	0.00	8,432.00
PSYCHIATRIC SERVICES	0.00	1,674.00	IMPL DEV CHARGE PATIENTS	257,516.29	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,197,395.86	67,858.00	NO CC/INVALID REV CODE	3,660.00	97.47
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	48,867.00	10,169.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	320,527.46	7,534.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	829,507.00	100,720.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	314,552.00	40,296.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,119,748.73	329,124.00			
			TOTAL ANCILLARY	31,181,587.96	2,992,149.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,181,587.96	2,992,149.04

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

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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021190043371	07/01/21 - 07/01/21	07/12/21	122.00	0.00	0.00	0.00	20.52
780	2021222036883	08/04/21 - 08/04/21	08/16/21	122.00	0.00	0.00	0.00	20.52
780	2021228015814	07/26/21 - 07/26/21	08/23/21	122.00	0.00	0.00	0.00	20.52
780	2021229048852	08/11/21 - 08/11/21	08/23/21	122.00	0.00	0.00	0.00	20.52
780	2021237056630	08/19/21 - 08/19/21	08/30/21	122.00	0.00	0.00	0.00	20.52
780	2021258042168	09/08/21 - 09/08/21	09/20/21	122.00	0.00	0.00	0.00	20.52
780	2021271044940	09/22/21 - 09/22/21	10/04/21	122.00	0.00	0.00	0.00	20.52
780	2021292054438	10/12/21 - 10/12/21	10/25/21	122.00	0.00	0.00	0.00	20.52
780	2021292054451	10/13/21 - 10/13/21	10/25/21	122.00	0.00	0.00	0.00	20.52
780	2021319017270	11/08/21 - 11/08/21	11/22/21	122.00	0.00	0.00	0.00	20.52
780	2021362026216	12/20/21 - 12/20/21	01/03/22	122.00	0.00	0.00	0.00	20.52
780	2022004029388	12/27/21 - 12/27/21	01/10/22	122.00	0.00	0.00	0.00	20.52
780	2022046053943	02/09/22 - 02/09/22	02/21/22	122.00	0.00	0.00	0.00	20.52
780	2022066047855	03/02/22 - 03/02/22	03/14/22	122.00	0.00	0.00	0.00	20.52
780	2022080048166	03/17/22 - 03/17/22	03/28/22	122.00	0.00	0.00	0.00	20.52
780	2022091097158	03/28/22 - 03/28/22	04/11/22	122.00	0.00	0.00	0.00	20.52
780	2022094045020	03/31/22 - 03/31/22	04/11/22	122.00	0.00	0.00	0.00	20.52
780	2022103069352	03/25/22 - 03/25/22	04/18/22	122.00	0.00	0.00	0.00	20.52
3063	2222116009092	03/08/22 - 03/08/22	05/02/22	0.00	97.47	0.00	0.00	0.00
780	2022127018532	05/02/22 - 05/02/22	05/16/22	122.00	0.00	0.00	0.00	20.52
780	2022140085832	05/16/22 - 05/16/22	05/30/22	122.00	0.00	0.00	0.00	20.52
780	2022147086494	05/23/22 - 05/23/22	06/06/22	122.00	0.00	0.00	0.00	20.52
780	2022150016606	05/26/22 - 05/26/22	06/06/22	122.00	0.00	0.00	0.00	20.52
780	2022153105813	05/27/22 - 05/27/22	06/06/22	122.00	0.00	0.00	0.00	20.52
780	2022175076687	06/20/22 - 06/20/22	07/04/22	122.00	0.00	0.00	0.00	20.52
780	2022182090729	06/27/22 - 06/27/22	07/11/22	122.00	0.00	0.00	0.00	20.52
780	2022185022174	06/22/22 - 06/22/22	07/11/22	122.00	0.00	0.00	0.00	20.52
780	2022185022198	06/29/22 - 06/29/22	07/11/22	122.00	0.00	0.00	0.00	20.52
780	2022286085727	05/02/22 - 05/02/22	10/17/22	122.00	0.00	0.00	0.00	20.52
780	2022286085729	05/09/22 - 05/09/22	10/17/22	122.00	0.00	0.00	0.00	20.52
780	2022286085731	02/07/22 - 02/07/22	10/17/22	122.00	0.00	0.00	0.00	20.52
TOTAL				3,660.00	97.47	0.00	0.00	615.60

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,028,189.40
COVERED CHARGES	792,190.15
NON-COVERD CHARGES	235,999.25

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	705,224.34
TOTAL MEDICAID LIAB	86,965.81
LESS: COB	86,965.81
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	123
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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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,792.41	0.00	OTHER LAB	21,567.00	0.00
MED/SURG SUPPLY	17,458.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,347.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	41,239.00	25,641.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	62,976.88	2,205.94
EKG/ECG	5,454.00	0.00	MRI SERVICES	7,948.00	10,302.00
IV THERAPY	18,119.00	3,316.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	201,360.10	133,448.90	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,706.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	140,066.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	12,044.00	12,044.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	93,519.00	1,119.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	44,418.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,216.24	24,887.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,376.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,161.64	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,380.00	5,589.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,388.86	7,973.91			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,683.00	6,074.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,416.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	21,553.41	3,398.00			
			TOTAL ANCILLARY	792,190.15	235,999.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	792,190.15	235,999.25

Report : CLM-0808-O
Process : CLMJO800
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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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	377,995.60	ADJUSTMENTS	67.13
COVERED CHARGES	358,236.70	CONTRACTUAL ALLOW	349,644.06
NON-COVERD CHARGES	19,758.90	TOTAL MEDICAID LIAB	8,592.64
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,592.64

TOTAL NUMBER OF CLAIMS 128

Report : CLM-0808-0
Process : CLMJO800
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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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,559.40	0.00	OTHER LAB	5,848.00	0.00
MED/SURG SUPPLY	457.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,466.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	38,850.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	43,168.00	762.00
EKG/ECG	9,696.00	0.00	MRI SERVICES	0.00	13,061.00
IV THERAPY	11,417.00	1,984.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	580.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	220,688.00	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	379.40	234.90
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	5,327.00	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	2,400.00			
			TOTAL ANCILLARY	358,236.70	19,758.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	358,236.70	19,758.90

Report : CLM-0810-O
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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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,848.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,848.00	CONTRACTUAL ALLOW	1,713.74
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

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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	1,848.00	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	1,848.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,848.00	0.00

Report : CLM-0812-O
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: 08/06/2023
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KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER 000001119A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,708,722.01	ADJUSTMENTS	21,267.93
COVERED CHARGES	4,357,799.57	CONTRACTUAL ALLOW	4,104,598.31
NON-COVERD CHARGES	350,922.44	TOTAL MEDICAID LIAB	253,201.26
		LESS: COB	545.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	252,655.71

TOTAL NUMBER OF CLAIMS 45

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: 08/06/2023
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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	31,579.10	0.00	OTHER LAB	564.00	0.00
MED/SURG SUPPLY	414,673.66	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,413.00	7,341.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,315.00	3,158.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	930.00	FEE SCHEDULE LAB	51,669.00	3,497.00
EKG/ECG	3,030.00	8,484.00	MRI SERVICES	0.00	5,106.00
IV THERAPY	1,170.00	192.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	799,167.76	258,006.24	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	580.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	317,470.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,636.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	66,221.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	11,531.20	26,420.20
RADIOLOGY THERAPEUTIC	1,377,401.00	7,554.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	967,024.98	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,636.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,002.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	63,643.00	23,041.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	205,072.87	7,193.00			
			TOTAL ANCILLARY	4,357,799.57	350,922.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,357,799.57	350,922.44

Report : CLM-0814-O
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

KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	189,478.83	ADJUSTMENTS	0.00
COVERED CHARGES	189,005.43	CONTRACTUAL ALLOW	183,167.03
NON-COVERD CHARGES	473.40	TOTAL MEDICAID LIAB	5,838.40
		LESS: COB	5,838.40
		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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

KENNESTONE HOSPITAL, INC
677 CHURCH STREET, NE
MARIETTA, GA 30060-1101

PROVIDER NUMBER
000001119A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,912.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,263.97	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	510.00	49.00
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	9,137.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,910.00	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	1,925.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	236.60	424.40
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	168,110.66	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	189,005.43	473.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	189,005.43	473.40

** 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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,271,445.71	ADJUSTMENTS	475,500.99
COVERED CHARGES	51,299,332.06	CONTRACTUAL ALLOW	45,017,581.78
NON-COVERD CHARGES	972,113.65	TOTAL MEDICAID LIAB	6,281,750.28
		LESS: COB	116,470.62
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,134.00
		REIMBURSEMENT	6,166,413.66

TOTAL NUMBER OF ADMISSIONS 630

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,507		0	3,112,178.00		0.00
ROUTINE NURSERY	52		0	53,358.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	2,559		0	3,165,536.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	538		0	1,737,323.00		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	538		0	1,737,323.00		0.00
TOTAL ACCOMODATIONS	3,097		0	4,902,859.00		0.00

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

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

Run Date: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,286,034.99	6,740.50	OTHER LAB	246,290.00	0.00
MED/SURG SUPPLY	3,425,805.40	33,637.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	11,110,848.65	65,657.25	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,070,927.25	6,138.00	OTHER THERAPEUTIC SVC	0.00	1,572.00
CT SCAN	2,484,252.83	592,430.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	947,628.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	570,229.00	4,362.00	MRI SERVICES	667,277.00	0.00
IV THERAPY	78,763.00	1,808.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,576,307.00	415.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	257,192.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,925,826.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	357,502.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	124,950.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,769,108.00	3,010.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	252,788.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	6,152.75
LABORATORY PATHOLOGIC	57,808.50	0.00	INJECTABLE DRUGS	7,796,355.64	10,996.75
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	774,623.25	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	170,274.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	398,549.00	15,607.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,114.00	787.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	534,824.80	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	338,447.75	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	80,340.25	165,642.50			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	365,745.00	57,157.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,601,612.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	37,488.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	81,561.00	0.00			
			TOTAL ANCILLARY	46,396,473.06	972,113.65
			TOTAL ACCOMODATIONS	4,902,859.00	0.00
			TOTAL CHARGES	51,299,332.06	972,113.65

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: 08/06/2023
Run Time: 12:19:52
Page: 3

FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN,GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	542,481.33	ADJUSTMENTS	0.00
COVERED CHARGES	539,320.33	CONTRACTUAL ALLOW	490,345.91
NON-COVERD CHARGES	3,161.00	TOTAL MEDICAID LIAB	48,974.42
		LESS: COB	49,037.42
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	35		0	42,958.00		0.00
ROUTINE NURSERY	1		0	833.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	36		0	43,791.00		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	36		0	43,791.00		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: 08/06/2023
Run Time: 12:19:52
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	46,718.42	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	24,996.95	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	123,896.75	2,870.50	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,210.75	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	59,949.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,774.50	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,103.00	0.00	MRI SERVICES	15,197.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,868.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,148.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,785.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,746.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,054.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,853.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,051.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	66,381.96	290.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,424.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,637.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	11,585.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	759.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,366.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	23,479.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,645.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	900.00	0.00			
			TOTAL ANCILLARY	495,529.33	3,161.00
			TOTAL ACCOMODATIONS	43,791.00	0.00
			TOTAL CHARGES	539,320.33	3,161.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	29,713,491.38
COVERED CHARGES	26,385,239.94
NON-COVERD CHARGES	3,328,251.44

-----PAYMENTS-----	
ADJUSTMENTS	188,202.58
CONTRACTUAL ALLOW	24,655,396.95
TOTAL MEDICAID LIAB	1,729,842.99
LESS: COB	1,450.68
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,728,392.31
ALL OTHER	1,559,398.59
FEE SCHEDULE-LAB	153,907.08
INJECTABLE DRUGS	15,086.64

TOTAL NUMBER OF CLAIMS	3,964
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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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	236,153.96	213,017.00	OTHER LAB	189,902.00	0.00
MED/SURG SUPPLY	1,528,246.20	75,515.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,500,311.50	25,463.00	OTHER THERAPEUTIC SVC	0.00	500.00
CT SCAN	4,458,068.00	531,307.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	488,300.25	35,234.75	FEE SCHEDULE LAB	6,005,765.25	201,583.75
EKG/ECG	594,638.00	67,591.00	MRI SERVICES	649,316.00	35,191.00
IV THERAPY	528,832.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,811,292.50	1,066,088.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	33,739.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	46,573.75	75,453.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	822,751.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	425,764.00	144,418.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,389,256.00	2,764.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	297,831.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	562,146.85	261,117.19
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	128,879.75	29,841.75	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,792.50	14,282.75	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	87,250.00	10,593.00	TRAUMA RESPONSE	0.00	48,971.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	150,093.70	59,006.70
LITHOTRIPSY	171,788.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	600,486.75	182,485.75	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	23,322.50	1,337.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	416,875.00	85,553.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	709,558.00	131,882.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	282,318.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	243,988.48	29,055.00			
			TOTAL ANCILLARY	26,385,239.94	3,328,251.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,385,239.94	3,328,251.44

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

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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	514,490.90
COVERED CHARGES	332,480.90
NON-COVERD CHARGES	182,010.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	313,092.54
TOTAL MEDICAID LIAB	19,388.36
LESS: COB	19,388.36
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	64
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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: 08/06/2023
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Page: 8

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,362.82	8,940.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	20,269.90	7,243.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	13,560.75	1,031.00	OTHER THERAPEUTIC SVC	0.00	1,048.00
CT SCAN	20,257.00	76,363.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	99,347.25	3,752.25
EKG/ECG	10,275.00	0.00	MRI SERVICES	0.00	7,576.00
IV THERAPY	10,941.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	21,939.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,270.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,881.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,800.00	1,560.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	63,874.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,697.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,778.56	16,495.37
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,168.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	7,356.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,787.62	7,174.38	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	13,183.00	2,276.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,048.00	38,026.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,209.00	0.00			
			TOTAL ANCILLARY	332,480.90	182,010.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	332,480.90	182,010.00

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

FAIRVIEW PARK HOSPITAL
200 INDUSTRIAL BLVD
DUBLIN, GA 31021-2981

PROVIDER NUMBER
000001141A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,173,184.18
COVERED CHARGES	1,072,096.43
NON-COVERD CHARGES	101,087.75

-----PAYMENTS-----	
ADJUSTMENTS	313.28
CONTRACTUAL ALLOW	1,050,871.71
TOTAL MEDICAID LIAB	21,224.72
LESS: COB	42.67
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	21,182.05

TOTAL NUMBER OF CLAIMS	271
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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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,684.51	2,877.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	13,442.80	414.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	97,337.75	2,791.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	176,806.00	68,064.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	311,362.00	10,068.75
EKG/ECG	20,558.00	814.00	MRI SERVICES	0.00	0.00
IV THERAPY	30,950.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,181.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	88.25	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	361,153.00	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	16,613.37	15,268.50
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	551.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,328.25	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,130.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,461.00	239.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,072,096.43	101,087.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,072,096.43	101,087.75

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	49,736.45	ADJUSTMENTS	0.00
COVERED CHARGES	45,300.45	CONTRACTUAL ALLOW	45,065.49
NON-COVERD CHARGES	4,436.00	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 : 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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	644.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	787.70	3,075.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	692.00	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	6,860.25	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,033.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,944.00	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	5,442.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,316.00	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	1,162.00	1,361.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	45,300.45	4,436.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	45,300.45	4,436.00

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

TOTAL NUMBER OF CLAIMS	13
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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: 08/06/2023
Run Time: 12:19:52
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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	20,799.10	7,411.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	143,019.40	75,603.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	23,031.00	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	7,228.25	FEE SCHEDULE LAB	27,525.25	182.75
EKG/ECG	2,515.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	582,273.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	573.75	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	83,373.00	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	22,625.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,500.11	30,035.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,883.50	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	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	184,496.80	46,750.20
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	163,933.00	31,171.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,109.00	0.00			
			TOTAL ANCILLARY	1,270,773.41	203,266.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,270,773.41	203,266.40

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

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

Run Date: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:19:14
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,886,082.05	ADJUSTMENTS	15,044.75
COVERED CHARGES	1,870,594.87	CONTRACTUAL ALLOW	1,496,559.60
NON-COVERD CHARGES	15,487.18	TOTAL MEDICAID LIAB	374,035.27
		LESS: COB	2,021.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	4,000.00
		REIMBURSEMENT	376,013.44

TOTAL NUMBER OF ADMISSIONS 69

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	172		0	182,786.00		0.00
ROUTINE NURSERY	15		0	7,081.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	187		0	189,867.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	21		0	31,962.00		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	31,962.00		0.00
TOTAL ACCOMODATIONS	208		0	221,829.00		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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	424,475.00	0.00	OTHER LAB	4,829.32	0.00
MED/SURG SUPPLY	53,866.97	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	132,663.81	0.00	EDUCATION & TRAINING	571.45	0.00
RADIOLOGY-DIAGNOSTIC	14,266.87	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	89,921.62	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	14,983.97	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,907.52	0.00	MRI SERVICES	18,492.65	0.00
IV THERAPY	149,220.30	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	102,033.28	895.60	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,573.58	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	55,250.81	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,031.63	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,580.86	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	77,723.63	0.00	SPECIAL SERVICES	0.00	4,401.60
RECOVERY ROOM	6,538.83	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	10,935.42	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,613.61	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	247.88	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	896.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,703.73	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	12,165.11	8,153.68			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	2,036.30			
CARDIOLOGY	17,603.17	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	424,668.85	0.00			
			TOTAL ANCILLARY	1,648,765.87	15,487.18
			TOTAL ACCOMODATIONS	221,829.00	0.00
			TOTAL CHARGES	1,870,594.87	15,487.18

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: 08/06/2023
Run Time: 14:19:14
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,828,299.15	ADJUSTMENTS	31,826.13
COVERED CHARGES	4,851,751.71	CONTRACTUAL ALLOW	4,043,011.25
NON-COVERD CHARGES	976,547.44	TOTAL MEDICAID LIAB	808,740.46
		LESS: COB	2,085.65
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	806,654.81
		ALL OTHER	698,367.35
		FEE SCHEDULE-LAB	103,842.90
		INJECTABLE DRUGS	4,444.56
TOTAL NUMBER OF CLAIMS		1,951	

Report : CLM-0804-O
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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	323,670.75	15,849.00	OTHER LAB	34,390.80	0.00
MED/SURG SUPPLY	78,429.71	639.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	53.16	847.00
RADIOLOGY-DIAGNOSTIC	282,067.83	1,870.89	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	255,262.16	396,441.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	61,505.94	5,512.22	FEE SCHEDULE LAB	539,533.98	115,143.36
EKG/ECG	45,314.05	1,670.56	MRI SERVICES	79,649.86	24,590.06
IV THERAPY	474,558.77	148,957.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	93,265.35	29,254.52	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,743.84	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	43,392.50	41,488.40	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	100,257.20	0.00	AMBULANCE	0.00	0.00
GI SERVICES	119,489.16	33,942.99	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,277,146.57	7,506.35	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	22,198.02	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	143,010.00	51,560.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	12,092.35	4,173.81	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,674.93	2,401.75	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,419.60	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,360.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	121,386.95	12,082.46	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	42,297.67	5,014.84			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	24,118.46	7,791.08			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	19,906.15	21,318.48			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	640,974.95	46,071.37			
			TOTAL ANCILLARY	4,851,751.71	976,547.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,851,751.71	976,547.44

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

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

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

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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	15,854.40	ADJUSTMENTS	0.00
COVERED CHARGES	9,972.53	CONTRACTUAL ALLOW	8,403.57
NON-COVERD CHARGES	5,881.87	TOTAL MEDICAID LIAB	1,568.96
		LESS: COB	1,568.96
		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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,032.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,115.72	22.16	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	837.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,878.95	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28.97	91.68
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	254.40	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	507.84	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,757.00	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	694.00	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	634.68			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	9,972.53	5,881.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,972.53	5,881.87

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

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

Run Date: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,348.31	ADJUSTMENTS	140.00
COVERED CHARGES	159,034.91	CONTRACTUAL ALLOW	151,194.91
NON-COVERD CHARGES	13,313.40	TOTAL MEDICAID LIAB	7,840.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	7,840.00

TOTAL NUMBER OF CLAIMS 112

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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,355.00	200.00	OTHER LAB	1,073.94	0.00
MED/SURG SUPPLY	836.11	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,510.76	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,232.77	9,043.87	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,270.62	2,126.43
EKG/ECG	423.32	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,571.75	1,943.10	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	96,846.64	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,445.00	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	159,034.91	13,313.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	159,034.91	13,313.40

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: 08/06/2023
Run Time: 14:19:14
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	759,635.15	ADJUSTMENTS	9,152.36
COVERED CHARGES	715,530.48	CONTRACTUAL ALLOW	624,006.88
NON-COVERD CHARGES	44,104.67	TOTAL MEDICAID LIAB	91,523.60
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	91,523.60

TOTAL NUMBER OF CLAIMS 20

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: 08/06/2023
Run Time: 14:19:14
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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 12/01/21 THROUGH 11/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53,966.00	642.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	18,177.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	44.32	58.65
RADIOLOGY-DIAGNOSTIC	5,515.14	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,513.30	17,010.98	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,144.91	FEE SCHEDULE LAB	24,096.26	7,446.77
EKG/ECG	2,784.52	267.32	MRI SERVICES	1,650.00	0.00
IV THERAPY	122,390.61	4,190.40	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	79,005.00	223.90	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,409.31	5,515.08	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,781.56	0.00	AMBULANCE	0.00	0.00
GI SERVICES	18,113.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,542.39	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,800.88	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,402.00	6,897.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	610.25	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,854.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,904.28	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	284,580.00	97.41			
			TOTAL ANCILLARY	715,530.48	44,104.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	715,530.48	44,104.67

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: 08/06/2023
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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	12/01/21	THROUGH	11/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:24:25
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	66,212,245.75	ADJUSTMENTS	3,857,843.01
COVERED CHARGES	65,649,535.75	CONTRACTUAL ALLOW	50,167,278.22
NON-COVERD CHARGES	562,710.00	TOTAL MEDICAID LIAB	15,482,257.53
		LESS: COB	200,164.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	11,277.00
		REIMBURSEMENT	15,293,370.46

TOTAL NUMBER OF ADMISSIONS 1,171

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,470		0	6,290,589.00		0.00
ROUTINE NURSERY	1,127		0	1,225,095.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		83.00
TOTAL ROUTINE	6,597		0	7,515,684.00		83.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,494		0	3,500,763.00		0.00
NICU	73		0	234,097.00		0.00
PED ICU	8		0	18,366.00		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	1,575		0	3,753,226.00		0.00
TOTAL ACCOMODATIONS	8,172		0	11,268,910.00		83.00

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: 08/06/2023
Run Time: 17:24:25
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,823,733.80	0.00	OTHER LAB	165,027.00	0.00
MED/SURG SUPPLY	2,095,708.78	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,499,879.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,102,348.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,422,342.00	27,516.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	309,242.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	290,628.00	0.00	MRI SERVICES	478,544.00	0.00
IV THERAPY	1,262,046.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,694,544.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	697,094.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,504,682.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	585,796.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	494,177.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,869,337.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	553,208.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	352,889.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	125,845.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	460,935.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	170,456.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	509,715.00	6,045.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15,987.00	292.00	TRAUMA RESPONSE	0.00	163,062.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,058,684.01	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	249,184.00	6,828.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	892,361.00	326,880.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	54,728.00	31,638.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,162,803.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	147,247.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	331,455.16	366.00			
			TOTAL ANCILLARY	54,380,625.75	562,627.00
			TOTAL ACCOMODATIONS	11,268,910.00	83.00
			TOTAL CHARGES	65,649,535.75	562,710.00

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: 08/06/2023
 Run Time: 17:24:25
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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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	461,495.54	ADJUSTMENTS	0.00
COVERED CHARGES	461,495.54	CONTRACTUAL ALLOW	332,670.78
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	128,824.76
		LESS: COB	128,887.76
		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	41		0	50,345.00		0.00
ROUTINE NURSERY	22		0	20,968.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	63		0	71,313.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	7		0	15,845.00		0.00
NICU	0		0	0.00		0.00
PED ICU	2		0	4,592.00		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	9		0	20,437.00		0.00
TOTAL ACCOMODATIONS	72		0	91,750.00		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: 08/06/2023
Run Time: 17:24:25
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	41,248.16	0.00	OTHER LAB	1,759.00	0.00
MED/SURG SUPPLY	19,880.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	102,307.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,451.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,522.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,895.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,458.00	0.00	MRI SERVICES	6,132.00	0.00
IV THERAPY	11,358.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	28,549.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,826.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,768.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,092.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	8,054.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,990.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,386.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	8,815.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,825.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,848.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	126.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	226.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,492.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	882.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,622.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,234.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,000.00	0.00			
			TOTAL ANCILLARY	369,745.54	0.00
			TOTAL ACCOMODATIONS	91,750.00	0.00
			TOTAL CHARGES	461,495.54	0.00

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: 08/06/2023
Run Time: 17:24:25
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 32,175,223.80
COVERED CHARGES 27,684,035.06
NON-COVERD CHARGES 4,491,188.74

-----PAYMENTS-----
ADJUSTMENTS 479,784.74
CONTRACTUAL ALLOW 22,362,208.79
TOTAL MEDICAID LIAB 5,321,826.27
LESS: COB 6,373.60
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 5,315,452.67
ALL OTHER 4,421,606.50
FEE SCHEDULE-LAB 244,408.79
INJECTABLE DRUGS 649,437.38

TOTAL NUMBER OF CLAIMS 12,046

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: 08/06/2023
Run Time: 17:24:25
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	438,060.40	10,603.67	OTHER LAB	132,816.00	0.00
MED/SURG SUPPLY	556,348.43	72,896.37	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	849,533.00	30,347.00	OTHER THERAPEUTIC SVC	0.00	834.00
CT SCAN	1,549,877.00	584,869.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	51,328.00	16,170.00	FEE SCHEDULE LAB	4,410,159.00	335,269.00
EKG/ECG	180,022.00	3,159.00	MRI SERVICES	204,798.00	69,499.00
IV THERAPY	2,312,705.00	153,201.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,304,532.82	433,359.18	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	180,230.00	20,849.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	289,800.00	388.00	AMBULANCE	0.00	0.00
GI SERVICES	430,453.00	92,998.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,165,299.00	3,332.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	252,983.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,987,581.66	1,967,324.29
RADIOLOGY THERAPEUTIC	1,463,668.00	49,471.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	24,993.00	20,355.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,706.00	7,785.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	75,429.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	396.04	21,411.65	TRAUMA RESPONSE	0.00	135,885.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	48,498.31	163,955.58
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	647,725.00	63,743.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	171,390.00	30,302.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	53,005.00	85,351.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	158,769.00	34,999.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	60,744.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,751,614.40	7,403.00			
			TOTAL ANCILLARY	27,684,035.06	4,491,188.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	27,684,035.06	4,491,188.74

Location: CLMP8000

SUMMARY TYPE IV

Page: 7

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COLUMBUS, GA 31902-1527

000001196A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	109
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,136.19	807.99	OTHER LAB	1,896.00	0.00
MED/SURG SUPPLY	14,447.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,968.00	898.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,848.00	23,697.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	51,558.00	4,605.00
EKG/ECG	1,701.00	0.00	MRI SERVICES	8,718.00	12,401.00
IV THERAPY	17,803.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,345.00	17,771.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,956.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,064.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,255.00	6,510.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	91,097.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,327.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,351.71	52,024.52
RADIOLOGY THERAPEUTIC	889.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	191.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,357.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,453.00	1,262.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,860.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	8,531.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,843.00	0.00			
			TOTAL ANCILLARY	265,187.18	123,384.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	265,187.18	123,384.71

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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

TOTAL NUMBER OF CLAIMS	475
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Run Date: 08/06/2023
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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,195.67	83.20	OTHER LAB	754.00	0.00
MED/SURG SUPPLY	179.00	282.05	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,770.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	42,274.00	5,403.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	128,658.00	6,020.00
EKG/ECG	4,860.00	0.00	MRI SERVICES	3,066.00	0.00
IV THERAPY	77,029.00	6,928.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,304.00	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	526,309.00	275.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,915.05	11,595.92
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	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	3,546.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,105.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,170.00	0.00			
			TOTAL ANCILLARY	836,134.72	30,742.17
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	836,134.72	30,742.17

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

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	26,911.36
COVERED CHARGES	26,632.60
NON-COVERD CHARGES	278.76

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	25,827.04
TOTAL MEDICAID LIAB	805.56
LESS: COB	805.56
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	12
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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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MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	352.00	149.76	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	1,011.00	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	5,142.00	129.00
EKG/ECG	243.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,699.00	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	17,675.00	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	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	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	26,632.60	278.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,632.60	278.76

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

MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,016,505.94	ADJUSTMENTS	423,453.79
COVERED CHARGES	7,527,002.46	CONTRACTUAL ALLOW	6,468,356.86
NON-COVERD CHARGES	489,503.48	TOTAL MEDICAID LIAB	1,058,645.60
		LESS: COB	5,712.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,052,932.81

TOTAL NUMBER OF CLAIMS 180

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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MIDTOWN MEDICAL CENTER
710 CENTER STREET
COLUMBUS, GA 31902-1527

PROVIDER NUMBER
000001196A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	68,168.98	665.60	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	120,425.37	45,620.88	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,601.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,848.00	3,228.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	261.00	FEE SCHEDULE LAB	55,630.00	16,301.00
EKG/ECG	3,159.00	243.00	MRI SERVICES	0.00	0.00
IV THERAPY	137,291.00	2,754.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	358,048.42	44,568.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	694.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	71,142.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	41,940.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,620.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,409.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,173,299.57	156,448.99
RADIOLOGY THERAPEUTIC	247,070.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	405.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	182,790.29	202,648.43
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,221.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	15,900.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,644.83	459.00			
			TOTAL ANCILLARY	7,527,002.46	489,503.48
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,527,002.46	489,503.48

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	143,857.62	ADJUSTMENTS	0.00
COVERED CHARGES	127,215.91	CONTRACTUAL ALLOW	109,573.30
NON-COVERD CHARGES	16,641.71	TOTAL MEDICAID LIAB	17,642.61
		LESS: COB	17,642.61
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	3
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,360.80	158.08	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	1,161.00	233.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	13,880.00	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	50,147.11	16,250.63
RADIOLOGY THERAPEUTIC	56,088.00	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	0.00	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	3,579.00	0.00			
			TOTAL ANCILLARY	127,215.91	16,641.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	127,215.91	16,641.71

** 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: 08/06/2023
Run Time: 20:22:54
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,824.07	ADJUSTMENTS	31,810.11
COVERED CHARGES	141,449.07	CONTRACTUAL ALLOW	13,633.87
NON-COVERD CHARGES	31,375.00	TOTAL MEDICAID LIAB	127,815.20
		LESS: COB	488.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	127,326.97

TOTAL NUMBER OF ADMISSIONS 20

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	74		0	20,800.00		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	74		0	20,800.00		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	74		0	20,800.00		0.00

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

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

Run Date: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,035.74	0.00	OTHER LAB	484.00	0.00
MED/SURG SUPPLY	5,595.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	37,094.00	2,219.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,739.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,413.00	25,592.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,246.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,575.00	0.00	MRI SERVICES	1,910.00	0.00
IV THERAPY	6,742.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	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	6,857.00	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	15,759.42	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	4,256.00	478.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,350.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,162.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	815.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,178.00	3,086.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,580.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	320.00	0.00			
			TOTAL ANCILLARY	120,649.07	31,375.00
			TOTAL ACCOMODATIONS	20,800.00	0.00
			TOTAL CHARGES	141,449.07	31,375.00

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,858,016.91
COVERED CHARGES 1,608,099.90
NON-COVERD CHARGES 249,917.01

-----PAYMENTS-----
ADJUSTMENTS 8,730.66
CONTRACTUAL ALLOW 1,217,527.10
TOTAL MEDICAID LIAB 390,572.80
LESS: COB 1,770.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 388,802.80
ALL OTHER 350,370.89
FEE SCHEDULE-LAB 35,733.68
INJECTABLE DRUGS 2,698.23

TOTAL NUMBER OF CLAIMS 1,322

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,885.03	3,620.01	OTHER LAB	12,670.00	0.00
MED/SURG SUPPLY	20,781.80	939.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	120,474.00	15,857.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	166,858.00	96,738.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	67,006.00	17,098.00	FEE SCHEDULE LAB	260,673.00	14,056.00
EKG/ECG	36,842.00	0.00	MRI SERVICES	18,061.00	3,034.00
IV THERAPY	104,410.00	2,246.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	51,733.00	40,885.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	18,626.81	2,942.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	16,848.00	6,786.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	538,611.26	3,830.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,858.00	1,300.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	16,981.00	6,532.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,360.00	14,291.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	1,018.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,247.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	26,196.00	3,606.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,469.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,958.00	4,986.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,042.00	9,870.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	22,374.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	38,135.00	283.00			
			TOTAL ANCILLARY	1,608,099.90	249,917.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,608,099.90	249,917.01

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SANDERSVILLE, GA 31082-1860

000001218A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	7
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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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	45.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	360.00	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	7,318.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	918.00	44.00
EKG/ECG	175.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,270.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	468.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,000.00	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	8.00	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	3,974.00	9,632.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,974.00	9,632.00

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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,092.52	ADJUSTMENTS	78.32
COVERED CHARGES	151,892.52	CONTRACTUAL ALLOW	143,668.92
NON-COVERD CHARGES	20,200.00	TOTAL MEDICAID LIAB	8,223.60
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,223.60

TOTAL NUMBER OF CLAIMS 105

Report : CLM-0808-0
Process : CLMJO800
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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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	420.00	249.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	608.00	94.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,489.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,119.00	19,122.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	12,841.00	667.00
EKG/ECG	525.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,019.00	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	3,060.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	94,775.52	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,036.00	68.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	151,892.52	20,200.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	151,892.52	20,200.00

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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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,157,271.61	ADJUSTMENTS	261,436.41
COVERED CHARGES	28,705,334.60	CONTRACTUAL ALLOW	24,382,564.72
NON-COVERD CHARGES	451,937.01	TOTAL MEDICAID LIAB	4,322,769.88
		LESS: COB	56,917.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,323.00
		REIMBURSEMENT	4,267,175.33

TOTAL NUMBER OF ADMISSIONS 490

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,831		0	4,019,409.25		0.00
ROUTINE NURSERY	45		0	61,819.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		2,142.75
TOTAL ROUTINE	1,876		0	4,081,228.25		2,142.75
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	496		0	1,968,858.50		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	496		0	1,968,858.50		0.00
TOTAL ACCOMODATIONS	2,372		0	6,050,086.75		2,142.75

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

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

Run Date: 08/06/2023
Run Time: 14:40:05
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	710,998.01	147.01	OTHER LAB	122,765.00	2,138.75
MED/SURG SUPPLY	986,504.90	107.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,539,897.18	25,857.25	EDUCATION & TRAINING	1,000.00	0.00
RADIOLOGY-DIAGNOSTIC	612,335.25	1,548.00	OTHER THERAPEUTIC SVC	0.00	2,344.75
CT SCAN	1,277,329.50	104,608.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	295,201.75	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	271,082.00	2,765.00	MRI SERVICES	279,065.25	0.00
IV THERAPY	71,488.50	3,517.50	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,447,137.25	8,301.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	103,168.75	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,685,590.50	3,628.50	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	829,812.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	556,288.75	18,317.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,256,259.75	8,422.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	68,039.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	77,199.00	0.00	INJECTABLE DRUGS	2,375,254.76	7,607.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	121,235.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	13,234.75	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	521,447.50	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,577.00	4,666.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	381,720.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	222,044.25	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	272,613.50	218,673.75			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	158,783.25	34,302.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,178,573.75	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	34,870.25	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	174,730.00	2,842.00			
			TOTAL ANCILLARY	22,655,247.85	449,794.26
			TOTAL ACCOMODATIONS	6,050,086.75	2,142.75
			TOTAL CHARGES	28,705,334.60	451,937.01

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: 08/06/2023
Run Time: 14:40:05
Page: 3

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:40:05
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,589,935.96	ADJUSTMENTS	121,881.91
COVERED CHARGES	18,909,288.91	CONTRACTUAL ALLOW	17,365,354.97
NON-COVERD CHARGES	1,680,647.05	TOTAL MEDICAID LIAB	1,543,933.94
		LESS: COB	1,294.35
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,542,639.59
		ALL OTHER	1,416,372.63
		FEE SCHEDULE-LAB	126,265.47
		INJECTABLE DRUGS	1.49
TOTAL NUMBER OF CLAIMS		4,450	

Report : CLM-0804-O
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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	134,446.26	0.00	OTHER LAB	235,088.50	0.00
MED/SURG SUPPLY	250,159.61	24,143.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	200.00
RADIOLOGY-DIAGNOSTIC	1,077,081.50	28,398.75	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,090,374.00	355,047.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	18,722.00	2,893.75	FEE SCHEDULE LAB	1,997,582.88	78,213.45
EKG/ECG	316,730.00	16,391.00	MRI SERVICES	786,001.00	25,679.75
IV THERAPY	1,415,443.25	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,363,059.15	237,814.85	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	338,408.50	2,677.75	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,104,895.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	761,439.76	122,614.75	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,365,111.75	17,040.75	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	267,327.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	17.50	332.25
RADIOLOGY THERAPEUTIC	5,992.25	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	33,457.50	3,957.50	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,420.50	4,038.25	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	205,075.75	6,536.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	47,367.00	128,353.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	559,532.75	197,293.25	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	95,917.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	420,534.25	149,565.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	354,339.00	260,229.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	468,586.50	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	188,177.50	19,227.25			
			TOTAL ANCILLARY	18,909,288.91	1,680,647.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,909,288.91	1,680,647.05

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	114,023.21	ADJUSTMENTS	0.00
COVERED CHARGES	83,762.71	CONTRACTUAL ALLOW	77,114.80
NON-COVERD CHARGES	30,260.50	TOTAL MEDICAID LIAB	6,647.91
		LESS: COB	6,647.91
		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		18	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	430.02	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	759.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,252.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,129.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,655.19	219.25
EKG/ECG	4,512.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,619.25	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,398.25	10,796.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,730.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,055.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	8,764.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,864.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,359.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,401.00	3,350.75
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	1,726.25	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	0.00	0.00			
			TOTAL ANCILLARY	83,762.71	30,260.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	83,762.71	30,260.50

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,534,196.91
COVERED CHARGES 1,473,708.41
NON-COVERD CHARGES 60,488.50

-----PAYMENTS-----
ADJUSTMENTS 78.32
CONTRACTUAL ALLOW 1,442,067.13
TOTAL MEDICAID LIAB 31,641.28
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 31,641.28

TOTAL NUMBER OF CLAIMS 404

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,910.21	0.00	OTHER LAB	11,035.75	0.00
MED/SURG SUPPLY	1,841.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	122,617.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	197,966.75	55,673.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	143,474.70	1,241.00
EKG/ECG	15,838.00	553.00	MRI SERVICES	6,746.75	0.00
IV THERAPY	116,618.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,615.25	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,752.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	832,992.75	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	0.00	0.00
RADIOLOGY THERAPEUTIC	1,157.25	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,945.75	3,021.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	196.00	0.00			
			TOTAL ANCILLARY	1,473,708.41	60,488.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,473,708.41	60,488.50

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,022,375.30	ADJUSTMENTS	5,459.88
COVERED CHARGES	993,944.55	CONTRACTUAL ALLOW	944,811.08
NON-COVERD CHARGES	28,430.75	TOTAL MEDICAID LIAB	49,133.47
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	49,133.47

TOTAL NUMBER OF CLAIMS9

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,036.05	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	134,133.50	1,549.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,462.25	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	2,750.00	FEE SCHEDULE LAB	7,076.00	507.75
EKG/ECG	2,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	372,284.75	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,144.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	153,547.75	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	16,379.00	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	266,497.00	23,624.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,172.00	0.00			
			TOTAL ANCILLARY	993,944.55	28,430.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	993,944.55	28,430.75

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:05:44
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	464,050.03	ADJUSTMENTS	12,334.59
COVERED CHARGES	449,392.39	CONTRACTUAL ALLOW	337,201.61
NON-COVERD CHARGES	14,657.64	TOTAL MEDICAID LIAB	112,190.78
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	112,190.78

TOTAL NUMBER OF ADMISSIONS 17

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	165		0	227,648.50		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	165		0	227,648.50		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	165		0	227,648.50		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: 08/06/2023
Run Time: 19:05:44
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	122,415.93	875.67	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,041.45	229.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	50,990.50	6,537.20	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,865.01	1,191.72	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,854.09	3,778.86	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,096.24	447.37	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	996.36	249.09	MRI SERVICES	0.00	0.00
IV THERAPY	832.10	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	4,316.97	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,484.33	1,308.78	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,870.68	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,678.70	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,179.94	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	39.45
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,725.27	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	2,396.32	0.00			
			TOTAL ANCILLARY	221,743.89	14,657.64
			TOTAL ACCOMODATIONS	227,648.50	0.00
			TOTAL CHARGES	449,392.39	14,657.64

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2221230005194	07/28/21 - 08/06/21	08/23/21	0.00	39.45	0.00	0.00	0.00
TOTAL				0.00	39.45	0.00	0.00	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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

A CAMPUS OF TIFT REGIONAL MEDICAL CENTER
260 MJ TAYLOR ROAD
ADEL, GA 31620-3485

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	26,172.62
CONTRACTUAL ALLOW	1,003,661.72
TOTAL MEDICAID LIAB	233,587.00
LESS: COB	688.90
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	232,898.10
ALL OTHER	192,601.31
FEE SCHEDULE-LAB	36,201.24
INJECTABLE DRUGS	4,095.55

TOTAL NUMBER OF CLAIMS	893
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Report : CLM-0804-0
Process : CLMJO800
Location: CLMP8000

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

Run Date: 08/06/2023
Run Time: 19:05:44
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	43,576.94	879.94	OTHER LAB	135,524.50	0.00
MED/SURG SUPPLY	18,329.83	3,847.89	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,053.88	327.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	149,437.84	1,589.54	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,364.50	2,795.04	FEE SCHEDULE LAB	304,576.71	10,611.26
EKG/ECG	3,384.77	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	16,932.91	919.36	PROFESSIONAL FEES	0.00	574.00
OPERATING ROOM	46,169.84	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	833.34	0.00	FREE STANDING CLINIC	441.00	336.00
ANESTHESIA	51,325.86	0.00	AMBULANCE	0.00	0.00
GI SERVICES	165,533.36	44,466.64	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,513.18	74.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,407.46	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	69,123.02	13,980.21
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	1,346.88	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	51,412.08	1,439.43	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	67.66	67.66
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	58,919.92	989.73	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,047.39	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	42,622.46	3,835.45			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,584.47	2,725.27			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	10,065.80	78.01			
			TOTAL ANCILLARY	1,237,248.72	90,883.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,237,248.72	90,883.31

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	1,209.03
TOTAL MEDICAID LIAB	375.91
LESS: COB	375.91
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	2
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	47.00	37.87	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	70.83	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	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	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	1,467.11	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,584.94	37.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,584.94	37.87

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

A CAMPUS OF TIFT REGIONAL MEDIAL CENTER	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
260 MJ TAYLOR ROAD	000001251A	SERVICE DATES	07/01/21	THROUGH	06/30/22
ADEL, GA 31620-3485		ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 19:05:44
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,832,065.00	ADJUSTMENTS	31,188.93
COVERED CHARGES	2,809,371.00	CONTRACTUAL ALLOW	1,886,459.02
NON-COVERD CHARGES	22,694.00	TOTAL MEDICAID LIAB	922,911.98
		LESS: COB	10,777.90
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	22,449.00
		REIMBURSEMENT	934,583.08

TOTAL NUMBER OF ADMISSIONS 135

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	337		0	360,927.00		0.00
ROUTINE NURSERY	56		0	31,360.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	393		0	392,287.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	163		0	213,530.00		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	163		0	213,530.00		0.00
TOTAL ACCOMODATIONS	556		0	605,817.00		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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	393,116.13	0.00	OTHER LAB	7,081.00	0.00
MED/SURG SUPPLY	223,619.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	580,110.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	30,753.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	159,154.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,731.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	41,475.00	0.00	MRI SERVICES	16,416.00	0.00
IV THERAPY	102,827.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	123,273.00	11,828.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	98,627.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	137,104.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	944.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,599.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	169,027.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,120.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,219.00	0.00	INJECTABLE DRUGS	198.20	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,658.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,692.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	635.97	2,162.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	687.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,864.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,076.00	8,580.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,024.00	124.00			
AUDIOLOGY	8,033.00	0.00			
CARDIOLOGY	45,667.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	28,823.00	0.00			
			TOTAL ANCILLARY	2,203,554.00	22,694.00
			TOTAL ACCOMODATIONS	605,817.00	0.00
			TOTAL CHARGES	2,809,371.00	22,694.00

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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,954.35	ADJUSTMENTS	0.00
COVERED CHARGES	25,174.35	CONTRACTUAL ALLOW	15,511.71
NON-COVERD CHARGES	780.00	TOTAL MEDICAID LIAB	9,662.64
		LESS: COB	9,662.64
		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	5,355.00		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	5		0	5,355.00		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	5		0	5,355.00		0.00

Report : CLM-0802-0
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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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,385.35	0.00	OTHER LAB	1,005.00	0.00
MED/SURG SUPPLY	2,086.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,261.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	410.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	525.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	546.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,885.00	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	95.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,726.00	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	519.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	376.00	780.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	19,819.35	780.00
			TOTAL ACCOMODATIONS	5,355.00	0.00
			TOTAL CHARGES	25,174.35	780.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	4,228,807.30
COVERED CHARGES	4,114,858.19
NON-COVERD CHARGES	113,949.11

-----PAYMENTS-----	
ADJUSTMENTS	219,962.17
CONTRACTUAL ALLOW	3,297,655.14
TOTAL MEDICAID LIAB	817,203.05
LESS: COB	2,270.92
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	814,932.13
ALL OTHER	689,446.48
FEE SCHEDULE-LAB	118,586.99
INJECTABLE DRUGS	6,898.66

TOTAL NUMBER OF CLAIMS	2,314
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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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	99,560.04	170.25	OTHER LAB	13,623.00	0.00
MED/SURG SUPPLY	121,477.50	226.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	142,891.00	1,316.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	465,859.00	18,842.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	72,296.00	1,142.00	FEE SCHEDULE LAB	1,078,308.00	40,651.00
EKG/ECG	80,108.00	1,746.00	MRI SERVICES	31,920.00	1,704.00
IV THERAPY	211,312.00	5,278.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	182,980.00	16,976.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,975.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	27,995.00	3,420.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,601.45	0.00	AMBULANCE	0.00	0.00
GI SERVICES	100,080.17	5,161.83	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,109,571.00	4,748.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	60,270.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	20,112.03	379.03
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,936.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,836.00	1,054.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	44,531.00	7,354.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	45,150.00	1,557.00	NO CC/INVALID REV CODE	16,498.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,323.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	6,885.00	0.00			
AUDIOLOGY	277.00	0.00			
CARDIOLOGY	21,751.00	2,114.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	134,732.00	110.00			
			TOTAL ANCILLARY	4,114,858.19	113,949.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,114,858.19	113,949.11

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

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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021144047169	05/17/21 - 05/17/21	05/31/21	1,460.00	0.00	0.00	0.00	308.72
614	2221181009146	06/07/21 - 06/07/21	07/05/21	1,844.00	0.00	0.00	0.00	389.92
614	2021228036794	08/09/21 - 08/09/21	08/23/21	1,460.00	0.00	0.00	0.00	308.72
614	2021305053741	04/15/21 - 04/15/21	11/08/21	2,646.00	0.00	0.00	0.00	639.73
614	2021327073461	11/17/21 - 11/17/21	11/29/21	2,034.00	0.00	0.00	0.00	491.77
614	2022033078452	01/21/22 - 01/21/22	02/07/22	1,460.00	0.00	0.00	0.00	352.99
614	2022074072734	03/08/22 - 03/08/22	03/21/22	2,797.00	0.00	0.00	0.00	676.24
614	2022076075964	03/10/22 - 03/10/22	03/21/22	2,797.00	0.00	0.00	0.00	676.24
TOTAL				16,498.00	0.00	0.00	0.00	3,844.33

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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	39,945.60	ADJUSTMENTS	0.00
COVERED CHARGES	29,494.60	CONTRACTUAL ALLOW	26,229.90
NON-COVERD CHARGES	10,451.00	TOTAL MEDICAID LIAB	3,264.70
		LESS: COB	3,264.70
		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 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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,304.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,000.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	598.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	9,138.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,979.00	1,313.00
EKG/ECG	765.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,327.00	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	6,157.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,761.00	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	1,085.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	518.00	0.00			
			TOTAL ANCILLARY	29,494.60	10,451.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,494.60	10,451.00

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: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	546,934.75	ADJUSTMENTS	1,644.72
COVERED CHARGES	535,024.75	CONTRACTUAL ALLOW	513,565.07
NON-COVERD CHARGES	11,910.00	TOTAL MEDICAID LIAB	21,459.68
		LESS: COB	12.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,447.68

TOTAL NUMBER OF CLAIMS 274

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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8,598.70	0.00	OTHER LAB	2,133.00	0.00
MED/SURG SUPPLY	8,060.00	44.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,266.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	80,747.00	4,239.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	75,144.00	2,902.00
EKG/ECG	6,657.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,713.00	734.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	736.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	306,039.00	3,248.00	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	1,479.05	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	0.00	224.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	519.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	376.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	535,024.75	11,910.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	535,024.75	11,910.00

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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BAINBRIDGE, GA 39819-4256

000001262A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	3
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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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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	19.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	15.00	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	1,116.00	485.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	367.00	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	3,540.00	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	22.50	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	5,079.50	485.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,079.50	485.00

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0814-O
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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	182,233,919.28	ADJUSTMENTS	4,644,739.43
COVERED CHARGES	179,218,837.90	CONTRACTUAL ALLOW	148,251,674.89
NON-COVERD CHARGES	3,015,081.38	TOTAL MEDICAID LIAB	30,967,163.01
		LESS: COB	191,897.53
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	15,750.00
		REIMBURSEMENT	30,791,015.48

TOTAL NUMBER OF ADMISSIONS 2,300

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	8,993		0	18,864,028.50		0.00
ROUTINE NURSERY	2,936		0	12,603,397.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11,929		0	31,467,425.50		0.00
SPECIAL CARE SERVICES						
CCU	148		0	907,501.00		0.00
ICU	3,095		0	14,301,690.50		0.00
NICU	274		0	2,040,286.00		0.00
PED ICU	601		0	4,953,324.50		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	403		0	2,812,139.00		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	4,521		0	25,014,941.00		0.00
TOTAL ACCOMODATIONS	16,450		0	56,482,366.50		0.00

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

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

Run Date: 08/06/2023
Run Time: 14:25:02
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,501,015.10	1,339.30	OTHER LAB	814,924.88	0.00
MED/SURG SUPPLY	10,571,870.95	30.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	16,681,714.96	10,280.56	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,490,685.20	1,041.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,224,516.85	1,476,840.92	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,533,288.36	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	612,285.24	358.00	MRI SERVICES	1,473,379.32	0.07
IV THERAPY	834,645.43	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,168,968.95	466,336.80	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	766,909.93	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,864,788.49	63.22	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,094,919.60	0.00	AMBULANCE	0.00	0.00
GI SERVICES	338,182.87	4,073.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,549,755.48	4,086.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,903,493.21	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	372,329.29	0.00	INJECTABLE DRUGS	14,437,157.11	208,551.24
RADIOLOGY THERAPEUTIC	429,151.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,093,646.44	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	556,477.20	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	704,412.57	20,483.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	31,846.08	2,350.70	TRAUMA RESPONSE	0.00	675,800.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,459,082.01	0.00
LITHOTRIPSY	29,103.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	885,243.51	44,991.77	NO CC/INVALID REV CODE	0.00	8,935.50
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,525,132.40	78,348.70			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	501,256.04	2,613.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,656,523.19	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	148,495.10	0.00			
ORGAN ACQUISITION	13,841.50	8,558.00			
TREATMENT/OBSERV. RM	467,430.14	0.00			
			TOTAL ANCILLARY	122,736,471.40	3,015,081.38
			TOTAL ACCOMODATIONS	56,482,366.50	0.00
			TOTAL CHARGES	179,218,837.90	3,015,081.38

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: 08/06/2023
Run Time: 14:25:02
Page: 3

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
872	5223148000006	08/19/22 - 01/11/23	06/05/23	0.00	8,935.50	0.00	0.00	0.00
TOTAL				0.00	8,935.50	0.00	0.00	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: 08/06/2023
Run Time: 14:25:02
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,948,453.93	ADJUSTMENTS	0.00
COVERED CHARGES	2,936,981.93	CONTRACTUAL ALLOW	2,624,908.89
NON-COVERD CHARGES	11,472.00	TOTAL MEDICAID LIAB	312,073.04
		LESS: COB	312,325.04
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	252.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 19

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	67		0	131,163.00		0.00
ROUTINE NURSERY	26		0	67,768.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	93		0	198,931.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	47		0	223,262.00		0.00
NICU	1		0	7,021.00		0.00
PED ICU	18		0	141,498.00		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	66		0	371,781.00		0.00
TOTAL ACCOMODATIONS	159		0	570,712.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	119,707.59	0.00	OTHER LAB	1,966.00	0.00
MED/SURG SUPPLY	179,561.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	134,279.95	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	52,647.90	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	56,836.66	11,472.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	9,866.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,612.22	0.00	MRI SERVICES	39,973.45	0.00
IV THERAPY	6,094.71	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	153,705.60	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	22,500.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	111,217.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	37,466.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	47,259.76	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,101.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,922.20	0.00	INJECTABLE DRUGS	1,313,776.38	0.00
RADIOLOGY THERAPEUTIC	3,610.08	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,472.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,794.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	497.28	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	26,268.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,234.00	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	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,874.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	730.00	0.00			
			TOTAL ANCILLARY	2,366,269.93	11,472.00
			TOTAL ACCOMODATIONS	570,712.00	0.00
			TOTAL CHARGES	2,936,981.93	11,472.00

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: 08/06/2023
Run Time: 14:25:02
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 45,601,415.50
COVERED CHARGES 39,158,845.85
NON-COVERD CHARGES 6,442,569.65

-----PAYMENTS-----
ADJUSTMENTS 326,925.31
CONTRACTUAL ALLOW 35,489,525.33
TOTAL MEDICAID LIAB 3,669,320.52
LESS: COB 11,419.88
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 3,657,900.64
ALL OTHER 3,209,817.48
FEE SCHEDULE-LAB 325,865.00
INJECTABLE DRUGS 122,218.16

TOTAL NUMBER OF CLAIMS 8,423

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: 08/06/2023
Run Time: 14:25:02
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	385,747.20	103,152.92	OTHER LAB	658,644.51	0.00
MED/SURG SUPPLY	1,032,211.80	432,170.85	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,874,241.60	47,219.30	OTHER THERAPEUTIC SVC	0.00	951.16
CT SCAN	2,956,773.68	675,972.66	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	130,935.31	92,166.91	FEE SCHEDULE LAB	3,584,674.70	216,026.00
EKG/ECG	394,149.98	2,159.58	MRI SERVICES	832,486.13	188,213.17
IV THERAPY	1,220,511.80	4,518.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,913,895.54	1,274,190.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	66,831.57	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	220,335.41	22,212.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,878,983.80	0.00	AMBULANCE	0.00	0.00
GI SERVICES	187,267.19	94,427.56	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,167,179.32	25,201.64	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,013,806.51	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	914,761.99	967,849.63
RADIOLOGY THERAPEUTIC	992,024.42	342,296.75	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	13,592.88	57,218.48	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,658.56	28,701.51	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	458,902.79	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	82,509.12	2,486.40	TRAUMA RESPONSE	0.00	225,000.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	533,411.63	357,890.00
LITHOTRIPSY	29,103.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	947,944.10	145,543.65	NO CC/INVALID REV CODE	0.00	5,633.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	100,029.30	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	233,958.44	233,757.28			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	400,063.76	398,983.16			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	9,536.40	3,002.95			
ORGAN ACQUISITION	0.00	3,250.00			
TREATMENT/OBSERV. RM	379,576.20	33,472.05			
			TOTAL ANCILLARY	39,158,845.85	6,442,569.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,158,845.85	6,442,569.65

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
618	5922059001121	01/26/22 - 01/26/22	03/07/22	0.00	5,633.00	0.00	0.00	0.00
TOTAL				0.00	5,633.00	0.00	0.00	0.00

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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SAVANNAH, GA 31404-6220

000001273A

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

NON-COVERD CHARGES	320,323.10
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FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS	305
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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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	124,635.22	1,992.70	OTHER LAB	52,077.00	0.00
MED/SURG SUPPLY	69,244.35	4,840.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	52,854.10	747.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	27,842.66	52,543.32	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	744.00	FEE SCHEDULE LAB	105,762.36	4,562.80
EKG/ECG	4,392.66	0.00	MRI SERVICES	9,273.60	75,388.33
IV THERAPY	42,285.29	571.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	165,532.02	85,876.48	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,176.73	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,002.69	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	137,976.10	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,080.00	10,287.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	352,822.96	124.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	79,469.17	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	354.00	440.00
RADIOLOGY THERAPEUTIC	63,165.13	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,615.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	3,640.78	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	599.00	104.64	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	32,926.25	27,138.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,054.55	49,707.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,225.30	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,648.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,807.16	0.00			
			TOTAL ANCILLARY	1,364,206.30	320,323.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,364,206.30	320,323.10

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	744,222.30	ADJUSTMENTS	402.78
COVERED CHARGES	722,429.79	CONTRACTUAL ALLOW	703,499.13
NON-COVERD CHARGES	21,792.51	TOTAL MEDICAID LIAB	18,930.66
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	18,930.66
TOTAL NUMBER OF CLAIMS		282	

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	933.10	136.00	OTHER LAB	1,939.11	0.00
MED/SURG SUPPLY	581.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,806.60	326.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,927.98	2,748.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	31,696.17	2,520.90
EKG/ECG	1,496.44	0.00	MRI SERVICES	0.00	3,640.60
IV THERAPY	7,837.45	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	41,842.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	228.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,191.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	579,326.44	10,226.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,246.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,905.00	1,328.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,297.00	867.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,950.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,226.00	0.00			
			TOTAL ANCILLARY	722,429.79	21,792.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	722,429.79	21,792.51

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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SAVANNAH, GA 31404-6220

000001273A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	3
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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	144.00	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	3,679.20	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	860.00	56.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	374.00	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	8,448.44	0.00	SPECIAL SERVICES	0.00	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	13,505.64	56.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,505.64	56.00

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 01/01/22 THROUGH 12/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	7,287,165.41	ADJUSTMENTS 74,799.32
COVERED CHARGES	6,652,976.71	CONTRACTUAL ALLOW 6,267,032.87
NON-COVERD CHARGES	634,188.70	TOTAL MEDICAID LIAB 385,943.84
		LESS: COB 162.45
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 385,781.39
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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	555,453.68	9,127.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	887,853.25	140,742.95	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,734.70	23,155.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	7,490.46	FEE SCHEDULE LAB	29,053.09	1,479.00
EKG/ECG	6,311.54	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,379.44	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,095,304.47	76,047.83	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	196,235.10	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	102,342.66	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,017,970.00	9,911.00
RADIOLOGY THERAPEUTIC	816,474.73	3,768.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,046.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,184.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	405.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,892,085.75	104,070.50
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,014.30	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,232.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,476.00	250,165.56			
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	13,651.00	0.00			
			TOTAL ANCILLARY	6,652,976.71	634,188.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,652,976.71	634,188.70

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,171,700.44	ADJUSTMENTS	0.00
COVERED CHARGES	2,145,281.06	CONTRACTUAL ALLOW	2,101,703.46
NON-COVERD CHARGES	26,419.38	TOTAL MEDICAID LIAB	43,577.60
		LESS: COB	43,577.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS

7

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,753,666.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,275.75	151.70	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	2,652.63	157.04
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	765.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	26,006.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,800.00	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	6,384.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	3,371.78	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	104.64	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	369,365.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	2,145,281.06	26,419.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,145,281.06	26,419.38

** 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: 08/06/2023
Run Time: 20:22:39
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	14,609.73	ADJUSTMENTS	0.00
COVERED CHARGES	14,609.73	CONTRACTUAL ALLOW	5,644.20
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	8,965.53
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	8,965.53

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	11		0	5,720.00		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	11		0	5,720.00		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	11		0	5,720.00		0.00

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,486.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,217.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,135.00	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	4,040.00	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	8,889.73	0.00
			TOTAL ACCOMODATIONS	5,720.00	0.00
			TOTAL CHARGES	14,609.73	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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	351,105.52
COVERED CHARGES	308,641.76
NON-COVERD CHARGES	42,463.76

-----PAYMENTS-----	
ADJUSTMENTS	106.17
CONTRACTUAL ALLOW	180,024.53
TOTAL MEDICAID LIAB	128,617.23
LESS: COB	613.98
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	128,003.25
ALL OTHER	121,718.85
FEE SCHEDULE-LAB	6,019.40
INJECTABLE DRUGS	265.00

TOTAL NUMBER OF CLAIMS	374
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	707.00	4,571.36	OTHER LAB	1,980.00	0.00
MED/SURG SUPPLY	1,459.80	180.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	12,195.00	4,437.00	OTHER THERAPEUTIC SVC	0.00	12,095.25
CT SCAN	38,674.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	65,268.00	11,232.00
EKG/ECG	3,668.00	262.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,170.00	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	942.16	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	163,810.80	1,765.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,311.00	5,800.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	270.15	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,456.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	1,276.00			
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	0.00	575.00			
			TOTAL ANCILLARY	308,641.76	42,463.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	308,641.76	42,463.76

MERIWETHER HEALTHCARE, LLC
5995 SPRING ST
WARM SPRINGS,GA 31830-2149

PROVIDER NUMBER000001284A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES01/01/22THROUGH12/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,169.69	ADJUSTMENTS	0.00
COVERED CHARGES	3,106.69	CONTRACTUAL ALLOW	1,855.53
NON-COVERD CHARGES	63.00	TOTAL MEDICAID LIAB	1,251.16
		LESS: COB	1,251.16
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	62.69	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	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	824.00	63.00
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	1,788.00	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	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	3,106.69	63.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,106.69	63.00

MERIWETHER HEALTHCARE, LLC	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
5995 SPRING ST	000001284A	SERVICE DATES	01/01/22	THROUGH	12/31/22
WARM SPRINGS,GA 31830-2149		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES	25,415.01	ADJUSTMENTS			0.00
COVERED CHARGES	24,325.76	CONTRACTUAL ALLOW			22,365.76
NON-COVERD CHARGES	1,089.25	TOTAL MEDICAID LIAB			1,960.00
		LESS: COB			0.00
		LESS: COPAYMENT			0.00
		ADD: ADDON PYMT			0.00
		REIMBURSEMENT			1,960.00
TOTAL NUMBER OF CLAIMS					28

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	43.76	42.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	362.00	350.00	OTHER THERAPEUTIC SVC	0.00	614.25
CT SCAN	4,692.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	856.00	22.00
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	18,225.00	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	126.00	61.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	24,325.76	1,089.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,325.76	1,089.25

MERIWETHER HEALTHCARE, LLC	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
5995 SPRING ST	000001284A	SERVICE DATES	01/01/22	THROUGH	12/31/22
WARM SPRINGS,GA 31830-2149		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES	2,357.00	ADJUSTMENTS			0.00
COVERED CHARGES	2,357.00	CONTRACTUAL ALLOW			2,217.00
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 : 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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	1.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	498.00	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	258.00	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	1,600.00	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	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	2,357.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,357.00	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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,877,982.92	ADJUSTMENTS	19,163.04
COVERED CHARGES	1,867,310.92	CONTRACTUAL ALLOW	901,248.02
NON-COVERD CHARGES	10,672.00	TOTAL MEDICAID LIAB	966,062.90
		LESS: COB	10,894.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	955,168.27

TOTAL NUMBER OF ADMISSIONS 91

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	403		0	248,115.00		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	403		0	248,115.00		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	403		0	248,115.00		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: 08/06/2023
Run Time: 14:43:45
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	602,372.50	0.00	OTHER LAB	3,484.00	0.00
MED/SURG SUPPLY	146,516.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	283,727.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	43,925.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	85,285.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,235.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,142.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,044.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	128,880.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	112,000.00	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	62,545.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,500.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,407.25	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	1,673.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,275.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,205.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,772.00	10,672.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	8,948.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	42,260.12	0.00			
			TOTAL ANCILLARY	1,619,195.92	10,672.00
			TOTAL ACCOMODATIONS	248,115.00	0.00
			TOTAL CHARGES	1,867,310.92	10,672.00

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

MILLER COUNTY HOSPITAL
209 N CUTHBERT ST
COLQUITT, GA 39837-3518

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	85,689.43
CONTRACTUAL ALLOW	3,450,611.76
TOTAL MEDICAID LIAB	2,362,773.89
LESS: COB	1,103.81
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	2,361,670.08
ALL OTHER	2,037,419.13
FEE SCHEDULE-LAB	324,093.00
INJECTABLE DRUGS	157.95

TOTAL NUMBER OF CLAIMS	10,435
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Report : CLM-0804-O
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: 08/06/2023
Run Time: 14:43:45
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	289,245.82	10,595.35	OTHER LAB	62,254.00	0.00
MED/SURG SUPPLY	420,266.25	9,385.85	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	321,611.00	2,534.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	122,473.00	12,516.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,305.00	605.00	FEE SCHEDULE LAB	1,794,616.90	244,875.00
EKG/ECG	10,464.00	545.00	MRI SERVICES	9,196.00	3,630.00
IV THERAPY	7,411.00	2,160.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,546,444.00	132,469.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	22,498.00	1,186.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	130,684.00	9,564.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	179,000.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	332.60	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	3,768.00	2,512.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,556.00	1,077.79	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	35,391.00	1,444.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	139,203.00	3,712.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	25,200.00	3,044.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	681,466.08	209,353.24			
			TOTAL ANCILLARY	5,813,385.65	651,208.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,813,385.65	651,208.23

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
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 08/06/2023
Run Time: 14:43:45
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	52,193.60	ADJUSTMENTS	0.00
COVERED CHARGES	43,717.60	CONTRACTUAL ALLOW	20,882.01
NON-COVERD CHARGES	8,476.00	TOTAL MEDICAID LIAB	22,835.59
		LESS: COB	22,835.59
		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 28

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: 08/06/2023
Run Time: 14:43:45
Page: 7

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,277.35	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,236.25	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,161.00	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	3,077.00	270.00
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	6,755.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	351.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	718.00	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.	1,969.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	26,173.00	8,206.00			
			TOTAL ANCILLARY	43,717.60	8,476.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	43,717.60	8,476.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,692.15	ADJUSTMENTS	70.00
COVERED CHARGES	49,693.15	CONTRACTUAL ALLOW	45,073.15
NON-COVERD CHARGES	3,999.00	TOTAL MEDICAID LIAB	4,620.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,620.00

TOTAL NUMBER OF CLAIMS 66

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,606.60	110.00	OTHER LAB	1,076.00	0.00
MED/SURG SUPPLY	1,896.55	93.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,728.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,090.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,791.00	633.00
EKG/ECG	327.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	752.00	152.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	2,749.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	26,426.00	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	262.00			
			TOTAL ANCILLARY	49,693.15	3,999.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,693.15	3,999.00

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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COLQUITT, GA 39837-3518

000001317A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	1
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10.00	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	61.00	19.00
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	273.00	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	344.00	19.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	344.00	19.00

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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COLQUITT, GA 39837-3518

000001317A

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

REIMBURSEMENT 700,707.00

TOTAL NUMBER OF CLAIMS	149
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	32,824.86	431.20	OTHER LAB	1,076.00	0.00
MED/SURG SUPPLY	51,628.55	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,450.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,401.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,172.00	4,176.00
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	2,986,272.00	438.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	906.00	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,000.00	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.	9,494.00	2,320.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	50,061.00	301.00			
			TOTAL ANCILLARY	3,169,305.41	8,067.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,169,305.41	8,067.20

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:26:37
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,002,283.07	ADJUSTMENTS	4,590.41
COVERED CHARGES	907,873.54	CONTRACTUAL ALLOW	472,118.97
NON-COVERD CHARGES	94,409.53	TOTAL MEDICAID LIAB	435,754.57
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	435,754.57

TOTAL NUMBER OF ADMISSIONS 62

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	252		0	259,560.00		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	252		0	259,560.00		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	252		0	259,560.00		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: 08/06/2023
Run Time: 19:26:37
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	159,399.12	46,295.53	OTHER LAB	1,917.00	0.00
MED/SURG SUPPLY	27,657.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	199,530.00	1,020.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,050.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,356.00	46,331.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,724.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,854.00	0.00	MRI SERVICES	11,615.00	0.00
IV THERAPY	31,699.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,409.00	435.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	40,442.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,607.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	50,189.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,413.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,786.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	535.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,725.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,085.00	0.00	NO CC/INVALID REV CODE	2,010.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,524.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,634.00	328.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	17,508.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	645.00	0.00			
			TOTAL ANCILLARY	648,313.54	94,409.53
			TOTAL ACCOMODATIONS	259,560.00	0.00
			TOTAL CHARGES	907,873.54	94,409.53

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021253104929	08/22/21 - 08/26/21	09/20/21	2,010.00	0.00	0.00	0.00	0.00
TOTAL				2,010.00	0.00	0.00	0.00	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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,875,553.11
COVERED CHARGES 1,715,552.72
NON-COVERD CHARGES 160,000.39

-----PAYMENTS-----
ADJUSTMENTS 7,814.38
CONTRACTUAL ALLOW 1,352,820.17
TOTAL MEDICAID LIAB 362,732.55
LESS: COB 785.11
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 361,947.44
ALL OTHER 291,631.42
FEE SCHEDULE-LAB 58,269.72
INJECTABLE DRUGS 12,046.30

TOTAL NUMBER OF CLAIMS 891

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	32,632.54	97.65	OTHER LAB	10,840.00	0.00
MED/SURG SUPPLY	18,684.00	893.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	68,690.00	299.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	373,080.00	31,346.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,153.00	5,907.00	FEE SCHEDULE LAB	345,070.00	11,234.00
EKG/ECG	20,562.00	745.00	MRI SERVICES	66,418.00	4,491.00
IV THERAPY	105,017.00	629.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	70,110.00	26,300.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,751.00	442.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	54,242.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	284,264.00	2,576.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,118.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	130,780.18	34,654.74
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	601.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	427.00	427.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,630.00	797.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	2,454.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,987.00	1,884.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,105.00	11,346.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	24,504.00	11,517.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,250.00	11,360.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	22,238.00	0.00			
			TOTAL ANCILLARY	1,715,552.72	160,000.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,715,552.72	160,000.39

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,856.60	ADJUSTMENTS	0.00
COVERED CHARGES	12,961.60	CONTRACTUAL ALLOW	10,189.04
NON-COVERD CHARGES	3,895.00	TOTAL MEDICAID LIAB	2,772.56
		LESS: COB	2,772.56
		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 : 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	51.60	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	796.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,790.00	3,091.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,002.00	240.00
EKG/ECG	745.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	64.00	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	3,874.00	564.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	639.00	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	12,961.60	3,895.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,961.60	3,895.00

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 07/01/21 THROUGH 06/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	100,704.04	ADJUSTMENTS 0.00
COVERED CHARGES	98,097.34	CONTRACTUAL ALLOW 91,657.34
NON-COVERD CHARGES	2,606.70	TOTAL MEDICAID LIAB 6,440.00
		LESS: COB 0.00
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 6,440.00
TOTAL NUMBER OF CLAIMS		92

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	299.15	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	3,821.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,038.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	17,708.00	1,131.00
EKG/ECG	1,192.00	149.00	MRI SERVICES	2,171.00	0.00
IV THERAPY	6,045.00	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	66.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	36,339.00	115.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,418.19	235.70
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	66.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	910.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	98,097.34	2,606.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	98,097.34	2,606.70

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	63,552.31	ADJUSTMENTS	0.00
COVERED CHARGES	38,483.26	CONTRACTUAL ALLOW	33,206.78
NON-COVERD CHARGES	25,069.05	TOTAL MEDICAID LIAB	5,276.48
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,276.48

TOTAL NUMBER OF CLAIMS 1

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,314.13	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,010.00	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	282.00	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	10,779.00	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	4,293.00	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	3,107.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	165.13	84.05
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,533.00	24,985.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	38,483.26	25,069.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,483.26	25,069.05

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,377.00	ADJUSTMENTS	0.00
COVERED CHARGES	25,377.00	CONTRACTUAL ALLOW	18,789.04
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	6,587.96
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,587.96

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3		0	2,772.00		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	2,772.00		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	3		0	2,772.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,993.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,371.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,766.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	600.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,911.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	230.00	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	6,983.00	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	1,751.00	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	22,605.00	0.00
			TOTAL ACCOMODATIONS	2,772.00	0.00
			TOTAL CHARGES	25,377.00	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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,029,430.20	ADJUSTMENTS	52,785.45
COVERED CHARGES	1,928,870.20	CONTRACTUAL ALLOW	1,554,940.45
NON-COVERD CHARGES	100,560.00	TOTAL MEDICAID LIAB	373,929.75
		LESS: COB	350.41
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	373,579.34
		ALL OTHER	302,846.82
		FEE SCHEDULE-LAB	68,430.96
		INJECTABLE DRUGS	2,301.56
TOTAL NUMBER OF CLAIMS			1,685

Report : CLM-0804-O
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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	93,821.00	637.00	OTHER LAB	5,090.00	0.00
MED/SURG SUPPLY	16,778.00	21.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	105,316.00	1,014.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	304,554.00	42,766.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	55,219.00	7,218.00	FEE SCHEDULE LAB	558,255.20	28,151.00
EKG/ECG	22,080.00	0.00	MRI SERVICES	22,315.00	0.00
IV THERAPY	143,927.00	1,452.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,543.00	2,171.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	482,660.00	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	36,089.00	11,027.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,086.00	527.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	903.00	1,629.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	912.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	35,066.00	1,779.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,614.00	1,008.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,224.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	21,330.00	0.00			
			TOTAL ANCILLARY	1,928,870.20	100,560.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,928,870.20	100,560.00

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	454.00	ADJUSTMENTS	0.00
COVERED CHARGES	454.00	CONTRACTUAL ALLOW	347.76
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	106.24
		LESS: COB	106.24
		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 : 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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	454.00	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	454.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	454.00	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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,426.00	ADJUSTMENTS	0.00
COVERED CHARGES	23,381.00	CONTRACTUAL ALLOW	21,491.00
NON-COVERD CHARGES	45.00	TOTAL MEDICAID LIAB	1,890.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,890.00

TOTAL NUMBER OF CLAIMS 27

Report : CLM-0808-0
Process : CLMJO800
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	144.00	20.00	OTHER LAB	0.00	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	1,566.00	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	3,951.00	25.00
EKG/ECG	230.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	97.00	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	16,802.00	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	5.00	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	23,381.00	45.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	23,381.00	45.00

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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	83,155.46	ADJUSTMENTS	0.00
COVERED CHARGES	82,043.46	CONTRACTUAL ALLOW	71,974.20
NON-COVERD CHARGES	1,112.00	TOTAL MEDICAID LIAB	10,069.26
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,069.26

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	71,250.46	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	10,793.00	1,112.00
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	82,043.46	1,112.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	82,043.46	1,112.00

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:48:25
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	529,900.07	ADJUSTMENTS	8,435.17
COVERED CHARGES	525,735.07	CONTRACTUAL ALLOW	346,950.64
NON-COVERD CHARGES	4,165.00	TOTAL MEDICAID LIAB	178,784.43
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	178,784.43

TOTAL NUMBER OF ADMISSIONS 30

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	252		0	118,035.00		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	252		0	118,035.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	5,448.00		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	5,448.00		0.00
TOTAL ACCOMODATIONS	258		0	123,483.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	110,581.80	3,625.00	OTHER LAB	1,500.00	0.00
MED/SURG SUPPLY	15,283.27	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	78,320.00	540.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,548.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,488.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	28,552.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	13,015.00	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	32,942.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	41,601.00	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	22,547.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	20,579.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,295.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	402,252.07	4,165.00
			TOTAL ACCOMODATIONS	123,483.00	0.00
			TOTAL CHARGES	525,735.07	4,165.00

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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	827,819.04	ADJUSTMENTS	5,460.96
COVERED CHARGES	683,303.22	CONTRACTUAL ALLOW	486,200.90
NON-COVERD CHARGES	144,515.82	TOTAL MEDICAID LIAB	197,102.32
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	197,102.32
		ALL OTHER	172,200.84
		FEE SCHEDULE-LAB	23,507.76
		INJECTABLE DRUGS	1,393.72

TOTAL NUMBER OF CLAIMS 427

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,214.00	14,461.80	OTHER LAB	3,200.00	0.00
MED/SURG SUPPLY	7,019.21	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	53,365.00	772.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	74,804.00	90,494.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	145,220.00	10,811.00
EKG/ECG	11,183.00	1,062.00	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	10,976.00	2,342.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	344,659.00	17,283.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,339.01	6,177.02
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	5,325.00	841.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,239.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,760.00	272.00			
			TOTAL ANCILLARY	683,303.22	144,515.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	683,303.22	144,515.82

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,414.15	ADJUSTMENTS	0.00
COVERED CHARGES	7,952.15	CONTRACTUAL ALLOW	5,757.11
NON-COVERD CHARGES	2,462.00	TOTAL MEDICAID LIAB	2,195.04
		LESS: COB	2,195.04
		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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	185.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	60.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	686.00	286.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,546.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,610.00	327.00
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	118.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	25.00	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	475.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	1,176.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	7,952.15	2,462.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,952.15	2,462.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	81,573.64	ADJUSTMENTS	70.00
COVERED CHARGES	69,314.64	CONTRACTUAL ALLOW	65,044.64
NON-COVERD CHARGES	12,259.00	TOTAL MEDICAID LIAB	4,270.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,270.00

TOTAL NUMBER OF CLAIMS 61

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	146.00	1,503.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	356.64	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,556.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,245.00	5,380.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,563.00	562.00
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	50,723.00	2,969.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	725.00	461.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	864.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	520.00			
			TOTAL ANCILLARY	69,314.64	12,259.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	69,314.64	12,259.00

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: 08/06/2023
Run Time: 14:48:25
Page: 10

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0814-O
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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,388,769.85	ADJUSTMENTS	966,130.18
COVERED CHARGES	30,222,401.85	CONTRACTUAL ALLOW	25,680,123.51
NON-COVERD CHARGES	166,368.00	TOTAL MEDICAID LIAB	4,542,278.34
		LESS: COB	46,681.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,953.00
		REIMBURSEMENT	4,497,549.96

TOTAL NUMBER OF ADMISSIONS 450

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,848		0	3,068,775.00		0.00
ROUTINE NURSERY	147		0	340,727.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		26.00
TOTAL ROUTINE	1,995		0	3,409,502.00		26.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	759		0	3,652,567.00		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	759		0	3,652,567.00		0.00
TOTAL ACCOMODATIONS	2,754		0	7,062,069.00		26.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,527,139.91	0.00	OTHER LAB	182,535.00	0.00
MED/SURG SUPPLY	391,323.88	1,443.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,515,717.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	313,353.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,799,752.36	9,413.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	256,965.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	339,652.00	0.00	MRI SERVICES	364,289.06	0.00
IV THERAPY	743,374.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,374,522.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	162,627.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,543,592.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	154,098.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	283,811.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,621,556.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	201,004.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	99,438.00	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	56,396.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	918,693.00	53,625.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,230.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	93,011.14	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	138,153.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	251,480.00	76,330.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	128,528.00	25,531.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	501,363.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	48,844.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	140,885.50	0.00			
			TOTAL ANCILLARY	23,160,332.85	166,342.00
			TOTAL ACCOMODATIONS	7,062,069.00	26.00
			TOTAL CHARGES	30,222,401.85	166,368.00

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: 08/06/2023
Run Time: 18:15:46
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	228,890.95	ADJUSTMENTS	0.00
COVERED CHARGES	228,890.95	CONTRACTUAL ALLOW	184,143.35
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	44,747.60
		LESS: COB	44,873.60
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	126.00
		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	13		0	21,554.00		0.00
ROUTINE NURSERY	5		0	6,195.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	18		0	27,749.00		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	27,749.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	20,243.78	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,742.53	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	30,906.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,145.00	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	0.00	0.00
EKG/ECG	1,106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	17,063.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,460.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	43,451.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,054.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,622.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	22,396.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,274.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,314.00	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	4,012.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,949.64	0.00			
			TOTAL ANCILLARY	201,141.95	0.00
			TOTAL ACCOMODATIONS	27,749.00	0.00
			TOTAL CHARGES	228,890.95	0.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	18,771,956.34
COVERED CHARGES	16,317,099.33
NON-COVERD CHARGES	2,454,857.01

-----PAYMENTS-----	
ADJUSTMENTS	117,078.53
CONTRACTUAL ALLOW	14,678,941.24
TOTAL MEDICAID LIAB	1,638,158.09
LESS: COB	437.96
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,637,720.13
ALL OTHER	1,419,436.16
FEE SCHEDULE-LAB	151,133.90
INJECTABLE DRUGS	67,150.07

TOTAL NUMBER OF CLAIMS	3,231
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	296,253.19	1,664.00	OTHER LAB	187,552.00	0.00
MED/SURG SUPPLY	201,853.79	12,957.56	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	668,183.00	26,920.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,721,360.00	507,285.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	87,329.00	23,766.00	FEE SCHEDULE LAB	2,653,896.00	124,693.00
EKG/ECG	320,297.00	16,590.00	MRI SERVICES	279,372.00	286,240.00
IV THERAPY	1,341,285.00	218,298.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	975,016.60	417,280.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	129,744.00	41,083.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	194,759.00	1,490.00	AMBULANCE	0.00	0.00
GI SERVICES	113,594.00	85,137.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,174,264.00	5,134.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	350,213.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	491,352.77	321,457.66
RADIOLOGY THERAPEUTIC	42,664.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	10,322.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	48,750.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.01	3,255.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	48,087.68	69,388.39
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	339,303.00	42,427.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	80,922.00	14,710.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	103,031.00	68,505.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	125,012.00	106,362.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,887.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	389,868.29	1,142.00			
			TOTAL ANCILLARY	16,317,099.33	2,454,857.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,317,099.33	2,454,857.01

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	339,332.86	ADJUSTMENTS	0.00
COVERED CHARGES	262,779.04	CONTRACTUAL ALLOW	239,711.81
NON-COVERD CHARGES	76,553.82	TOTAL MEDICAID LIAB	23,067.23
		LESS: COB	23,067.23
		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 61

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,795.00	499.20	OTHER LAB	3,495.00	0.00
MED/SURG SUPPLY	10,859.32	165.11	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,973.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,884.00	36,027.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,763.00	0.00	FEE SCHEDULE LAB	52,621.00	5,034.00
EKG/ECG	6,083.00	553.00	MRI SERVICES	0.00	3,906.00
IV THERAPY	33,584.00	2,228.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,674.00	13,578.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	956.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,715.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,941.00	7,882.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	85,959.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,531.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,532.72	883.71
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	155.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	2,113.80
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,209.00	3,529.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,204.00	0.00			
			TOTAL ANCILLARY	262,779.04	76,553.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	262,779.04	76,553.82

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	746,039.31
COVERED CHARGES	706,380.43
NON-COVERD CHARGES	39,658.88

-----PAYMENTS-----	
ADJUSTMENTS	268.52
CONTRACTUAL ALLOW	693,222.95
TOTAL MEDICAID LIAB	13,157.48
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	13,157.48

TOTAL NUMBER OF CLAIMS	196
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Report : CLM-0808-O
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,946.21	0.00	OTHER LAB	5,219.00	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	60,821.00	2,167.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	123,863.00	15,039.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	731.00	FEE SCHEDULE LAB	88,252.00	2,323.00
EKG/ECG	13,825.00	0.00	MRI SERVICES	0.00	8,621.00
IV THERAPY	76,501.00	6,877.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	549.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	312,566.00	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	3,777.41	2,803.88
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	1,097.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,395.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,665.81	0.00			
			TOTAL ANCILLARY	706,380.43	39,658.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	706,380.43	39,658.88

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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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	12,903.64
COVERED CHARGES	12,716.04
NON-COVERD CHARGES	187.60

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	12,447.52
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
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	131.04	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	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	3,046.00	172.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,520.00	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	6,988.00	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	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	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	12,716.04	187.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,716.04	187.60

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

TOTAL NUMBER OF CLAIMS	11
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	14,616.57	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	80,981.86	612.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,189.00	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	2,844.00	FEE SCHEDULE LAB	15,087.00	2,224.00
EKG/ECG	1,106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,504.00	585.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	275,561.67	19,152.33	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	182.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,477.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,938.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	51,744.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	120,276.33	8,519.90
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	28,689.60	28,652.62
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	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	1,665.31	0.00			
			TOTAL ANCILLARY	643,538.34	64,075.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	643,538.34	64,075.25

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	223,564,572.22	ADJUSTMENTS	10,400,875.32
COVERED CHARGES	222,758,990.71	CONTRACTUAL ALLOW	183,955,274.84
NON-COVERD CHARGES	805,581.51	TOTAL MEDICAID LIAB	38,803,715.87
		LESS: COB	228,657.07
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	38,575,058.80

TOTAL NUMBER OF ADMISSIONS 6,742

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	13,112		0	21,980,986.00		0.00
ROUTINE NURSERY	10,989		0	26,374,139.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	24,101		0	48,355,125.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	3,238		0	16,822,608.00		0.00
NICU	779		0	6,377,054.00		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	4,017		0	23,199,662.00		0.00
TOTAL ACCOMODATIONS	28,118		0	71,554,787.00		0.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	26,572,269.04	46,491.50	OTHER LAB	636,103.00	0.00
MED/SURG SUPPLY	2,398,386.00	2,918.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	33,023,229.18	9,603.00	EDUCATION & TRAINING	16,982.00	0.00
RADIOLOGY-DIAGNOSTIC	1,866,886.00	0.00	OTHER THERAPEUTIC SVC	0.00	137,401.00
CT SCAN	4,139,586.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	962,903.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	596,590.00	0.00	MRI SERVICES	1,082,732.00	38,195.00
IV THERAPY	478,969.00	6,850.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,519,999.00	31,313.00	DURABLE MED. EQUIP.	0.00	6,358.00
LABOR/DELIVERY ROOM	11,554,668.00	8,500.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,291,380.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,074,668.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,569.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,570,636.00	0.00	SPECIAL SERVICES	0.00	104,671.00
RECOVERY ROOM	1,868,847.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	54,443.01
LABORATORY PATHOLOGIC	2,416,010.00	0.00	INJECTABLE DRUGS	23,601,484.03	4,461.00
RADIOLOGY THERAPEUTIC	328,697.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,156,245.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	408,547.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	545,364.00	46,920.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,943.00	13,542.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	534.00	0.00	IMPL DEV CHARGE PATIENTS	2,046,556.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,186,399.00	70,216.00	NO CC/INVALID REV CODE	0.00	35,018.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,575,800.00	133,651.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	324,693.00	55,030.00			
AUDIOLOGY	1,198,699.00	0.00			
CARDIOLOGY	3,263,166.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	245,106.00	0.00			
ORGAN ACQUISITION	166,370.46	0.00			
TREATMENT/OBSERV. RM	66,188.00	0.00			
			TOTAL ANCILLARY	151,204,203.71	805,581.51
			TOTAL ACCOMODATIONS	71,554,787.00	0.00
			TOTAL CHARGES	222,758,990.71	805,581.51

Report : CLM-0800-O
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
871	5222104087011	11/05/21 - 11/24/21	04/18/22	0.00	10,331.00	0.00	0.00	0.00
872	5222104087011	11/05/21 - 11/24/21	04/18/22	0.00	6,445.00	0.00	0.00	0.00
873	5222143061463	12/06/21 - 12/30/21	05/30/22	0.00	5,069.00	0.00	0.00	0.00
874	5222143061463	12/06/21 - 12/30/21	05/30/22	0.00	2,842.00	0.00	0.00	0.00
871	5222164000376	04/18/22 - 04/24/22	06/20/22	0.00	10,331.00	0.00	0.00	0.00
TOTAL				0.00	35,018.00	0.00	0.00	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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,276,031.00	ADJUSTMENTS	0.00
COVERED CHARGES	2,243,658.00	CONTRACTUAL ALLOW	1,907,396.65
NON-COVERD CHARGES	32,373.00	TOTAL MEDICAID LIAB	336,261.35
		LESS: COB	336,261.35
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 99

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	146		0	233,892.00		0.00
ROUTINE NURSERY	199		0	507,077.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	345		0	740,969.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	26		0	128,890.00		0.00
NICU	3		0	24,552.00		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	29		0	153,442.00		0.00
TOTAL ACCOMODATIONS	374		0	894,411.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	244,847.50	0.00	OTHER LAB	2,370.00	0.00
MED/SURG SUPPLY	47,827.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	309,407.00	0.00	EDUCATION & TRAINING	303.00	0.00
RADIOLOGY-DIAGNOSTIC	8,338.00	0.00	OTHER THERAPEUTIC SVC	0.00	5,375.00
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	2,230.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	145,876.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	264,566.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,826.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,077.00	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	26,998.00
RECOVERY ROOM	24,471.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	17,158.00	0.00	INJECTABLE DRUGS	123,393.50	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	16,966.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,289.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	5,438.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,607.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	24,558.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	19,467.00	0.00			
CARDIOLOGY	29,232.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,349,247.00	32,373.00
			TOTAL ACCOMODATIONS	894,411.00	0.00
			TOTAL CHARGES	2,243,658.00	32,373.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	46,118,146.78
COVERED CHARGES	39,682,137.77
NON-COVERD CHARGES	6,436,009.01

-----PAYMENTS-----	
ADJUSTMENTS	1,940,801.28
CONTRACTUAL ALLOW	31,509,422.81
TOTAL MEDICAID LIAB	8,172,714.96
LESS: COB	7,876.79
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	8,164,838.17
ALL OTHER	6,091,228.41
FEE SCHEDULE-LAB	628,875.76
INJECTABLE DRUGS	1,444,734.00

TOTAL NUMBER OF CLAIMS	9,068
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	689,560.59	28,208.46	OTHER LAB	249,956.00	640.00
MED/SURG SUPPLY	254,909.00	9,337.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	554.00	EDUCATION & TRAINING	1,066.00	154.00
RADIOLOGY-DIAGNOSTIC	648,894.00	8,588.00	OTHER THERAPEUTIC SVC	0.00	12,621.00
CT SCAN	3,784,975.00	521,137.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	25,130.00	28,943.00	FEE SCHEDULE LAB	12,437,621.32	821,750.09
EKG/ECG	241,732.00	446.00	MRI SERVICES	2,333,076.00	220,079.00
IV THERAPY	4,994,291.00	126,695.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,704,033.50	597,240.50	DURABLE MED. EQUIP.	0.00	696.00
LABOR/DELIVERY ROOM	38,869.00	0.00	REHAB THERAPY	6,617.00	0.00
RESPIRATORY SERVICES	69,839.00	3,934.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	478,754.00	1,185.00	AMBULANCE	0.00	0.00
GI SERVICES	24,492.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,451,781.00	6,783.00	SPECIAL SERVICES	0.00	286.00
RECOVERY ROOM	361,664.00	1,996.00	DRUG-SPECIFIC/HOME IV	0.00	8,286.61
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,649,932.93	2,568,672.88
RADIOLOGY THERAPEUTIC	1,004,771.00	333,362.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,081.00	28,544.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,070.00	2,928.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	125,276.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,018,271.00	9,220.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	67,880.00	23,732.00	IMPL DEV CHARGE PATIENTS	55,983.00	4,582.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,796,252.00	245,434.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	634,383.00	445,332.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	67,389.00	20,893.00			
AUDIOLOGY	4,442.00	156.00			
CARDIOLOGY	104,997.00	85,125.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,365.00	0.00			
ORGAN ACQUISITION	0.00	141,976.47			
TREATMENT/OBSERV. RM	462,060.43	1,216.00			
			TOTAL ANCILLARY	39,682,137.77	6,436,009.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,682,137.77	6,436,009.01

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA, GA 30342-1606

000001405A

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

TOTAL NUMBER OF CLAIMS	106
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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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,313.34	0.00	OTHER LAB	2,904.00	0.00
MED/SURG SUPPLY	17,067.00	3,800.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,305.00	0.00	OTHER THERAPEUTIC SVC	0.00	483.00
CT SCAN	6,884.00	42,500.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,116.00	0.00	FEE SCHEDULE LAB	88,854.00	4,890.00
EKG/ECG	3,568.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	28,626.00	1,990.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,062.00	119,226.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	767.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	34,185.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,629.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	52,942.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	19,020.00	2,816.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	113,534.86	207,855.74
RADIOLOGY THERAPEUTIC	7,815.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	9,102.00	738.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,294.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	100,000.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	15,706.00	26,967.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,370.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,144.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,752.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,686.00	0.00			
			TOTAL ANCILLARY	472,646.20	511,265.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	472,646.20	511,265.74

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	575,470.40
COVERED CHARGES	546,156.90
NON-COVERD CHARGES	29,313.50

-----PAYMENTS-----	
ADJUSTMENTS	1,006.95
CONTRACTUAL ALLOW	536,423.05
TOTAL MEDICAID LIAB	9,733.85
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	9,733.85

TOTAL NUMBER OF CLAIMS	145
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,606.52	1,496.00	OTHER LAB	3,556.00	0.00
MED/SURG SUPPLY	0.00	877.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,534.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	56,734.00	11,649.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	117,815.00	1,250.00
EKG/ECG	12,488.00	0.00	MRI SERVICES	6,291.00	6,351.00
IV THERAPY	39,520.00	982.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	612.00	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	270,294.00	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	1,712.38	546.50
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	534.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,995.00	5,628.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	999.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	546,156.90	29,313.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	546,156.90	29,313.50

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	47,733.50
COVERED CHARGES	35,484.50
NON-COVERD CHARGES	12,249.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	35,014.59
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
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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: 08/06/2023
Run Time: 15:38:38
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,172.50	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	1,092.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	11,706.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,676.00	270.00
EKG/ECG	446.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,945.00	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	16,842.00	273.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	902.00	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	1,409.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	35,484.50	12,249.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	35,484.50	12,249.00

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Page: 14

ATLANTA, GA 30342-1606

000001405A

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

NON-COVERD CHARGES	1,743,549.90
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REIMBURSEMENT	4,026,961.24
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762

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	117,813.98	3,786.63	OTHER LAB	2,100.00	0.00
MED/SURG SUPPLY	729,774.00	11,753.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	63,069.00	125,416.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	278,758.00	110,978.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	675.00	18,659.00	FEE SCHEDULE LAB	1,414,268.09	90,630.00
EKG/ECG	14,272.00	885.00	MRI SERVICES	35,896.00	3,530.00
IV THERAPY	1,450,502.00	25,047.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,078,794.00	330,294.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,643.00	2,260.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	373,493.00	2,264.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	91,189.00	4,952.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	241,891.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,535,554.10	749,590.27
RADIOLOGY THERAPEUTIC	942,251.00	18,484.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,843.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	827.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	120,786.00	615.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,726,499.00	39,387.00
LITHOTRIPSY	56,770.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	123,951.00	17,029.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	18,784.00	10,180.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	80,483.00	22,881.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	70,670.00	148,521.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	1,492.00			
TREATMENT/OBSERV. RM	418,461.68	246.00			
			TOTAL ANCILLARY	17,996,347.85	1,743,549.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	17,996,347.85	1,743,549.90

Location: CLMP8000

SUMMARY TYPE VIII

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA, GA 30342-1606

000001405A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	5
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,077.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	31,577.00	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	840.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,149.00	45.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,883.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	47,990.00	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	8,715.00	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	7,311.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	54,470.50	54,769.00
RADIOLOGY THERAPEUTIC	1,266.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	492.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	6,032.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	54,884.00	0.00			
			TOTAL ANCILLARY	225,815.00	61,686.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	225,815.00	61,686.00

** 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: 08/06/2023
Run Time: 16:40:45
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,544,500.55	ADJUSTMENTS	455,546.01
COVERED CHARGES	7,482,014.97	CONTRACTUAL ALLOW	5,994,661.59
NON-COVERD CHARGES	62,485.58	TOTAL MEDICAID LIAB	1,487,353.38
		LESS: COB	9,324.22
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,478,029.16

TOTAL NUMBER OF ADMISSIONS 70

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	492		0	768,530.00		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	492		0	768,530.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	308		0	1,273,020.00		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	308		0	1,273,020.00		0.00
TOTAL ACCOMODATIONS	800		0	2,041,550.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 16:40:45
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,854,937.26	0.00	OTHER LAB	50,786.00	0.00
MED/SURG SUPPLY	10,819.49	188.58	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,304,722.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	144,423.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	244,918.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	119,459.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	25,289.00	0.00	MRI SERVICES	13,868.00	0.00
IV THERAPY	12,958.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	191,237.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	614,866.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	38,152.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,381.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	133,017.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,435.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,935.00	0.00	INJECTABLE DRUGS	97,591.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	112,285.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	30,027.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	73,194.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,252.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	39,049.22	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	40,477.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	37,059.00	59,045.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,510.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	49,529.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,884.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	174,657.00	0.00			
			TOTAL ANCILLARY	5,440,464.97	62,485.58
			TOTAL ACCOMODATIONS	2,041,550.00	0.00
			TOTAL CHARGES	7,482,014.97	62,485.58

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: 08/06/2023
Run Time: 16:40:45
Page: 3

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	180,893.20
COVERED CHARGES	143,719.00
NON-COVERD CHARGES	37,174.20

-----PAYMENTS-----	
ADJUSTMENTS	3,415.56
CONTRACTUAL ALLOW	120,019.58
TOTAL MEDICAID LIAB	23,699.42
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	23,699.42
ALL OTHER	22,081.09
FEE SCHEDULE-LAB	653.52
INJECTABLE DRUGS	964.81

TOTAL NUMBER OF CLAIMS 118

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: 08/06/2023
Run Time: 16:40:45
Page: 5

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,721.00	0.00	OTHER LAB	4,190.00	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	1,046.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	64,576.00	12,500.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,341.00	362.00
EKG/ECG	418.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,841.00	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	597.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,094.00	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	31,135.00	23,714.20
RADIOLOGY THERAPEUTIC	2,294.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	326.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,950.00	598.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,190.00	0.00			
			TOTAL ANCILLARY	143,719.00	37,174.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	143,719.00	37,174.20

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,239.00
COVERED CHARGES	2,239.00
NON-COVERD CHARGES	0.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	2,239.00
TOTAL MEDICAID LIAB	0.00
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	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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 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	1,640.00	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	599.00	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	2,239.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,239.00	0.00

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

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

Run Date: 08/06/2023
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 21:13:51
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	34,096,392.13	ADJUSTMENTS	192,587.14
COVERED CHARGES	34,033,884.93	CONTRACTUAL ALLOW	28,819,098.08
NON-COVERD CHARGES	62,507.20	TOTAL MEDICAID LIAB	5,214,786.85
		LESS: COB	59,808.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,154,978.28

TOTAL NUMBER OF ADMISSIONS 443

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	884		0	1,639,164.00		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	884		0	1,639,164.00		0.00
SPECIAL CARE SERVICES						
CCU	943		0	5,146,240.00		0.00
ICU	493		0	2,929,310.00		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	1,436		0	8,075,550.00		0.00
TOTAL ACCOMODATIONS	2,320		0	9,714,714.00		0.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,459,312.10	0.00	OTHER LAB	326,401.00	0.00
MED/SURG SUPPLY	651,603.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,655,179.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	596,092.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,521,568.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	97,059.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	373,530.00	0.00	MRI SERVICES	445,172.00	0.00
IV THERAPY	594,859.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,272,709.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,631,953.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	377,963.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	176,629.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,609,546.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	70,072.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	4,169.20
LABORATORY PATHOLOGIC	109,343.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	100,540.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	19,968.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	58,148.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	7,193.00	57,015.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	918.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	4,131.00	0.00	IMPL DEV CHARGE PATIENTS	245,580.57	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	128,242.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	485,550.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	143,649.90	1,323.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	961,097.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	36,852.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,158,310.63	0.00			
			TOTAL ANCILLARY	24,319,170.93	62,507.20
			TOTAL ACCOMODATIONS	9,714,714.00	0.00
			TOTAL CHARGES	34,033,884.93	62,507.20

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: 08/06/2023
Run Time: 21:13:51
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 16,852,748.31
COVERED CHARGES 15,364,888.23
NON-COVERD CHARGES 1,487,860.08

-----PAYMENTS-----
ADJUSTMENTS 83,532.77
CONTRACTUAL ALLOW 13,880,654.91
TOTAL MEDICAID LIAB 1,484,233.32
LESS: COB 8,906.97
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,475,326.35
ALL OTHER 1,264,272.24
FEE SCHEDULE-LAB 149,346.11
INJECTABLE DRUGS 61,708.00

TOTAL NUMBER OF CLAIMS 2,749

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	312,054.80	0.00	OTHER LAB	267,732.00	5,688.00
MED/SURG SUPPLY	212,882.79	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	668,242.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,085,728.00	99,663.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	204,004.00	15,368.00	FEE SCHEDULE LAB	1,869,515.00	66,763.00
EKG/ECG	260,442.00	9,874.00	MRI SERVICES	744,005.00	56,790.00
IV THERAPY	718,750.00	194,592.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	620,987.68	72,325.32	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	116,114.00	5,086.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	309,023.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	101,443.00	14,450.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,915,525.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	97,979.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	456,724.80	546,500.36
RADIOLOGY THERAPEUTIC	128,230.00	22,320.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	365.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	18,320.00	596.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,547.50	4,284.10	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	99,565.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	265,789.00	46,377.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	103,097.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	124,582.40	83,137.30			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	196,702.00	98,784.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	165,962.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	276,940.76	144,897.00			
			TOTAL ANCILLARY	15,364,888.23	1,487,860.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,364,888.23	1,487,860.08

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM,GA 30141-2068

PROVIDER NUMBER000001438A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	383,921.97	ADJUSTMENTS	0.00
COVERED CHARGES	297,933.07	CONTRACTUAL ALLOW	270,463.86
NON-COVERD CHARGES	85,988.90	TOTAL MEDICAID LIAB	27,469.21
		LESS: COB	27,469.21
		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		56	

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,779.90	0.00	OTHER LAB	5,338.00	0.00
MED/SURG SUPPLY	5,805.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,641.00	1,276.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,352.00	14,331.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	39,532.00	281.00
EKG/ECG	6,252.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	14,327.00	3,948.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,594.00	3,655.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,277.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	13,294.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	85,854.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,068.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,167.30	54,810.90
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	807.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,352.10	153.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	563.02	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,449.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	7,534.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,711.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,135.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,634.47	0.00			
			TOTAL ANCILLARY	297,933.07	85,988.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	297,933.07	85,988.90

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	260,683.30	ADJUSTMENTS	0.00
COVERED CHARGES	256,387.30	CONTRACTUAL ALLOW	249,808.56
NON-COVERD CHARGES	4,296.00	TOTAL MEDICAID LIAB	6,578.74
		LESS: COB	66.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,511.91

TOTAL NUMBER OF CLAIMS 98

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,720.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	332.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,361.00	462.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,965.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	29,175.00	620.00
EKG/ECG	3,030.00	0.00	MRI SERVICES	5,788.00	0.00
IV THERAPY	4,700.00	1,363.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	351.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,384.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	163,454.00	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	768.20	98.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	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	1,358.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	1,600.00			
			TOTAL ANCILLARY	256,387.30	4,296.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	256,387.30	4,296.00

WELLSTAR PAULDING HOSPITAL
2518 JIMMY LEE SMITH PKWY
HIRAM,GA 30141-2068

PROVIDER NUMBER000001438A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,088.30	ADJUSTMENTS	0.00
COVERED CHARGES	13,971.30	CONTRACTUAL ALLOW	13,702.78
NON-COVERD CHARGES	2,117.00	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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	35.30	0.00	OTHER LAB	1,896.00	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	718.00	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	2,693.00	0.00
EKG/ECG	606.00	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	7,237.00	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	786.00	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	800.00			
			TOTAL ANCILLARY	13,971.30	2,117.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	13,971.30	2,117.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,017,138.26	ADJUSTMENTS	18,110.75
COVERED CHARGES	2,977,439.36	CONTRACTUAL ALLOW	2,874,811.73
NON-COVERD CHARGES	39,698.90	TOTAL MEDICAID LIAB	102,627.63
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	102,627.63

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,114.30	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	9,848.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,079.00	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	1,362.00	FEE SCHEDULE LAB	3,631.00	0.00
EKG/ECG	0.00	3,636.00	MRI SERVICES	0.00	0.00
IV THERAPY	31,911.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	157,469.00	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	10,869.00	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	1,575.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,254,291.38	30,531.90
RADIOLOGY THERAPEUTIC	308,374.00	4,169.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	193,276.96	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	2,977,439.36	39,698.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,977,439.36	39,698.90

Report : CLM-0814-O
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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,733,780.17	ADJUSTMENTS	24,454.78
COVERED CHARGES	1,730,362.17	CONTRACTUAL ALLOW	1,260,363.72
NON-COVERD CHARGES	3,418.00	TOTAL MEDICAID LIAB	469,998.45
		LESS: COB	19,130.19
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	450,868.26

TOTAL NUMBER OF ADMISSIONS 66

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	283		0	431,200.00		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	283		0	431,200.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	25		0	59,700.00		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	59,700.00		0.00
TOTAL ACCOMODATIONS	308		0	490,900.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	103,587.98	0.00	OTHER LAB	9,210.00	0.00
MED/SURG SUPPLY	8,652.94	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	136,623.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	28,701.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	76,555.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	57,950.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	35,462.00	0.00	MRI SERVICES	12,000.00	0.00
IV THERAPY	2,612.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	82,951.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	249,202.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,150.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	281,600.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,169.00	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	327.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,464.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	108.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	30,760.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,990.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,164.00	3,418.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,444.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	27,360.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	51,419.00	0.00			
			TOTAL ANCILLARY	1,239,462.17	3,418.00
			TOTAL ACCOMODATIONS	490,900.00	0.00
			TOTAL CHARGES	1,730,362.17	3,418.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,810.90	ADJUSTMENTS	0.00
COVERED CHARGES	30,810.90	CONTRACTUAL ALLOW	23,970.02
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	6,840.88
		LESS: COB	6,840.88
		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	5		0	7,500.00		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	5		0	7,500.00		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	7,500.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,123.36	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	53.54	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,577.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	297.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	845.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,261.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	298.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,876.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	12,429.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	183.00	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	1,368.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	23,310.90	0.00
			TOTAL ACCOMODATIONS	7,500.00	0.00
			TOTAL CHARGES	30,810.90	0.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 2,738,834.23
COVERED CHARGES 2,661,828.25
NON-COVERD CHARGES 77,005.98

-----PAYMENTS-----
ADJUSTMENTS 114,644.39
CONTRACTUAL ALLOW 2,102,809.56
TOTAL MEDICAID LIAB 559,018.69
LESS: COB 4,935.56
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 554,083.13
ALL OTHER 509,486.76
FEE SCHEDULE-LAB 40,951.34
INJECTABLE DRUGS 3,645.03

TOTAL NUMBER OF CLAIMS 1,107

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

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

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PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,657.90	935.60	OTHER LAB	20,874.00	1,718.00
MED/SURG SUPPLY	8,876.18	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	97,852.00	1,295.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	194,770.00	13,455.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	336.00	1,572.00	FEE SCHEDULE LAB	208,509.00	15,012.00
EKG/ECG	47,680.00	0.00	MRI SERVICES	17,510.00	0.00
IV THERAPY	215,413.00	1,596.00	PROFESSIONAL FEES	0.00	118.00
OPERATING ROOM	160,761.00	10,272.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	21,307.00	2,286.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	19,350.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,225,207.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	24,232.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,836.17	7,515.08
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,300.00	504.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	7,518.30
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	31,856.00	808.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,541.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,212.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,472.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	333,276.00	12,401.00			
			TOTAL ANCILLARY	2,661,828.25	77,005.98
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,661,828.25	77,005.98

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PERRY HOSPITAL
1120 MORNINGSID E DR
PERRY, GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	47,591.57
COVERED CHARGES	44,287.12
NON-COVERD CHARGES	3,304.45

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	34,906.44
TOTAL MEDICAID LIAB	9,380.68
LESS: COB	9,380.68
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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	30.75	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	5,111.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	750.00	3,195.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,858.00	91.00
EKG/ECG	596.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	933.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,200.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	450.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,962.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,030.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	84.37	18.45
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	878.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	404.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	44,287.12	3,304.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	44,287.12	3,304.45

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

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PERRY HOSPITAL
1120 MORNINGSID DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	111,682.67	ADJUSTMENTS	0.00
COVERED CHARGES	108,147.08	CONTRACTUAL ALLOW	105,126.23
NON-COVERD CHARGES	3,535.59	TOTAL MEDICAID LIAB	3,020.85
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,020.85

TOTAL NUMBER OF CLAIMS 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	57.67	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	4,034.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,550.00	1,595.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,825.00	191.00
EKG/ECG	596.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,808.00	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	89,228.00	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	644.41	49.59
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	404.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	108,147.08	3,535.59
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	108,147.08	3,535.59

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

PERRY HOSPITAL
1120 MORNINGSID E DR
PERRY, GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	21,567.36
COVERED CHARGES	18,522.07
NON-COVERD CHARGES	3,045.29

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	18,119.29
TOTAL MEDICAID LIAB	402.78
LESS: COB	402.78
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	6
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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: 08/06/2023
Run Time: 16:21:03
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	701.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,880.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,538.00	58.00
EKG/ECG	894.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	114.00	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	15,040.00	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	235.07	107.29
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	18,522.07	3,045.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,522.07	3,045.29

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

TOTAL NUMBER OF CLAIMS	7
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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

PERRY HOSPITAL
1120 MORNINGSIDE DR
PERRY,GA 31069-2906

PROVIDER NUMBER
000001471A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	313.53	88.13	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,269.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,673.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	336.00	3,145.00	FEE SCHEDULE LAB	4,733.00	214.00
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	176,050.00	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	28,800.00	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	10,554.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	816.80	3,723.01
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	6,080.40	33,063.50
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	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,339.00	0.00			
			TOTAL ANCILLARY	245,455.53	40,233.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	245,455.53	40,233.64

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 16:22:26
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	99,410,049.63	ADJUSTMENTS	3,184,958.11
COVERED CHARGES	98,068,580.95	CONTRACTUAL ALLOW	77,894,417.27
NON-COVERD CHARGES	1,341,468.68	TOTAL MEDICAID LIAB	20,174,163.68
		LESS: COB	185,608.92
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	19,988,554.76

TOTAL NUMBER OF ADMISSIONS 1,773

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	10,559		0	12,261,272.00		0.00
ROUTINE NURSERY	1,189		0	1,891,681.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11,748		0	14,152,953.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,940		0	4,889,552.00		0.00
NICU	540		0	1,629,000.00		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	2,480		0	6,518,552.00		0.00
TOTAL ACCOMODATIONS	14,228		0	20,671,505.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 16:22:26
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,726,221.02	0.00	OTHER LAB	735,479.00	0.00
MED/SURG SUPPLY	386,882.76	1,880.68	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	12,550,740.14	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,743,852.62	0.00	OTHER THERAPEUTIC SVC	0.00	189,218.00
CT SCAN	5,315,207.80	17,620.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	833,221.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	438,482.00	0.00	MRI SERVICES	1,416,007.00	0.00
IV THERAPY	314,007.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,201,497.65	6,750.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	343,713.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,965,680.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,692,574.93	0.00	AMBULANCE	0.00	0.00
GI SERVICES	239,158.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,839,227.59	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	799,404.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	166,785.60	0.00	INJECTABLE DRUGS	804,938.90	321.00
RADIOLOGY THERAPEUTIC	462,601.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	533,246.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	258,035.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	95,374.00	24,398.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,972.00	36,745.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	96,360.00	0.00	IMPL DEV CHARGE PATIENTS	2,756,028.95	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	712,486.00	23,097.00	NO CC/INVALID REV CODE	8,988.00	4,494.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	887,220.00	1,002,757.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	293,830.00	32,844.00			
AUDIOLOGY	98,783.00	0.00			
CARDIOLOGY	2,242,410.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	137,191.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,294,470.24	1,344.00			
			TOTAL ANCILLARY	77,397,075.95	1,341,468.68
			TOTAL ACCOMODATIONS	20,671,505.00	0.00
			TOTAL CHARGES	98,068,580.95	1,341,468.68

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

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

Run Date: 08/06/2023
Run Time: 16:22:26
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2021250057021	08/26/21 - 08/31/21	09/13/21	0.00	4,494.00	0.00	0.00	0.00
615	2022033056963	12/09/21 - 12/14/21	02/07/22	4,494.00	0.00	0.00	0.00	0.00
615	5222123001128	12/06/21 - 12/22/21	05/09/22	4,494.00	0.00	0.00	0.00	0.00
TOTAL				8,988.00	4,494.00	0.00	0.00	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: 08/06/2023
Run Time: 16:22:26
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	368,738.01	ADJUSTMENTS	0.00
COVERED CHARGES	368,467.01	CONTRACTUAL ALLOW	311,047.13
NON-COVERD CHARGES	271.00	TOTAL MEDICAID LIAB	57,419.88
		LESS: COB	57,419.88
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		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	45		0	51,159.00		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	45		0	51,159.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	2,200.00		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	2,200.00		0.00
TOTAL ACCOMODATIONS	46		0	53,359.00		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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	94,175.05	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	496.98	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	28,188.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,479.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,868.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,657.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	418.00	0.00	MRI SERVICES	5,059.00	0.00
IV THERAPY	606.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,815.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,666.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	13,205.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	8,664.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,342.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,924.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	9,496.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	304.00	0.00	INJECTABLE DRUGS	64,609.00	0.00
RADIOLOGY THERAPEUTIC	1,380.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,047.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	271.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,303.98	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,104.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	571.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,730.00	0.00			
			TOTAL ANCILLARY	315,108.01	271.00
			TOTAL ACCOMODATIONS	53,359.00	0.00
			TOTAL CHARGES	368,467.01	271.00

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	40,688,191.18	ADJUSTMENTS	669,634.48
COVERED CHARGES	34,698,828.87	CONTRACTUAL ALLOW	28,199,430.27
NON-COVERD CHARGES	5,989,362.31	TOTAL MEDICAID LIAB	6,499,398.60
		LESS: COB	264.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,499,133.82
		ALL OTHER	5,233,652.82
		FEE SCHEDULE-LAB	567,242.63
		INJECTABLE DRUGS	698,238.37
TOTAL NUMBER OF CLAIMS		13,052	

Report : CLM-0804-O
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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,012,497.74	25,050.78	OTHER LAB	287,732.00	957.00
MED/SURG SUPPLY	154,763.11	274.29	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	2,604.00	735.00
RADIOLOGY-DIAGNOSTIC	884,142.00	32,049.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,822,684.00	440,751.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	159,231.00	23,965.00	FEE SCHEDULE LAB	4,360,244.32	310,273.68
EKG/ECG	296,508.00	4,598.00	MRI SERVICES	570,510.00	54,136.00
IV THERAPY	2,775,324.00	66,577.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,867,038.53	510,106.47	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	9,948.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	116,297.00	116,297.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,291,095.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,188,035.52	193,969.48	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,409,421.00	43,566.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,083,883.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,230,467.60	2,917,790.05
RADIOLOGY THERAPEUTIC	1,597,438.00	927,829.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	42,869.00	11,453.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	32,928.00	13,146.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	925,818.00	18,461.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	58,452.00	240.00	IMPL DEV CHARGE PATIENTS	424,661.24	0.00
LITHOTRIPSY	20,000.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	977,563.00	62,778.00	NO CC/INVALID REV CODE	12,613.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	361,494.00	5,755.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	424,281.00	62,741.56			
AUDIOLOGY	2,855.00	0.00			
CARDIOLOGY	607,069.00	121,552.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	398,279.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	290,082.81	24,311.00			
			TOTAL ANCILLARY	34,698,828.87	5,989,362.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,698,828.87	5,989,362.31

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021265061054	09/17/21 - 09/17/21	09/27/21	125.00	0.00	0.00	0.00	20.52
780	2021266059374	09/17/21 - 09/17/21	09/27/21	125.00	0.00	0.00	0.00	20.52
780	2021267055390	09/17/21 - 09/17/21	09/27/21	125.00	0.00	0.00	0.00	20.52
780	2021328055696	11/17/21 - 11/17/21	11/29/21	125.00	0.00	0.00	0.00	20.52
780	2021328055699	11/18/21 - 11/18/21	11/29/21	125.00	0.00	0.00	0.00	20.52
780	2021335067570	11/17/21 - 11/17/21	12/06/21	125.00	0.00	0.00	0.00	20.52
780	2221344001941	09/16/21 - 09/16/21	12/13/21	125.00	0.00	0.00	0.00	20.52
780	2022026062002	01/20/22 - 01/20/22	01/31/22	125.00	0.00	0.00	0.00	20.52
780	2022028071200	01/20/22 - 01/20/22	01/31/22	125.00	0.00	0.00	0.00	20.52
780	2022028071201	01/20/22 - 01/20/22	01/31/22	125.00	0.00	0.00	0.00	20.52
780	2022032053372	01/20/22 - 01/20/22	02/07/22	125.00	0.00	0.00	0.00	20.52
780	2022036020837	01/21/22 - 01/21/22	02/14/22	125.00	0.00	0.00	0.00	20.52
615	2022054067847	02/13/22 - 02/13/22	02/28/22	4,494.00	0.00	0.00	0.00	946.25
780	2022068051753	03/04/22 - 03/04/22	03/14/22	125.00	0.00	0.00	0.00	20.52
780	2022069078846	03/04/22 - 03/04/22	03/14/22	125.00	0.00	0.00	0.00	20.52
780	2022069090853	03/03/22 - 03/03/22	03/14/22	125.00	0.00	0.00	0.00	20.52
780	2022075054597	03/03/22 - 03/03/22	03/21/22	125.00	0.00	0.00	0.00	20.52
780	5922094000344	03/03/22 - 03/03/22	04/11/22	125.00	0.00	0.00	0.00	20.52
615	2022109057684	04/04/22 - 04/04/22	04/25/22	4,494.00	0.00	0.00	0.00	946.25
780	2022132067122	05/06/22 - 05/06/22	05/16/22	125.00	0.00	0.00	0.00	20.52
780	2022132081602	05/05/22 - 05/05/22	05/16/22	125.00	0.00	0.00	0.00	20.52
780	2022137049180	05/06/22 - 05/06/22	05/23/22	125.00	0.00	0.00	0.00	20.52
780	2222140012621	05/05/22 - 05/05/22	05/23/22	125.00	0.00	0.00	0.00	20.52
780	2022194069411	07/08/22 - 07/08/22	07/18/22	125.00	0.00	0.00	0.00	20.52
780	2022196057265	07/07/22 - 07/07/22	07/18/22	125.00	0.00	0.00	0.00	20.52
780	2022196057267	07/08/22 - 07/08/22	07/18/22	125.00	0.00	0.00	0.00	20.52
780	2022196057268	07/08/22 - 07/08/22	07/18/22	125.00	0.00	0.00	0.00	20.52
780	2022201050430	07/08/22 - 07/08/22	07/25/22	125.00	0.00	0.00	0.00	20.52
780	2022206029614	07/07/22 - 07/07/22	08/01/22	125.00	0.00	0.00	0.00	20.52
780	2022208071244	07/07/22 - 07/07/22	08/01/22	125.00	0.00	0.00	0.00	20.52
780	2022228066636	07/07/22 - 07/07/22	08/22/22	125.00	0.00	0.00	0.00	20.52
TOTAL				12,613.00	0.00	0.00	0.00	2,487.58

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

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

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

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	443,869.26	ADJUSTMENTS	0.00
COVERED CHARGES	293,128.80	CONTRACTUAL ALLOW	242,697.76
NON-COVERD CHARGES	150,740.46	TOTAL MEDICAID LIAB	50,431.04
		LESS: COB	50,431.04
		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 81

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,690.44	6,816.58	OTHER LAB	2,563.00	0.00
MED/SURG SUPPLY	4,159.47	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,902.00	748.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,836.00	33,887.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,236.00	744.00	FEE SCHEDULE LAB	44,416.00	5,357.00
EKG/ECG	5,381.00	627.00	MRI SERVICES	1,640.00	0.00
IV THERAPY	5,220.00	2,210.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	54,348.75	18,811.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	225.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	24,803.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,950.34	10,418.66	CAST ROOM	0.00	0.00
EMERGENCY ROOM	25,907.00	2,768.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	28,072.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	18,752.82	34,618.78
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,247.00	1,681.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,315.00	155.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,651.98	5,897.41
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	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	14,229.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,698.00	2,114.78			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,268.00	23,886.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	858.00	0.00			
			TOTAL ANCILLARY	293,128.80	150,740.46
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	293,128.80	150,740.46

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 08/01/21 THROUGH 07/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	391,445.13	ADJUSTMENTS 134.26
COVERED CHARGES	378,863.13	CONTRACTUAL ALLOW 366,108.43
NON-COVERD CHARGES	12,582.00	TOTAL MEDICAID LIAB 12,754.70
		LESS: COB 0.98
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 12,753.72
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

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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,174.13	9.00	OTHER LAB	2,385.00	0.00
MED/SURG SUPPLY	9.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,076.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	74,630.00	6,827.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	52,654.00	3,032.00
EKG/ECG	2,926.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	33,978.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	696.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	450.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	366.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	169,427.00	607.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,084.00	1,085.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	62.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,007.50	960.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	378,863.13	12,582.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	378,863.13	12,582.00

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

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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	8,503.00
COVERED CHARGES	8,365.00
NON-COVERD CHARGES	138.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	8,163.61
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
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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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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 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	325.00	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	3,193.00	138.00
EKG/ECG	418.00	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	4,313.00	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	8,365.00	138.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,365.00	138.00

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,048,552.80	ADJUSTMENTS	415,358.81
COVERED CHARGES	18,583,375.49	CONTRACTUAL ALLOW	16,253,208.80
NON-COVERD CHARGES	1,465,177.31	TOTAL MEDICAID LIAB	2,330,166.69
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,330,166.69
TOTAL NUMBER OF CLAIMS		415	

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

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	323,967.56	524.00	OTHER LAB	19,707.00	0.00
MED/SURG SUPPLY	173,429.05	131.43	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	72,256.00	25,273.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,395.00	6,549.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	13,084.00	FEE SCHEDULE LAB	164,220.00	54,182.00
EKG/ECG	11,077.00	627.00	MRI SERVICES	0.00	4,700.00
IV THERAPY	309,147.00	17,705.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,357,523.30	276,659.70	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,435.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	613,054.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	12,263.66	3,587.34	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,290.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	402,419.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,207,540.04	510,547.84
RADIOLOGY THERAPEUTIC	1,071,817.00	158,041.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,899.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	13,938.00	1,230.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,200.00	0.00	IMPL DEV CHARGE PATIENTS	2,505,421.28	0.00
LITHOTRIPSY	40,000.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,948.00	2,603.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	19,829.00	6,906.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,246.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	84,520.00	380,176.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,018.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	124,714.60	752.00			
			TOTAL ANCILLARY	18,583,375.49	1,465,177.31
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	18,583,375.49	1,465,177.31

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,681,016.70	ADJUSTMENTS	182,992.08
COVERED CHARGES	12,642,068.70	CONTRACTUAL ALLOW	10,234,108.54
NON-COVERD CHARGES	38,948.00	TOTAL MEDICAID LIAB	2,407,960.16
		LESS: COB	19,821.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	47,087.00
		REIMBURSEMENT	2,435,225.59

TOTAL NUMBER OF ADMISSIONS 301

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	863		0	1,396,242.00		0.00
ROUTINE NURSERY	96		0	118,934.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		31.00
TOTAL ROUTINE	959		0	1,515,176.00		31.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	194		0	938,814.00		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	194		0	938,814.00		0.00
TOTAL ACCOMODATIONS	1,153		0	2,453,990.00		31.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,695,468.91	0.00	OTHER LAB	98,388.00	0.00
MED/SURG SUPPLY	134,604.08	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,452,890.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	127,244.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,022,676.19	2,629.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	69,186.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	115,577.00	0.00	MRI SERVICES	172,240.00	0.00
IV THERAPY	496,667.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	680,868.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	296,306.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,027,971.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	75,844.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	64,575.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	722,904.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	227,799.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	27,044.00	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	39,205.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	160,875.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,994.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	70,047.50	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	30,262.00	8,481.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	33,604.00	22,450.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	16,522.00	5,357.00			
AUDIOLOGY	23,312.00	0.00			
CARDIOLOGY	190,743.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	103,262.02	0.00			
			TOTAL ANCILLARY	10,188,078.70	38,917.00
			TOTAL ACCOMODATIONS	2,453,990.00	31.00
			TOTAL CHARGES	12,642,068.70	38,948.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	47,048.36	ADJUSTMENTS	0.00
COVERED CHARGES	47,048.36	CONTRACTUAL ALLOW	34,769.04
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	12,279.32
		LESS: COB	12,279.32
		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	3,316.00		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	3,316.00		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	3,316.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,123.84	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	137.72	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,611.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	299.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,925.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	553.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,096.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,578.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	91.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,568.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,876.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,531.00	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	1,342.80	0.00			
			TOTAL ANCILLARY	43,732.36	0.00
			TOTAL ACCOMODATIONS	3,316.00	0.00
			TOTAL CHARGES	47,048.36	0.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 11,838,702.45
COVERED CHARGES 10,587,020.10
NON-COVERD CHARGES 1,251,682.35

-----PAYMENTS-----
ADJUSTMENTS 118,814.76
CONTRACTUAL ALLOW 9,270,844.27
TOTAL MEDICAID LIAB 1,316,175.83
LESS: COB 1,376.72
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,314,799.11
ALL OTHER 1,218,723.82
FEE SCHEDULE-LAB 77,109.99
INJECTABLE DRUGS 18,965.30

TOTAL NUMBER OF CLAIMS 2,099

Report : CLM-0804-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	116,200.03	2,163.20	OTHER LAB	149,570.00	2,153.00
MED/SURG SUPPLY	162,256.45	9,663.79	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	372,319.00	14,300.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,124,738.00	330,401.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,476.00	FEE SCHEDULE LAB	1,451,186.00	66,491.00
EKG/ECG	148,757.00	3,871.00	MRI SERVICES	171,422.00	99,572.00
IV THERAPY	785,877.00	160,886.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	706,687.59	41,157.41	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	353,805.00	19,532.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	77,914.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	160,696.00	62,380.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,351,370.00	2,096.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	189,387.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	202,290.25	123,645.37
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	9,607.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,863.00	3,561.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	14,930.31	17,955.58
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	146,765.00	18,039.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,769.00	11,768.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	79,881.00	178,980.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	137,945.00	48,529.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	86,822.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	575,569.47	20,455.00			
			TOTAL ANCILLARY	10,587,020.10	1,251,682.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,587,020.10	1,251,682.35

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

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

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	179,258.19	ADJUSTMENTS	0.00
COVERED CHARGES	138,961.76	CONTRACTUAL ALLOW	122,338.12
NON-COVERD CHARGES	40,296.43	TOTAL MEDICAID LIAB	16,623.64
		LESS: COB	16,623.64
		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 : 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 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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,363.45	166.40	OTHER LAB	3,386.00	0.00
MED/SURG SUPPLY	9,978.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,423.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,467.00	28,443.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	18,975.00	1,537.00
EKG/ECG	1,659.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,894.00	3,325.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	23,245.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,232.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,568.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	7,586.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	36,642.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,667.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,436.08	617.03
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	300.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,879.00	5,908.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	561.00	0.00			
			TOTAL ANCILLARY	138,961.76	40,296.43
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	138,961.76	40,296.43

Report : CLM-0808-0
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	513,450.10	ADJUSTMENTS	156.64
COVERED CHARGES	495,066.49	CONTRACTUAL ALLOW	486,059.69
NON-COVERD CHARGES	18,383.61	TOTAL MEDICAID LIAB	9,006.80
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,006.80

TOTAL NUMBER OF CLAIMS 115

Report : CLM-0808-O
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,911.64	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,529.74	286.98	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	25,944.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	116,593.00	4,378.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	56,652.00	380.00
EKG/ECG	6,636.00	553.00	MRI SERVICES	6,374.00	0.00
IV THERAPY	42,281.00	8,668.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	22,843.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,568.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	197,821.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,531.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,293.31	4,117.63
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,150.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,480.80	0.00			
			TOTAL ANCILLARY	495,066.49	18,383.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	495,066.49	18,383.61

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,631.00	ADJUSTMENTS	0.00
COVERED CHARGES	4,588.00	CONTRACTUAL ALLOW	4,431.36
NON-COVERD CHARGES	43.00	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 : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE VI
ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	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	955.00	43.00
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	2,613.00	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	4,588.00	43.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,588.00	43.00

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	884,118.36	ADJUSTMENTS	31,738.50
COVERED CHARGES	748,378.89	CONTRACTUAL ALLOW	663,742.89
NON-COVERD CHARGES	135,739.47	TOTAL MEDICAID LIAB	84,636.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	84,636.00

TOTAL NUMBER OF CLAIMS 16

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,549.05	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	53,959.16	2,325.13	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,731.00	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	1,462.00	FEE SCHEDULE LAB	6,957.00	892.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,077.00	2,256.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	219,311.25	29,463.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	41,312.00	182.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,696.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,938.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	40,737.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	245,302.11	7,660.95
RADIOLOGY THERAPEUTIC	2,045.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	89,802.32	91,497.64
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	748,378.89	135,739.47
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	748,378.89	135,739.47

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	134,070,243.01	ADJUSTMENTS	5,572,535.84
COVERED CHARGES	133,045,057.76	CONTRACTUAL ALLOW	113,162,168.56
NON-COVERD CHARGES	1,025,185.25	TOTAL MEDICAID LIAB	19,882,889.20
		LESS: COB	352,078.51
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	945.00
		REIMBURSEMENT	19,531,755.69

TOTAL NUMBER OF ADMISSIONS 1,143

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,802		0	13,882,328.00		0.00
ROUTINE NURSERY	53		0	121,918.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		41.00
TOTAL ROUTINE	6,855		0	14,004,246.00		41.00
SPECIAL CARE SERVICES						
CCU	2		0	11,754.00		0.00
ICU	1,606		0	10,040,756.00		0.00
NICU	2		0	13,778.00		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	1,610		0	10,066,288.00		0.00
TOTAL ACCOMODATIONS	8,465		0	24,070,534.00		41.00

Report : CLM-0800-O
Process : CLMJ0800
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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PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA,GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	16,297,410.79	299,292.24	OTHER LAB	906,540.00	0.00
MED/SURG SUPPLY	6,968,705.04	236,552.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	20,253,106.00	0.00	EDUCATION & TRAINING	12,045.00	0.00
RADIOLOGY-DIAGNOSTIC	1,681,447.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,798,808.28	66,703.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	994,380.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	906,920.00	0.00	MRI SERVICES	1,134,129.14	0.00
IV THERAPY	960,321.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,182,573.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	49,706.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,366,194.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,866,093.00	0.00	AMBULANCE	0.00	3,108.00
GI SERVICES	1,241,002.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,672,792.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	920,999.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	559,109.00	0.00	INJECTABLE DRUGS	442,780.55	0.00
RADIOLOGY THERAPEUTIC	575,116.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	439,803.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	412,162.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	3,075,819.00	199,875.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,787.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	7,466,296.53	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	412,186.00	0.00	NO CC/INVALID REV CODE	71,420.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,873,184.00	184,988.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	198,702.07	34,626.00			
AUDIOLOGY	2,480.00	0.00			
CARDIOLOGY	6,393,943.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	971,434.00	0.00			
ORGAN ACQUISITION	2,385,994.00	0.00			
TREATMENT/OBSERV. RM	477,135.86	0.00			
			TOTAL ANCILLARY	108,974,523.76	1,025,144.25
			TOTAL ACCOMODATIONS	24,070,534.00	41.00
			TOTAL CHARGES	133,045,057.76	1,025,185.25

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021218036099	07/24/21 - 08/03/21	08/09/21	5,269.00	0.00	0.00	0.00	0.00
614	2021245066100	08/21/21 - 08/29/21	09/06/21	5,608.00	0.00	0.00	0.00	0.00
614	2221285006555	09/14/21 - 09/22/21	10/18/21	5,269.00	0.00	0.00	0.00	0.00
614	2021312013627	10/14/21 - 11/02/21	11/15/21	5,269.00	0.00	0.00	0.00	0.00
614	2021319012359	11/05/21 - 11/10/21	11/22/21	5,269.00	0.00	0.00	0.00	0.00
614	2221327000407	10/07/21 - 10/13/21	11/29/21	5,608.00	0.00	0.00	0.00	0.00
614	2321336000216	09/27/21 - 10/06/21	01/03/22	5,269.00	0.00	0.00	0.00	0.00
614	2021348033503	12/10/21 - 12/11/21	12/20/21	5,608.00	0.00	0.00	0.00	0.00
614	5922096000421	01/03/22 - 01/12/22	04/11/22	5,269.00	0.00	0.00	0.00	0.00
614	2222116002676	03/20/22 - 03/27/22	05/02/22	5,269.00	0.00	0.00	0.00	0.00
614	2022130021995	04/28/22 - 05/06/22	05/16/22	6,222.00	0.00	0.00	0.00	0.00
614	2022136016005	05/05/22 - 05/11/22	05/23/22	6,222.00	0.00	0.00	0.00	0.00
614	2022138042255	04/05/22 - 04/09/22	05/23/22	5,269.00	0.00	0.00	0.00	0.00
TOTAL				71,420.00	0.00	0.00	0.00	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,475,620.43	ADJUSTMENTS	0.00
COVERED CHARGES	1,469,628.43	CONTRACTUAL ALLOW	1,260,615.27
NON-COVERD CHARGES	5,992.00	TOTAL MEDICAID LIAB	209,013.16
		LESS: COB	209,517.16
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	504.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 25

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	77		0	156,618.00		0.00
ROUTINE NURSERY	22		0	55,528.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	99		0	212,146.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	13		0	81,068.00		0.00
NICU	2		0	13,778.00		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	15		0	94,846.00		0.00
TOTAL ACCOMODATIONS	114		0	306,992.00		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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ZERO PAID INPATIENT PAID CLAIMS

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	104,669.23	0.00	OTHER LAB	15,407.00	0.00
MED/SURG SUPPLY	159,137.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	205,413.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	38,033.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	61,713.04	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,377.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	5,530.00	0.00	MRI SERVICES	13,562.02	0.00
IV THERAPY	7,943.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	98,779.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	23,829.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,811.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	18,590.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	55,847.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	26,442.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,944.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,543.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,430.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,608.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	9,750.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,477.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	12,782.00	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.	13,871.00	4,490.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,055.00	1,502.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	179,303.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	18,418.00	0.00			
			TOTAL ANCILLARY	1,162,636.43	5,992.00
			TOTAL ACCOMODATIONS	306,992.00	0.00
			TOTAL CHARGES	1,469,628.43	5,992.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	25,602,046.61	ADJUSTMENTS	269,237.87
COVERED CHARGES	19,970,362.86	CONTRACTUAL ALLOW	17,545,038.11
NON-COVERD CHARGES	5,631,683.75	TOTAL MEDICAID LIAB	2,425,324.75
		LESS: COB	2,591.95
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,422,732.80
		ALL OTHER	2,140,676.73
		FEE SCHEDULE-LAB	204,889.01
		INJECTABLE DRUGS	77,167.06
TOTAL NUMBER OF CLAIMS		4,022	

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	289,385.69	2,121.60	OTHER LAB	254,077.00	0.00
MED/SURG SUPPLY	741,620.04	570,017.23	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,485.00
RADIOLOGY-DIAGNOSTIC	483,973.24	46,428.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,516,511.00	677,919.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	26,414.00	22,705.00	FEE SCHEDULE LAB	3,898,443.00	378,596.00
EKG/ECG	394,842.00	18,249.00	MRI SERVICES	391,392.00	152,494.00
IV THERAPY	1,078,395.00	123,972.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,109,135.25	403,887.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	133,780.00	27,973.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	158,737.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	483,473.00	295,411.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,361,666.00	1,904.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	311,424.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	601,889.63	470,175.19
RADIOLOGY THERAPEUTIC	692,203.00	223,225.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	7,059.00	12,758.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	614.00	9,675.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	165,750.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,542.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	86,829.11	723,355.98
LITHOTRIPSY	0.00	345.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	351,710.00	47,596.00	NO CC/INVALID REV CODE	5,269.00	58,408.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	204,001.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	69,735.00	175,885.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	792,170.00	1,003,102.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	331,794.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,193,820.90	16,704.00			
			TOTAL ANCILLARY	19,970,362.86	5,631,683.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,970,362.86	5,631,683.75

Report : CLM-0804-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021224031286	07/01/21 - 07/01/21	08/16/21	0.00	5,796.00	0.00	0.00	0.00
614	2021224031286	07/01/21 - 07/01/21	08/16/21	0.00	426.00	0.00	0.00	0.00
614	2021250045876	09/01/21 - 09/01/21	09/13/21	0.00	4,843.00	0.00	0.00	0.00
614	2021250045876	09/01/21 - 09/01/21	09/13/21	0.00	426.00	0.00	0.00	0.00
614	2021315040060	11/04/21 - 11/04/21	11/15/21	0.00	5,796.00	0.00	0.00	0.00
614	2021315040060	11/04/21 - 11/04/21	11/15/21	0.00	426.00	0.00	0.00	0.00
614	2021320025647	11/09/21 - 11/09/21	11/22/21	0.00	5,796.00	0.00	0.00	0.00
614	2021320025647	11/09/21 - 11/09/21	11/22/21	0.00	426.00	0.00	0.00	0.00
614	2221343006039	10/12/21 - 10/12/21	12/13/21	4,843.00	0.00	0.00	0.00	686.51
614	2221343006039	10/12/21 - 10/12/21	12/13/21	426.00	0.00	0.00	0.00	60.38
614	2022021040594	01/17/22 - 01/17/22	01/24/22	0.00	4,843.00	0.00	0.00	0.00
614	2022021040594	01/17/22 - 01/17/22	01/24/22	0.00	426.00	0.00	0.00	0.00
614	2222091007740	03/01/22 - 03/01/22	04/04/22	0.00	4,843.00	0.00	0.00	0.00
614	2222091007740	03/01/22 - 03/01/22	04/04/22	0.00	426.00	0.00	0.00	0.00
614	2022129015052	04/29/22 - 04/29/22	05/16/22	0.00	5,796.00	0.00	0.00	0.00
614	2022129015052	04/29/22 - 04/29/22	05/16/22	0.00	426.00	0.00	0.00	0.00
614	2022150009844	05/25/22 - 05/25/22	06/06/22	0.00	4,843.00	0.00	0.00	0.00
614	2022150009844	05/25/22 - 05/25/22	06/06/22	0.00	426.00	0.00	0.00	0.00
614	2222160004217	05/09/22 - 05/09/22	06/13/22	0.00	5,796.00	0.00	0.00	0.00
614	2222160004217	05/09/22 - 05/09/22	06/13/22	0.00	426.00	0.00	0.00	0.00
614	5922164000850	04/13/22 - 04/13/22	06/20/22	0.00	5,796.00	0.00	0.00	0.00
614	5922164000850	04/13/22 - 04/13/22	06/20/22	0.00	426.00	0.00	0.00	0.00
TOTAL				5,269.00	58,408.00	0.00	0.00	746.89

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	512,789.68
COVERED CHARGES	310,101.57
NON-COVERD CHARGES	202,688.11

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	270,758.26
TOTAL MEDICAID LIAB	39,343.31
LESS: COB	39,343.31
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	60
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA,GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,809.49	1,001.74	OTHER LAB	1,693.00	0.00
MED/SURG SUPPLY	21,057.94	7,666.24	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,370.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,636.00	46,559.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	40,400.00	4,883.00
EKG/ECG	1,659.00	0.00	MRI SERVICES	12,556.00	21,402.00
IV THERAPY	16,780.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	55,921.00	22,972.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,682.00	182.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,821.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	32,175.00	3,941.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	32,448.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,532.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,389.19	64,415.13
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	0.00	14,250.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,278.00	1,786.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	22,758.00	13,630.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,135.95	0.00			
			TOTAL ANCILLARY	310,101.57	202,688.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	310,101.57	202,688.11

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	695,050.65	ADJUSTMENTS	134.26
COVERED CHARGES	672,021.57	CONTRACTUAL ALLOW	660,408.08
NON-COVERD CHARGES	23,029.08	TOTAL MEDICAID LIAB	11,613.49
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,613.49
TOTAL NUMBER OF CLAIMS		173	

Report : CLM-0808-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,074.35	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,401.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	26,381.00	1,956.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	141,378.00	6,702.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	89,296.00	970.00
EKG/ECG	19,355.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	76,656.00	5,500.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,834.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	286,241.00	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	5,849.22	4,587.08
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	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	11,556.00	2,606.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	672,021.57	23,029.08
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	672,021.57	23,029.08

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

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA, GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----

TOTAL CHARGES	15,210.94
COVERED CHARGES	14,351.20
NON-COVERD CHARGES	859.74

-----PAYMENTS-----

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	14,149.81
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
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	137.34	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	2,741.00	129.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	557.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,754.00	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	4,851.00	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	36.40
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	14,351.20	859.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,351.20	859.74

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

TOTAL NUMBER OF CLAIMS	70
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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

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA,GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	45,169.87	83.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	554,148.18	121,359.32	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,556.00	25,113.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	13,215.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	7,552.00	FEE SCHEDULE LAB	59,232.00	19,933.00
EKG/ECG	4,977.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,164.00	1,450.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	854,883.56	75,184.44	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	640.00	316.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	131,385.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	83,190.00	59,335.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,938.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	125,328.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	892,890.60	168,619.22
RADIOLOGY THERAPEUTIC	219,902.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	553,602.74	270,283.86
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,284.00	1,321.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	474,107.00	423,948.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,394.00	459.00			
			TOTAL ANCILLARY	4,031,791.95	1,188,172.04
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,031,791.95	1,188,172.04

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

PIEDMONT HOSPITAL
1968 PEACHTREE RD NW
ATLANTA,GA 30309-1281

PROVIDER NUMBER
000001504A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	50,253.00	ADJUSTMENTS	0.00
COVERED CHARGES	49,633.55	CONTRACTUAL ALLOW	44,011.26
NON-COVERD CHARGES	619.45	TOTAL MEDICAID LIAB	5,622.29
		LESS: COB	5,622.29
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 1

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,253.35	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,017.44	463.06	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	374.00	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	2,383.00	43.00
EKG/ECG	553.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	26,359.00	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	3,998.00	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	4,599.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	96.76	113.39
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	49,633.55	619.45
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,633.55	619.45

** 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: 08/06/2023
Run Time: 18:29:06
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	94,045.70	ADJUSTMENTS	0.00
COVERED CHARGES	94,045.70	CONTRACTUAL ALLOW	68,452.99
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	25,592.71
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	25,592.71

TOTAL NUMBER OF ADMISSIONS 4

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	9		0	4,950.00		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	9		0	4,950.00		0.00
SPECIAL CARE SERVICES						
CCU	1		0	751.00		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	1		0	751.00		0.00
TOTAL ACCOMODATIONS	10		0	5,701.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,023.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4.30	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	34,338.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,003.00	0.00	OTHER THERAPEUTIC SVC	261.00	0.00
CT SCAN	7,895.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,886.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,752.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	900.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,480.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,223.00	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	10,546.85	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	421.75	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	3,970.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	640.80	0.00			
			TOTAL ANCILLARY	88,344.70	0.00
			TOTAL ACCOMODATIONS	5,701.00	0.00
			TOTAL CHARGES	94,045.70	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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 8,349,089.73
COVERED CHARGES 8,043,085.98
NON-COVERD CHARGES 306,003.75

-----PAYMENTS-----
ADJUSTMENTS 141,003.05
CONTRACTUAL ALLOW 7,032,672.80
TOTAL MEDICAID LIAB 1,010,413.18
LESS: COB 2,813.66
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,007,599.52
ALL OTHER 868,912.60
FEE SCHEDULE-LAB 129,473.53
INJECTABLE DRUGS 9,213.39

TOTAL NUMBER OF CLAIMS 1,877

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	36,523.80	0.00	OTHER LAB	23,280.90	0.00
MED/SURG SUPPLY	153,851.80	1,154.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	506,931.00	5,551.00	OTHER THERAPEUTIC SVC	105,183.00	16,443.00
CT SCAN	1,278,715.00	75,607.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,626,844.03	54,769.00
EKG/ECG	226,954.00	2,224.00	MRI SERVICES	37,879.00	0.00
IV THERAPY	378,511.00	34,554.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,585.00	2,820.75	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,861.50	6,447.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	475.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,179,017.00	21,716.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	227,944.40	71,332.90
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	63,234.00	1,618.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,552.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	46,853.00	5,193.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,187.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	44,528.00	3,899.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	71,174.80	2,675.00			
			TOTAL ANCILLARY	8,043,085.98	306,003.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,043,085.98	306,003.75

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,840.75	ADJUSTMENTS	0.00
COVERED CHARGES	51,514.75	CONTRACTUAL ALLOW	45,074.14
NON-COVERD CHARGES	2,326.00	TOTAL MEDICAID LIAB	6,440.61
		LESS: COB	6,440.61
		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		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	60.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	571.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,599.00	0.00	OTHER THERAPEUTIC SVC	261.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,928.00	100.00
EKG/ECG	2,524.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,680.00	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	656.00	196.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	25,757.00	1,953.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,032.25	77.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	446.00	0.00			
			TOTAL ANCILLARY	51,514.75	2,326.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	51,514.75	2,326.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 332,077.10
COVERED CHARGES 327,237.35
NON-COVERD CHARGES 4,839.75

-----PAYMENTS-----
ADJUSTMENTS 280.00
CONTRACTUAL ALLOW 319,817.35
TOTAL MEDICAID LIAB 7,420.00
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 7,420.00

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,227.75	0.00	OTHER LAB	2,149.90	0.00
MED/SURG SUPPLY	2,967.40	2.15	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,788.00	1,487.00	OTHER THERAPEUTIC SVC	8,352.00	522.00
CT SCAN	18,916.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	46,826.00	1,994.00
EKG/ECG	2,574.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,551.00	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	143.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	209,717.00	445.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,045.30	389.60
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	3,980.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	327,237.35	4,839.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	327,237.35	4,839.75

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	2,606.00
COVERED CHARGES	2,606.00
NON-COVERD CHARGES	0.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	2,536.00
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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	887.00	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	1,719.00	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	2,606.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,606.00	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: 08/06/2023
Run Time: 18:29:06
Page: 12

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 18:29:06
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:30:47
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	60,293.92	ADJUSTMENTS	0.00
COVERED CHARGES	59,531.33	CONTRACTUAL ALLOW	22,186.33
NON-COVERD CHARGES	762.59	TOTAL MEDICAID LIAB	37,345.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	37,345.00

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	22		0	7,700.00		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	22		0	7,700.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	12		0	8,100.00		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	12		0	8,100.00		0.00
TOTAL ACCOMODATIONS	34		0	15,800.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,807.00	152.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	6,266.03	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,104.13	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,096.93	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,754.22	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	150.41	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,155.21	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	2,045.32	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,277.80	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	8,566.00	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.	1,508.28	610.59			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	43,731.33	762.59
			TOTAL ACCOMODATIONS	15,800.00	0.00
			TOTAL CHARGES	59,531.33	762.59

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: 08/06/2023
Run Time: 18:30:47
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	588,336.64	ADJUSTMENTS	34,044.75
COVERED CHARGES	528,439.44	CONTRACTUAL ALLOW	317,982.24
NON-COVERD CHARGES	59,897.20	TOTAL MEDICAID LIAB	210,457.20
		LESS: COB	566.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	209,890.37
		ALL OTHER	186,625.89
		FEE SCHEDULE-LAB	21,979.52
		INJECTABLE DRUGS	1,284.96
TOTAL NUMBER OF CLAIMS		510	

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	146.00	7,481.00	OTHER LAB	29,179.57	0.00
MED/SURG SUPPLY	7,589.50	160.68	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,111.29	563.46	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	146,557.60	22,591.62	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	12,554.36	1,928.04	FEE SCHEDULE LAB	99,213.34	7,918.52
EKG/ECG	12,960.00	160.00	MRI SERVICES	6,019.59	5,075.97
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,598.40	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,320.70	891.08	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	119,214.02	1,732.94	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	860.06	215.02	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	21,589.01	3,424.81
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	283.12	334.24	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	299.23	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,134.29	298.59	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	1,150.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	15,726.20	280.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	111.42	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	22,295.00	5,392.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,750.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	225.97	0.00			
			TOTAL ANCILLARY	528,439.44	59,897.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	528,439.44	59,897.20

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EATONTON, GA 31024-6054

000001537A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	1
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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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	103.00	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	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	103.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	103.00	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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	64,418.15	ADJUSTMENTS	910.00
COVERED CHARGES	56,258.26	CONTRACTUAL ALLOW	49,796.11
NON-COVERD CHARGES	8,159.89	TOTAL MEDICAID LIAB	6,462.15
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,462.15

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	1,293.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	284.47	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,601.81	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,669.16	5,441.70	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,997.19	890.19
EKG/ECG	1,920.00	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	53.06	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	30,645.57	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,087.00	535.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	56,258.26	8,159.89
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	56,258.26	8,159.89

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: 08/06/2023
Run Time: 18:30:47
Page: 10

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 18:30:47
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:43:58
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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	734,437.59	ADJUSTMENTS	36,899.27
COVERED CHARGES	678,947.97	CONTRACTUAL ALLOW	277,363.40
NON-COVERD CHARGES	55,489.62	TOTAL MEDICAID LIAB	401,584.57
		LESS: COB	2,737.54
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	398,847.03

TOTAL NUMBER OF ADMISSIONS 39

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	91		0	66,190.00		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		2,160.00
TOTAL ROUTINE	91		0	66,190.00		2,160.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	87		0	125,928.00		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	87		0	125,928.00		0.00
TOTAL ACCOMODATIONS	178		0	192,118.00		2,160.00

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

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

Run Date: 08/06/2023
Run Time: 19:43:58
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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	36,847.50	33,448.00	OTHER LAB	1,490.00	0.00
MED/SURG SUPPLY	51,270.67	144.50	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	74,676.50	12,625.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,715.00	0.00	OTHER THERAPEUTIC SVC	0.00	192.62
CT SCAN	38,236.50	1,382.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,906.27	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,758.00	1,110.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,587.03	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	64,719.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,400.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	78,499.00	2,212.00	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	71,515.00	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	278.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	408.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,889.50	610.00	NO CC/INVALID REV CODE	0.00	125.00
BLOOD	3,656.00	0.00			
BLOOD STORAGE & PRO.	1,254.00	1,109.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	813.00	91.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,671.00	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	4,579.50	0.00			
			TOTAL ANCILLARY	486,829.97	53,329.62
			TOTAL ACCOMODATIONS	192,118.00	2,160.00
			TOTAL CHARGES	678,947.97	55,489.62

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

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

Run Date: 08/06/2023
Run Time: 19:43:58
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021161055233	05/29/21 - 06/02/21	06/14/21	0.00	125.00	0.00	0.00	0.00
TOTAL				0.00	125.00	0.00	0.00	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: 08/06/2023
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 19:43:58
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,523,701.52
COVERED CHARGES 1,416,342.66
NON-COVERD CHARGES 107,358.86

-----PAYMENTS-----
ADJUSTMENTS 63,524.52
CONTRACTUAL ALLOW 1,124,110.40
TOTAL MEDICAID LIAB 292,232.26
LESS: COB 178.40
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 292,053.86
ALL OTHER 256,106.54
FEE SCHEDULE-LAB 33,222.65
INJECTABLE DRUGS 2,724.67

TOTAL NUMBER OF CLAIMS 1,169

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: 08/06/2023
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	13,799.21	17,238.35	OTHER LAB	8,654.50	0.00
MED/SURG SUPPLY	30,034.31	2,285.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	65,275.00	3,997.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	192,973.50	13,305.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,432.75	2,972.00	FEE SCHEDULE LAB	230,439.50	4,471.50
EKG/ECG	10,308.00	495.00	MRI SERVICES	147,074.00	1,998.00
IV THERAPY	72,140.50	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	142,985.47	41,826.49	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,309.00	688.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	100,329.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	232,415.38	1,751.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	23,925.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	22,729.00	9,607.02
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	1,021.00	304.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	102.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	43,723.50	2,487.00	NO CC/INVALID REV CODE	214.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	952.00	806.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,736.50	1,797.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	11,082.00	1,330.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	27,687.54	0.00			
			TOTAL ANCILLARY	1,416,342.66	107,358.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,416,342.66	107,358.86

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: 08/06/2023
Run Time: 19:43:58
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	5921307001606	08/01/21 - 08/01/21	11/08/21	125.00	0.00	0.00	0.00	20.52
780	2022007082280	12/26/21 - 12/26/21	01/17/22	89.00	0.00	0.00	0.00	20.52
TOTAL				214.00	0.00	0.00	0.00	41.04

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER000001548A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES04/01/21THROUGH03/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,252.54	ADJUSTMENTS	0.00
COVERED CHARGES	8,057.54	CONTRACTUAL ALLOW	7,064.57
NON-COVERD CHARGES	195.00	TOTAL MEDICAID LIAB	992.97
		LESS: COB	992.97
		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 : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
Run Time: 19:43:58
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	40.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	69.54	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	773.00	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	2,130.00	195.00
EKG/ECG	516.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	428.00	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	3,695.00	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	40.00	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	291.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	75.00	0.00			
			TOTAL ANCILLARY	8,057.54	195.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,057.54	195.00

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER000001548A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES04/01/21THROUGH03/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	71,379.21	ADJUSTMENTS	234.96
COVERED CHARGES	61,944.51	CONTRACTUAL ALLOW	58,192.47
NON-COVERD CHARGES	9,434.70	TOTAL MEDICAID LIAB	3,752.04
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,752.04
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: 08/06/2023
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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	240.00	991.70	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	731.51	445.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,051.50	395.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,100.50	6,278.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,829.50	258.00
EKG/ECG	615.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,235.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,351.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	526.50	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	358.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,285.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	330.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,291.00	660.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	406.50	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	61,944.51	9,434.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	61,944.51	9,434.70

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER000001548A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES04/01/21THROUGH03/31/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,742.50	ADJUSTMENTS	0.00
COVERED CHARGES	3,659.50	CONTRACTUAL ALLOW	3,502.86
NON-COVERD CHARGES	83.00	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 : 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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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 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	1,152.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	344.00	83.00
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	2,023.50	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	140.00	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	3,659.50	83.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,659.50	83.00

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE,GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	29,683.91	ADJUSTMENTS	5,282.27
COVERED CHARGES	29,342.91	CONTRACTUAL ALLOW	24,060.64
NON-COVERD CHARGES	341.00	TOTAL MEDICAID LIAB	5,282.27
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,282.27

TOTAL NUMBER OF CLAIMS

1

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

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TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	310.05	99.00	OTHER LAB	0.00	242.00
MED/SURG SUPPLY	17,491.86	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	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	9,196.00	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	1,800.00	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	495.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	50.00	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	29,342.91	341.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,342.91	341.00

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

TAYLOR REGIONAL HOSPITAL
222 PERRY HWY
HAWKINSVILLE, GA 31036-6748

PROVIDER NUMBER
000001548A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	100,104.87	ADJUSTMENTS	0.00
COVERED CHARGES	92,493.29	CONTRACTUAL ALLOW	62,704.89
NON-COVERD CHARGES	7,611.58	TOTAL MEDICAID LIAB	29,788.40
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	29,788.40

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	17		0	20,946.00		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	17		0	20,946.00		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	17		0	20,946.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,526.76	5,544.16	OTHER LAB	622.37	0.00
MED/SURG SUPPLY	6,393.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	16,151.53	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,838.17	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,109.87	2,067.42	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	379.76	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	759.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,250.61	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,099.20	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,253.92	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,984.70	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,606.80	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,894.27	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	501.32	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,175.00	0.00			
			TOTAL ANCILLARY	71,547.29	7,611.58
			TOTAL ACCOMODATIONS	20,946.00	0.00
			TOTAL CHARGES	92,493.29	7,611.58

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	552,828.13	ADJUSTMENTS	51,685.37
COVERED CHARGES	420,013.12	CONTRACTUAL ALLOW	238,728.30
NON-COVERD CHARGES	132,815.01	TOTAL MEDICAID LIAB	181,284.82
		LESS: COB	659.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	180,625.51
		ALL OTHER	170,460.89
		FEE SCHEDULE-LAB	9,815.13
		INJECTABLE DRUGS	349.49

TOTAL NUMBER OF CLAIMS 268

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: 08/06/2023
Run Time: 14:49:16
Page: 5

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	998.29	17,553.04	OTHER LAB	2,506.60	0.00
MED/SURG SUPPLY	29,694.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,696.35	2,457.06	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	78,489.60	58,576.40	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	72,536.29	11,332.15
EKG/ECG	5,738.99	2,158.15	MRI SERVICES	0.00	0.00
IV THERAPY	57,740.32	5,354.99	PROFESSIONAL FEES	0.00	846.00
OPERATING ROOM	13,276.00	15,254.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,870.38	1,727.73	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	87,517.59	2,756.28	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,356.00	2,142.40	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	17,490.10	7,827.17
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	150.64	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,920.01	501.32	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,512.69	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	19,669.86	4,177.68			
			TOTAL ANCILLARY	420,013.12	132,815.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	420,013.12	132,815.01

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

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

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,788.14	ADJUSTMENTS	0.00
COVERED CHARGES	3,879.02	CONTRACTUAL ALLOW	2,399.68
NON-COVERD CHARGES	2,909.12	TOTAL MEDICAID LIAB	1,479.34
		LESS: COB	1,479.34
		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 : CLMJ0800
Location: CLMP8000

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

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	198.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	204.60	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,606.23	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,090.49	151.05
EKG/ECG	326.95	151.84	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	2,058.28	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	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	3,879.02	2,909.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,879.02	2,909.12

Report : CLM-0808-0
Process : CLMJO800
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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	66,279.26	ADJUSTMENTS	280.00
COVERED CHARGES	48,872.73	CONTRACTUAL ALLOW	45,862.73
NON-COVERD CHARGES	17,406.53	TOTAL MEDICAID LIAB	3,010.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,010.00

TOTAL NUMBER OF CLAIMS 43

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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	1,614.05	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,433.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,731.06	545.99	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,678.25	6,284.48	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,389.78	2,745.09
EKG/ECG	151.84	341.10	MRI SERVICES	0.00	0.00
IV THERAPY	4,924.86	1,476.61	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	3,028.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	20,784.44	138.00	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	2,707.80	704.04
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	529.17	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	48,872.73	17,406.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	48,872.73	17,406.53

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	651.54	ADJUSTMENTS	0.00
COVERED CHARGES	651.54	CONTRACTUAL ALLOW	581.54
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 : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE VI
ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	31.39	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	75.32	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	458.47	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	86.36	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	651.54	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	651.54	0.00

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	155,586.61	ADJUSTMENTS	5,432.24
COVERED CHARGES	144,056.77	CONTRACTUAL ALLOW	116,895.57
NON-COVERD CHARGES	11,529.84	TOTAL MEDICAID LIAB	27,161.20
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,161.20
TOTAL NUMBER OF CLAIMS			5

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

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	101.02	2,586.39	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	51,280.38	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,565.48	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,439.51	3,720.03	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,869.75	235.68
EKG/ECG	151.84	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,682.90	271.16	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	54,074.40	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	1,328.28	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,213.60	2,678.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,475.49	2,038.58
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	754.12	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,120.00	0.00			
			TOTAL ANCILLARY	144,056.77	11,529.84
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	144,056.77	11,529.84

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

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,707,743.07	ADJUSTMENTS	683,344.56
COVERED CHARGES	42,584,622.07	CONTRACTUAL ALLOW	35,922,988.53
NON-COVERD CHARGES	123,121.00	TOTAL MEDICAID LIAB	6,661,633.54
		LESS: COB	162,506.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	5,796.00
		REIMBURSEMENT	6,504,922.56

TOTAL NUMBER OF ADMISSIONS 689

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,897		0	4,810,150.00		0.00
ROUTINE NURSERY	588		0	1,590,614.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		74.00
TOTAL ROUTINE	3,485		0	6,400,764.50		74.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	489		0	2,368,129.00		0.00
NICU	58		0	336,357.00		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	547		0	2,704,486.00		0.00
TOTAL ACCOMODATIONS	4,032		0	9,105,250.50		74.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,615,040.04	0.00	OTHER LAB	364,574.00	0.00
MED/SURG SUPPLY	970,258.27	897.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,201,714.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	507,206.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,002,945.86	2,629.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	267,445.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	463,414.00	0.00	MRI SERVICES	402,085.13	0.00
IV THERAPY	685,004.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,178,280.50	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	358,850.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,812,664.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	324,903.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	571,073.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,892,823.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	569,841.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	162,925.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	184,446.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	94,315.50	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	738,318.00	24,375.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	18,987.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	300,229.10	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	310,729.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	192,926.00	67,350.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	153,412.03	27,796.00			
AUDIOLOGY	42,689.00	0.00			
CARDIOLOGY	1,711,771.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	46,468.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	334,034.64	0.00			
			TOTAL ANCILLARY	33,479,371.57	123,047.00
			TOTAL ACCOMODATIONS	9,105,250.50	74.00
			TOTAL CHARGES	42,584,622.07	123,121.00

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: 08/06/2023
Run Time: 18:20:40
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	892,803.03	ADJUSTMENTS	0.00
COVERED CHARGES	892,803.03	CONTRACTUAL ALLOW	774,239.86
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	118,563.17
		LESS: COB	118,941.17
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	378.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 23

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	67		0	111,086.00		0.00
ROUTINE NURSERY	12		0	20,926.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	79		0	132,012.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	29,058.00		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	6		0	29,058.00		0.00
TOTAL ACCOMODATIONS	85		0	161,070.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	88,679.20	0.00	OTHER LAB	17,936.00	0.00
MED/SURG SUPPLY	33,890.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	131,646.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,351.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,668.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	731.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,742.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,550.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	148,695.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	66,031.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,870.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,554.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	28,018.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	60,620.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	4,599.00	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	1,074.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,875.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,105.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	13,425.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,752.00	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	2,976.00	0.00			
CARDIOLOGY	4,281.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,955.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	48,969.50	0.00			
			TOTAL ANCILLARY	731,733.03	0.00
			TOTAL ACCOMODATIONS	161,070.00	0.00
			TOTAL CHARGES	892,803.03	0.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 17,132,569.07
COVERED CHARGES 14,818,448.13
NON-COVERD CHARGES 2,314,120.94

-----PAYMENTS-----
ADJUSTMENTS 109,113.97
CONTRACTUAL ALLOW 13,341,749.50
TOTAL MEDICAID LIAB 1,476,698.63
LESS: COB 2,107.01
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,474,591.62
ALL OTHER 1,176,029.80
FEE SCHEDULE-LAB 138,101.66
INJECTABLE DRUGS 160,460.16

TOTAL NUMBER OF CLAIMS 2,827

Report : CLM-0804-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	223,814.32	457.60	OTHER LAB	249,146.00	18,347.00
MED/SURG SUPPLY	408,303.04	33,781.02	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	544,531.00	21,810.00	OTHER THERAPEUTIC SVC	0.00	531.00
CT SCAN	2,204,227.00	584,579.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	219,103.00	27,272.00	FEE SCHEDULE LAB	2,406,772.75	110,255.00
EKG/ECG	255,486.00	12,166.00	MRI SERVICES	114,284.00	165,184.00
IV THERAPY	871,817.00	119,604.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	911,688.42	140,857.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	68,144.00	25,392.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	139,310.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	426,749.00	227,206.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,058,582.00	2,787.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	236,771.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,047,606.40	289,413.93
RADIOLOGY THERAPEUTIC	82,195.00	27,015.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,477.00	8,358.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,284.00	6,901.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	39,000.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,875.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	13,002.42	37,107.81
LITHOTRIPSY	47,539.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	393,307.00	49,998.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	32,820.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	98,166.00	231,762.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	227,357.00	115,438.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	131,223.00	3,910.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	381,742.78	11,113.00			
			TOTAL ANCILLARY	14,818,448.13	2,314,120.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,818,448.13	2,314,120.94

PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER000001603A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	373,107.49	ADJUSTMENTS	0.00
COVERED CHARGES	293,510.80	CONTRACTUAL ALLOW	270,026.32
NON-COVERD CHARGES	79,596.69	TOTAL MEDICAID LIAB	23,484.48
		LESS: COB	23,484.48
		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		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,301.56	83.20	OTHER LAB	10,905.00	5,242.00
MED/SURG SUPPLY	11,960.06	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,333.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,440.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,067.00	589.00	FEE SCHEDULE LAB	56,449.00	7,185.00
EKG/ECG	6,083.00	553.00	MRI SERVICES	0.00	5,788.00
IV THERAPY	14,110.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	45,052.00	24,218.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,189.00	836.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,617.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	14,071.00	7,956.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	61,427.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,538.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,404.18	1,376.09
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	155.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	9,734.40
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	20,354.00	11,092.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	2,357.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,210.00	2,432.00			
			TOTAL ANCILLARY	293,510.80	79,596.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	293,510.80	79,596.69

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	733,129.55
COVERED CHARGES	699,520.00
NON-COVERD CHARGES	33,609.55

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	686,698.17
TOTAL MEDICAID LIAB	12,821.83
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	12,821.83

TOTAL NUMBER OF CLAIMS 191

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,199.81	0.00	OTHER LAB	24,854.00	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	39,486.00	1,270.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	118,376.00	21,728.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	134,758.00	233.00
EKG/ECG	16,037.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	48,414.00	5,080.00	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	458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	301,988.00	289.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,678.19	2,003.55
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	8,271.00	2,453.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	699,520.00	33,609.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	699,520.00	33,609.55

PIEDMONT ROCKDALE HOSPITAL INC
1412 MILSTEAD AVENUE, NE
CONYERS,GA 30012-3877

PROVIDER NUMBER000001603A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,596.00	ADJUSTMENTS	0.00
COVERED CHARGES	16,458.00	CONTRACTUAL ALLOW	16,256.61
NON-COVERD CHARGES	138.00	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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10.40	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	374.00	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	3,157.00	86.00
EKG/ECG	553.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,671.00	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	7,273.00	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	52.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,602.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	16,458.00	138.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,458.00	138.00

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,399,880.28	ADJUSTMENTS	53,914.70
COVERED CHARGES	2,033,927.87	CONTRACTUAL ALLOW	1,823,660.54
NON-COVERD CHARGES	365,952.41	TOTAL MEDICAID LIAB	210,267.33
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	210,267.33
TOTAL NUMBER OF CLAIMS		39	

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,533.86	166.40	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	87,215.36	5,316.65	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,892.00	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	3,583.00	FEE SCHEDULE LAB	37,112.00	256.00
EKG/ECG	1,659.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,860.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	345,597.50	13,768.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,007.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	72,846.00	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	79,098.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,075,048.48	168,932.48
RADIOLOGY THERAPEUTIC	47,214.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	187,036.67	143,097.38
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,383.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	50,723.00	12,250.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	18,029.00			
			TOTAL ANCILLARY	2,033,927.87	365,952.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,033,927.87	365,952.41

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

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,790,310.42	ADJUSTMENTS	258,443.69
COVERED CHARGES	38,671,722.42	CONTRACTUAL ALLOW	35,131,393.23
NON-COVERD CHARGES	118,588.00	TOTAL MEDICAID LIAB	3,540,329.19
		LESS: COB	12,068.36
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,268.00
		REIMBURSEMENT	3,530,528.83

TOTAL NUMBER OF ADMISSIONS 410

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,038		0	2,683,157.00		0.00
ROUTINE NURSERY	70		0	185,070.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		4.00
TOTAL ROUTINE	1,108		0	2,868,227.00		4.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	977		0	4,722,066.00		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	977		0	4,722,066.00		0.00
TOTAL ACCOMODATIONS	2,085		0	7,590,293.00		4.00

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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	992,327.04	0.00	OTHER LAB	315,985.00	0.00
MED/SURG SUPPLY	799,617.08	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,313,141.30	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	811,672.00	0.00	OTHER THERAPEUTIC SVC	0.00	5,874.00
CT SCAN	2,929,915.00	43,268.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	463,735.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	666,467.00	0.00	MRI SERVICES	632,877.00	10.00
IV THERAPY	48,357.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,413,791.00	28,662.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	258,608.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,695,625.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	904,127.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	188,399.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,623,455.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	289,371.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	284,240.00	0.00	INJECTABLE DRUGS	3,296,640.70	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	453,448.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	62,360.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	82,720.00	8,913.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,171.00	1,439.00	TRAUMA RESPONSE	0.00	10,680.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	288,158.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	165,787.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	246,201.00	11,704.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	290,800.00	1,536.00			
AUDIOLOGY	0.00	6,498.00			
CARDIOLOGY	2,437,341.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	23,883.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	96,210.30	0.00			
			TOTAL ANCILLARY	31,081,429.42	118,584.00
			TOTAL ACCOMODATIONS	7,590,293.00	4.00
			TOTAL CHARGES	38,671,722.42	118,588.00

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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER 000001625A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	69,784.00	ADJUSTMENTS	0.00
COVERED CHARGES	69,784.00	CONTRACTUAL ALLOW	64,730.31
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,053.69
		LESS: COB	5,053.69
		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	5		0	13,275.00		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	13,275.00		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	13,275.00		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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	784.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,338.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,875.00	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	14,197.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	11,529.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,926.00	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	5,357.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,859.00	0.00	INJECTABLE DRUGS	4,644.00	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	56,509.00	0.00
			TOTAL ACCOMODATIONS	13,275.00	0.00
			TOTAL CHARGES	69,784.00	0.00

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

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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 16,640,667.26
COVERED CHARGES 14,941,563.67
NON-COVERD CHARGES 1,699,103.59

-----PAYMENTS-----
ADJUSTMENTS 76,212.40
CONTRACTUAL ALLOW 14,089,909.97
TOTAL MEDICAID LIAB 851,653.70
LESS: COB 448.02
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 851,205.68
ALL OTHER 765,619.31
FEE SCHEDULE-LAB 79,000.54
INJECTABLE DRUGS 6,585.83

TOTAL NUMBER OF CLAIMS 1,791

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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	70,859.00	23,918.99	OTHER LAB	178,097.00	0.00
MED/SURG SUPPLY	144,450.40	43,636.96	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	787,669.00	37,104.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,979,629.00	397,847.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	7,303.00	FEE SCHEDULE LAB	3,612,935.00	170,301.00
EKG/ECG	450,951.00	0.00	MRI SERVICES	251,962.00	34,745.00
IV THERAPY	459,165.00	7,293.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	601,633.00	393,496.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	8,318.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	25,145.00	279.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	580,245.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	72,314.50	40,507.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,842,879.00	2,434.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	217,415.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	330,819.82	164,425.17
RADIOLOGY THERAPEUTIC	120,808.00	69,752.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	8,536.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	398.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	7,980.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,501.00	2,261.00	TRAUMA RESPONSE	0.00	10,548.97
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	26,284.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	230,827.00	91,813.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	22,790.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	176,439.00	22,814.00			
AUDIOLOGY	342.00	0.00			
CARDIOLOGY	516,571.00	148,892.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,350.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	206,164.95	12,818.00			
			TOTAL ANCILLARY	14,941,563.67	1,699,103.59
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,941,563.67	1,699,103.59

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

EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 186,163.27
COVERED CHARGES 149,938.27
NON-COVERD CHARGES 36,225.00

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 141,723.95
TOTAL MEDICAID LIAB 8,214.32
LESS: COB 8,214.32
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 21

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,343.27	0.00	OTHER LAB	2,173.00	0.00
MED/SURG SUPPLY	1,602.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,078.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,893.00	15,551.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	40,155.00	7,442.00
EKG/ECG	5,088.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,695.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,862.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,296.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,026.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,343.00	3,056.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,254.00	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	5,173.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	196.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,470.00	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	2,337.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	149,938.27	36,225.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	149,938.27	36,225.00

Report : CLM-0808-O
Process : CLMJO800
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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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 2,030,778.16
COVERED CHARGES 1,858,877.99
NON-COVERD CHARGES 171,900.17

-----PAYMENTS-----
ADJUSTMENTS 201.39
CONTRACTUAL ALLOW 1,840,954.28
TOTAL MEDICAID LIAB 17,923.71
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 17,923.71

TOTAL NUMBER OF CLAIMS 267

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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,282.57	929.00	OTHER LAB	17,879.00	0.00
MED/SURG SUPPLY	1,865.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	101,475.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	543,767.00	136,965.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	417,899.00	12,053.00
EKG/ECG	52,152.00	0.00	MRI SERVICES	8,999.00	0.00
IV THERAPY	60,067.00	734.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,672.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	279.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	585,224.00	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	33,176.42	15,831.54
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	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	73.63
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	24,559.00	5,314.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,582.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,858,877.99	171,900.17
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,858,877.99	171,900.17

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: 08/06/2023
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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE, GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	58,789.00	ADJUSTMENTS	0.00
COVERED CHARGES	49,033.00	CONTRACTUAL ALLOW	48,630.22
NON-COVERD CHARGES	9,756.00	TOTAL MEDICAID LIAB	402.78
		LESS: COB	402.78
		LESS: COPAYMENT	0.00
		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

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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,431.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	22.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,117.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	9,666.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	21,900.00	90.00
EKG/ECG	1,272.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,806.00	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	12,485.00	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	49,033.00	9,756.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	49,033.00	9,756.00

EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,153,191.69	ADJUSTMENTS	0.00
COVERED CHARGES	1,957,865.05	CONTRACTUAL ALLOW	1,862,649.55
NON-COVERD CHARGES	195,326.64	TOTAL MEDICAID LIAB	95,215.50
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	95,215.50

TOTAL NUMBER OF CLAIMS

18

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

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EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,672.99	2,303.00	OTHER LAB	2,804.00	0.00
MED/SURG SUPPLY	56,439.36	42,473.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,811.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,810.00	7,243.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,036.00	FEE SCHEDULE LAB	57,867.00	1,116.00
EKG/ECG	15,264.00	1,272.00	MRI SERVICES	8,181.00	0.00
IV THERAPY	1,871.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	741,277.00	26,914.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	270,902.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,330.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	106,858.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	38,320.70	14,833.27
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	7,727.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	398.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	68,928.00	34,822.37
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,745.00	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	19,547.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	505,278.00	50,189.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,959.00	0.00			
			TOTAL ANCILLARY	1,957,865.05	195,326.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,957,865.05	195,326.64

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EHCA CARTERSVILLE, LLC 960 JOE FRANK HARRIS PKWY SE CARTERSVILLE,GA 30120-2129	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
	000001625A	SERVICE DATES	10/01/21	THROUGH	06/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES		977,543.08	-----PAYMENTS-----		
COVERED CHARGES		977,125.08	ADJUSTMENTS		0.00
NON-COVERD CHARGES		418.00	CONTRACTUAL ALLOW		945,386.58
			TOTAL MEDICAID LIAB		31,738.50
			LESS: COB		31,738.50
			LESS: COPAYMENT		0.00
			ADD: ADDON PYMT		0.00
			REIMBURSEMENT		0.00
TOTAL NUMBER OF CLAIMS					6

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

EHCA CARTERSVILLE, LLC
960 JOE FRANK HARRIS PKWY SE
CARTERSVILLE,GA 30120-2129

PROVIDER NUMBER
000001625A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	730,361.40	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	626.00	418.00	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	1,830.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	36,784.00	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	207,523.68	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	977,125.08	418.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	977,125.08	418.00

** 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: 08/06/2023
Run Time: 16:19:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	254,563.55	ADJUSTMENTS	9,075.29
COVERED CHARGES	251,053.96	CONTRACTUAL ALLOW	168,779.94
NON-COVERD CHARGES	3,509.59	TOTAL MEDICAID LIAB	82,274.02
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	82,274.02

TOTAL NUMBER OF ADMISSIONS 14

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	49		0	150,000.00		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	49		0	150,000.00		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	49		0	150,000.00		0.00

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,787.17	33.20	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	17,680.48	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	15,957.46	1,080.12	EDUCATION & TRAINING	286.32	0.00
RADIOLOGY-DIAGNOSTIC	2,990.10	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,169.55	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,034.70	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,310.47	142.32	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,327.71	1,861.25	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	9,977.00	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.	1,092.00	392.70			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,441.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	101,053.96	3,509.59
			TOTAL ACCOMODATIONS	150,000.00	0.00
			TOTAL CHARGES	251,053.96	3,509.59

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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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	669,982.16	ADJUSTMENTS	87,884.51
COVERED CHARGES	627,279.74	CONTRACTUAL ALLOW	409,919.68
NON-COVERD CHARGES	42,702.42	TOTAL MEDICAID LIAB	217,360.06
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	217,360.06
		ALL OTHER	200,178.73
		FEE SCHEDULE-LAB	17,181.33
		INJECTABLE DRUGS	0.00
TOTAL NUMBER OF CLAIMS		579	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	40,216.69	341.05	OTHER LAB	2,297.15	0.00
MED/SURG SUPPLY	4,069.69	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	143.16
RADIOLOGY-DIAGNOSTIC	26,558.73	357.35	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	97,113.82	7,215.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	36,975.69	9,649.40	FEE SCHEDULE LAB	81,801.06	5,348.90
EKG/ECG	9,484.75	517.35	MRI SERVICES	0.00	0.00
IV THERAPY	36,733.96	520.74	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	96,753.89	10,531.20	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,748.21	1,818.26	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	136,359.66	621.43	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	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	648.48	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	11,954.50	1,961.50	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,724.20	785.40			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,621.10	873.70			
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	22,866.64	1,369.50			
			TOTAL ANCILLARY	627,279.74	42,702.42
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	627,279.74	42,702.42

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: 08/06/2023
Run Time: 16:19:59
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 01/01/22 THROUGH 12/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	38,497.47	ADJUSTMENTS 420.00
COVERED CHARGES	35,021.93	CONTRACTUAL ALLOW 31,451.93
NON-COVERD CHARGES	3,475.54	TOTAL MEDICAID LIAB 3,570.00
		LESS: COB 0.00
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 3,570.00
TOTAL NUMBER OF CLAIMS		51

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: 08/06/2023
Run Time: 16:19:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,196.86	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	1,589.53	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,503.90	3,171.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,399.08	222.88
EKG/ECG	344.90	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,584.78	81.06	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,067.20	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	13,335.68	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	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	35,021.93	3,475.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	35,021.93	3,475.54

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,299.67	ADJUSTMENTS	0.00
COVERED CHARGES	1,287.67	CONTRACTUAL ALLOW	1,217.67
NON-COVERD CHARGES	12.00	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 : 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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	232.50	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	137.70	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	191.80	12.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	250.47	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	475.20	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	1,287.67	12.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,287.67	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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	113,657.83	ADJUSTMENTS	15,806.67
COVERED CHARGES	111,632.33	CONTRACTUAL ALLOW	69,481.21
NON-COVERD CHARGES	2,025.50	TOTAL MEDICAID LIAB	42,151.12
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	42,151.12

TOTAL NUMBER OF CLAIMS 8

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,520.47	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,604.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	47.72
RADIOLOGY-DIAGNOSTIC	568.08	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	1,867.36	84.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,418.01	81.06	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	90,847.84	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,212.32	1,812.72	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	475.20	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	6,118.76	0.00			
			TOTAL ANCILLARY	111,632.33	2,025.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	111,632.33	2,025.50

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	28,372,782.58	ADJUSTMENTS	237,434.82
COVERED CHARGES	28,341,320.88	CONTRACTUAL ALLOW	24,654,547.25
NON-COVERD CHARGES	31,461.70	TOTAL MEDICAID LIAB	3,686,773.63
		LESS: COB	95,180.83
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,591,592.80

TOTAL NUMBER OF ADMISSIONS 323

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	603		0	1,550,897.00		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	603		0	1,550,897.00		0.00
SPECIAL CARE SERVICES						
CCU	1,120		0	6,092,800.00		0.00
ICU	432		0	2,678,072.00		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	1,552		0	8,770,872.00		0.00
TOTAL ACCOMODATIONS	2,155		0	10,321,769.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,783,386.01	0.00	OTHER LAB	181,602.00	0.00
MED/SURG SUPPLY	507,717.22	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,622,002.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	349,536.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,153,262.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	115,890.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	255,126.00	0.00	MRI SERVICES	231,515.00	0.00
IV THERAPY	319,284.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	728,462.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,421,990.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	246,006.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	171,923.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,184,650.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	86,115.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	29,606.30
LABORATORY PATHOLOGIC	86,939.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	88,382.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	60,440.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	93,509.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	499.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	131,574.00	0.00	IMPL DEV CHARGE PATIENTS	98,034.47	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	109,665.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	363,629.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	181,964.20	1,855.40			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	500,040.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	25,215.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	921,194.98	0.00			
			TOTAL ANCILLARY	18,019,551.88	31,461.70
			TOTAL ACCOMODATIONS	10,321,769.00	0.00
			TOTAL CHARGES	28,341,320.88	31,461.70

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: 08/06/2023
Run Time: 20:37:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	100,927.66	ADJUSTMENTS	0.00
COVERED CHARGES	100,927.66	CONTRACTUAL ALLOW	100,927.66
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	0.00
		LESS: COB	0.00
		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	1,853.00		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	1,853.00		0.00
SPECIAL CARE SERVICES						
CCU	7		0	38,080.00		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	38,080.00		0.00
TOTAL ACCOMODATIONS	8		0	39,933.00		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: 08/06/2023
Run Time: 20:37:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,475.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,108.86	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	18,350.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,234.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,465.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,030.00	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	2,035.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,999.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,884.00	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	16,413.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	60,994.66	0.00
			TOTAL ACCOMODATIONS	39,933.00	0.00
			TOTAL CHARGES	100,927.66	0.00

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 07/01/21 THROUGH 06/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	11,676,025.63	ADJUSTMENTS 50,793.45
COVERED CHARGES	11,145,444.96	CONTRACTUAL ALLOW 10,033,361.99
NON-COVERD CHARGES	530,580.67	TOTAL MEDICAID LIAB 1,112,082.97
		LESS: COB 2,309.01
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 1,109,773.96
		ALL OTHER 981,628.06
		FEE SCHEDULE-LAB 121,524.59
		INJECTABLE DRUGS 6,621.31
		TOTAL NUMBER OF CLAIMS 2,609

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	203,554.41	0.00	OTHER LAB	163,588.00	679.00
MED/SURG SUPPLY	99,616.60	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	655,199.00	617.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,788,550.00	57,908.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,665.00	1,202.00	FEE SCHEDULE LAB	1,615,177.00	28,982.00
EKG/ECG	322,998.00	5,454.00	MRI SERVICES	100,674.00	6,980.00
IV THERAPY	543,914.00	126,333.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	216,355.34	36,546.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	110,020.00	13,604.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	138,322.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	59,616.25	6,774.75	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,636,060.90	8,830.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	39,675.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	82,013.10	31,724.16
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	737.00	1,320.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	596.00	596.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	7,191.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	20,150.41	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	196,743.00	25,779.00	NO CC/INVALID REV CODE	0.00	5,312.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	16,310.00	2,727.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,137.30	8,942.10			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	35,927.00	18,756.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	89,845.65	134,323.00			
			TOTAL ANCILLARY	11,145,444.96	530,580.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,145,444.96	530,580.67

Report : CLM-0804-0
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
616	2022005041563	12/28/21 - 12/28/21	01/10/22	0.00	5,312.00	0.00	0.00	0.00
TOTAL				0.00	5,312.00	0.00	0.00	0.00

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 07/01/21 THROUGH 06/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	29,015.10	ADJUSTMENTS 0.00
COVERED CHARGES	28,215.10	CONTRACTUAL ALLOW 25,299.00
NON-COVERD CHARGES	800.00	TOTAL MEDICAID LIAB 2,916.10
		LESS: COB 2,916.10
		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		9

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	113.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	399.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,436.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,140.00	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	4,336.00	0.00
IV THERAPY	1,350.00	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	1,455.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,183.00	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	195.80	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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	800.00			
			TOTAL ANCILLARY	28,215.10	800.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	28,215.10	800.00

Report : CLM-0808-0
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	444,588.20	ADJUSTMENTS	0.00
COVERED CHARGES	437,099.40	CONTRACTUAL ALLOW	423,740.53
NON-COVERD CHARGES	7,488.80	TOTAL MEDICAID LIAB	13,358.87
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	13,358.87

TOTAL NUMBER OF CLAIMS 199

Report : CLM-0808-0
Process : CLMJ0800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,287.10	0.00	OTHER LAB	2,405.00	0.00
MED/SURG SUPPLY	714.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	19,956.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,087.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	61,422.00	1,674.00
EKG/ECG	7,272.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,389.00	1,690.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	297,422.00	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	1,728.90	124.80
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	816.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,600.00	4,000.00			
			TOTAL ANCILLARY	437,099.40	7,488.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	437,099.40	7,488.80

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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,215.50	ADJUSTMENTS	0.00
COVERED CHARGES	7,898.50	CONTRACTUAL ALLOW	7,831.37
NON-COVERD CHARGES	1,317.00	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
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53.70	0.00	OTHER LAB	1,896.00	0.00
MED/SURG SUPPLY	53.80	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	1,802.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,170.00	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	2,137.00	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	786.00	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	7,898.50	1,317.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,898.50	1,317.00

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,391.00	ADJUSTMENTS	0.00
COVERED CHARGES	70,178.60	CONTRACTUAL ALLOW	63,743.47
NON-COVERD CHARGES	212.40	TOTAL MEDICAID LIAB	6,435.13
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,435.13

TOTAL NUMBER OF CLAIMS 1

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	153.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	183.40	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	8,503.00	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	61,338.60	212.40
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	70,178.60	212.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	70,178.60	212.40

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
ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023
Run Time: 20:37:16
Page: 16

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:32:17
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	36,089,116.45	ADJUSTMENTS	1,019,516.08
COVERED CHARGES	35,690,777.34	CONTRACTUAL ALLOW	25,677,750.87
NON-COVERD CHARGES	398,339.11	TOTAL MEDICAID LIAB	10,013,026.47
		LESS: COB	179,129.51
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,833,896.96

TOTAL NUMBER OF ADMISSIONS 1,032

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,060		0	3,848,679.00		0.00
ROUTINE NURSERY	283		0	356,616.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,343		0	4,205,295.00		0.00
SPECIAL CARE SERVICES						
CCU	217		0	448,691.00		0.00
ICU	1,426		0	2,279,604.00		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	1,643		0	2,728,295.00		0.00
TOTAL ACCOMODATIONS	5,986		0	6,933,590.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 18:32:17
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,538,451.83	0.00	OTHER LAB	174,197.00	0.00
MED/SURG SUPPLY	2,006,574.12	56.36	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,837,025.00	0.00	EDUCATION & TRAINING	58,029.00	0.00
RADIOLOGY-DIAGNOSTIC	367,010.00	0.00	OTHER THERAPEUTIC SVC	0.00	388.00
CT SCAN	1,743,727.00	3,637.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	161,505.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	180,234.00	0.00	MRI SERVICES	320,934.00	0.00
IV THERAPY	658,665.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,402,091.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	214,780.00	5,571.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,559,854.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	406,522.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	236,704.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	832,959.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	188,432.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	157,067.75
LABORATORY PATHOLOGIC	91,008.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	32,253.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	105,171.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	45,971.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	371,747.00	10,323.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,468.00	5,923.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	717,911.39	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	243,079.00	6,674.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	322,248.00	200,813.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	41,366.00	7,886.00			
AUDIOLOGY	43,680.00	0.00			
CARDIOLOGY	1,087,118.00	0.00			
AMBULATORY SURGERY	5,792.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	16,551.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	741,130.00	0.00			
			TOTAL ANCILLARY	28,757,187.34	398,339.11
			TOTAL ACCOMODATIONS	6,933,590.00	0.00
			TOTAL CHARGES	35,690,777.34	398,339.11

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: 08/06/2023
 Run Time: 18:32:17
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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 10/01/21 THROUGH 09/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	420,237.22	ADJUSTMENTS	0.00
COVERED CHARGES	414,792.22	CONTRACTUAL ALLOW	359,517.14
NON-COVERD CHARGES	5,445.00	TOTAL MEDICAID LIAB	55,275.08
		LESS: COB	55,275.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		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	31		0	31,074.00		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	31,074.00		0.00
SPECIAL CARE SERVICES						
CCU	21		0	43,512.00		0.00
ICU	2		0	2,354.00		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	45,866.00		0.00
TOTAL ACCOMODATIONS	54		0	76,940.00		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: 08/06/2023
Run Time: 18:32:17
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	149,374.75	0.00	OTHER LAB	1,359.00	0.00
MED/SURG SUPPLY	47,208.17	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,225.00	0.00	EDUCATION & TRAINING	742.00	0.00
RADIOLOGY-DIAGNOSTIC	1,221.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,882.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	588.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,874.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,779.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,495.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,136.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,106.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,403.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	700.00	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	288.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,294.00	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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,325.30	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,607.00	5,445.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	42,756.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,359.00	0.00			
			TOTAL ANCILLARY	337,852.22	5,445.00
			TOTAL ACCOMODATIONS	76,940.00	0.00
			TOTAL CHARGES	414,792.22	5,445.00

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: 08/06/2023
Run Time: 18:32:17
Page: 5

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 22,567,065.65
COVERED CHARGES 20,329,729.25
NON-COVERD CHARGES 2,237,336.40

-----PAYMENTS-----
ADJUSTMENTS 730,369.73
CONTRACTUAL ALLOW 15,850,715.22
TOTAL MEDICAID LIAB 4,479,014.03
LESS: COB 4,399.26
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,474,614.77
ALL OTHER 3,075,325.51
FEE SCHEDULE-LAB 640,240.25
INJECTABLE DRUGS 759,049.01

TOTAL NUMBER OF CLAIMS 9,595

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: 08/06/2023
Run Time: 18:32:17
Page: 6

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	430,446.09	25.00	OTHER LAB	235,044.00	4,473.00
MED/SURG SUPPLY	378,332.56	604.41	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	5,222.00
RADIOLOGY-DIAGNOSTIC	579,667.00	30,878.00	OTHER THERAPEUTIC SVC	0.00	388.00
CT SCAN	2,604,547.00	274,097.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	13,421.00	FEE SCHEDULE LAB	4,226,800.50	132,052.50
EKG/ECG	319,768.00	9,016.00	MRI SERVICES	439,210.00	80,151.00
IV THERAPY	1,016,943.00	116,906.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	730,756.34	124,547.66	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,940.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	105,664.00	55,555.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	357,909.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	215,067.00	30,176.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,703,483.00	28,410.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	475,779.00	0.00	DRUG-SPECIFIC/HOME IV	93,132.50	3,439.25
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,527,716.75	863,249.13
RADIOLOGY THERAPEUTIC	490,369.00	18,277.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	11,033.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	618.00	9,350.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	18,288.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	103,238.00	25,889.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	89,759.76	475.45
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	634,090.00	86,392.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	105,102.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	120,583.00	55,139.00			
AUDIOLOGY	0.00	1,170.00			
CARDIOLOGY	282,286.00	127,941.00			
AMBULATORY SURGERY	0.00	5,547.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	228,473.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	832,004.75	105,224.00			
			TOTAL ANCILLARY	20,329,729.25	2,237,336.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,329,729.25	2,237,336.40

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

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

Run Date: 08/06/2023
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SUMMARY TYPE IV
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	295,614.18	ADJUSTMENTS	0.00
COVERED CHARGES	206,145.12	CONTRACTUAL ALLOW	165,893.79
NON-COVERD CHARGES	89,469.06	TOTAL MEDICAID LIAB	40,251.33
		LESS: COB	40,251.33
		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			102

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,978.00	0.00	OTHER LAB	2,364.00	453.00
MED/SURG SUPPLY	6,634.63	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,174.00	253.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	17,830.00	22,688.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	52,300.00	3,989.00
EKG/ECG	2,156.00	0.00	MRI SERVICES	0.00	2,729.00
IV THERAPY	13,617.00	625.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,850.34	13,867.66	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	9,416.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,858.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	23,000.00	607.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,536.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,111.25	34,754.00
RADIOLOGY THERAPEUTIC	189.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	130.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,328.90	182.40
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,525.00	611.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,253.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,601.00	1,601.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,633.00	4,121.00			
			TOTAL ANCILLARY	206,145.12	89,469.06
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	206,145.12	89,469.06

Report : CLM-0808-0
Process : CLMJO800
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	275,205.15	ADJUSTMENTS	805.56
COVERED CHARGES	263,087.54	CONTRACTUAL ALLOW	247,311.99
NON-COVERD CHARGES	12,117.61	TOTAL MEDICAID LIAB	15,775.55
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,775.55
TOTAL NUMBER OF CLAIMS		235	

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,610.00	0.00	OTHER LAB	5,107.00	0.00
MED/SURG SUPPLY	903.04	54.11	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,380.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	37,260.00	6,418.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	57,113.00	1,088.00
EKG/ECG	6,272.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,843.00	167.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	110,221.00	623.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,127.50	1,703.50
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	650.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,804.00	1,414.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	447.00	0.00			
			TOTAL ANCILLARY	263,087.54	12,117.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	263,087.54	12,117.61

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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VALDOSTA, GA 31602-1735

000001724A

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

REINFORCEMENT	0.00
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TOTAL NUMBER OF CLAIMS	7
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	832.00	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	717.00	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	5,009.00	334.00
EKG/ECG	392.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	167.00	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	3,905.00	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	752.25	180.75
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	130.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	11,774.25	644.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,774.25	644.75

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

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,470,703.22	ADJUSTMENTS	97,046.46
COVERED CHARGES	6,649,999.25	CONTRACTUAL ALLOW	5,533,964.97
NON-COVERD CHARGES	820,703.97	TOTAL MEDICAID LIAB	1,116,034.28
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,116,034.28

TOTAL NUMBER OF CLAIMS 207

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	115,840.25	0.00	OTHER LAB	1,409.00	6,748.00
MED/SURG SUPPLY	213,491.15	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	826.00
RADIOLOGY-DIAGNOSTIC	20,963.00	14,077.00	OTHER THERAPEUTIC SVC	0.00	105.00
CT SCAN	23,689.00	8,621.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	10,305.00	FEE SCHEDULE LAB	96,506.00	4,970.00
EKG/ECG	1,960.00	3,136.00	MRI SERVICES	0.00	3,777.00
IV THERAPY	130,332.00	5,273.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	279,464.98	211,961.02	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,074.00	5,244.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	126,385.00	2,736.00	AMBULANCE	0.00	0.00
GI SERVICES	19,982.00	2,843.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,960.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	161,877.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	7,770.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,602,836.50	158,843.83
RADIOLOGY THERAPEUTIC	96,243.00	11,847.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,206.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	13,716.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,144.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,167,928.37	139,048.62
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,534.00	497.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,178.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,443.00	3,443.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	458,938.00	138,881.00			
AMBULATORY SURGERY	0.00	5,547.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	613.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	97,352.00	53,138.00			
			TOTAL ANCILLARY	6,649,999.25	820,703.97
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,649,999.25	820,703.97

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SOUTH GEORGIA MEDICAL CENTER 2501 N PATTERSON ST VALDOSTA, GA 31602-1735	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
	000001724A	SERVICE DATES	10/01/21	THROUGH	09/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
TOTAL CHARGES		39,339.00	-----PAYMENTS-----		
COVERED CHARGES		39,229.00	ADJUSTMENTS		0.00
NON-COVERD CHARGES		110.00	CONTRACTUAL ALLOW		33,837.53
			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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	177.75	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	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	260.00	24.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	865.00	86.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	36,982.25	0.00
RADIOLOGY THERAPEUTIC	598.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	214.00	0.00			
			TOTAL ANCILLARY	39,229.00	110.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	39,229.00	110.00

** END OF REPORT **

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,028,490.12	ADJUSTMENTS	87,174.97
COVERED CHARGES	1,887,697.89	CONTRACTUAL ALLOW	1,440,565.43
NON-COVERD CHARGES	140,792.23	TOTAL MEDICAID LIAB	447,132.46
		LESS: COB	1,862.72
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	445,269.74
		ALL OTHER	329,415.12
		FEE SCHEDULE-LAB	51,918.69
		INJECTABLE DRUGS	63,935.93
TOTAL NUMBER OF CLAIMS		1,164	

Report : CLM-0804-O
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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	37,994.25	0.00	OTHER LAB	857.00	10,122.00
MED/SURG SUPPLY	71,449.96	107.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	73,161.00	501.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,049.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,776.00	FEE SCHEDULE LAB	334,803.00	9,920.00
EKG/ECG	10,976.00	0.00	MRI SERVICES	134,901.00	5,886.00
IV THERAPY	1,810.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	424,871.27	72,784.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	147,786.00	664.00	AMBULANCE	0.00	0.00
GI SERVICES	137,097.00	17,144.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,256.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	163,086.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	214,280.50	10,693.50
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	6,948.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	29,591.91	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,957.00	611.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	16,152.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	60,671.00	8,583.00			
			TOTAL ANCILLARY	1,887,697.89	140,792.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,887,697.89	140,792.23

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

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

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	45,001.50	ADJUSTMENTS	0.00
COVERED CHARGES	24,897.50	CONTRACTUAL ALLOW	19,513.08
NON-COVERD CHARGES	20,104.00	TOTAL MEDICAID LIAB	5,384.42
		LESS: COB	5,384.42
		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
ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	479.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	742.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,637.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,289.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,845.00	1,464.00
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	2,672.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,196.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,686.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,276.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,075.25	15,806.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,834.00			
			TOTAL ANCILLARY	24,897.50	20,104.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,897.50	20,104.00

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	668.00	ADJUSTMENTS	0.00
COVERED CHARGES	668.00	CONTRACTUAL ALLOW	600.87
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	67.13
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	67.13

TOTAL NUMBER OF CLAIMS 1

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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	668.00	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	668.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	668.00	0.00

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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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,575,467.98	ADJUSTMENTS	21,565.88
COVERED CHARGES	1,385,945.60	CONTRACTUAL ALLOW	1,218,810.03
NON-COVERD CHARGES	189,522.38	TOTAL MEDICAID LIAB	167,135.57
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	167,135.57

TOTAL NUMBER OF CLAIMS31

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	23,496.75	0.00	OTHER LAB	0.00	37,114.00
MED/SURG SUPPLY	84,395.93	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	854.00	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	3,788.00	FEE SCHEDULE LAB	5,308.00	478.00
EKG/ECG	392.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,870.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	183,949.27	121,773.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	63,294.00	1,660.00	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	67,209.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	116,654.25	9,852.33
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	834,498.40	14,856.32
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,024.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,385,945.60	189,522.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,385,945.60	189,522.38

Report : CLM-0814-O
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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	64,680.81	ADJUSTMENTS	0.00
COVERED CHARGES	53,896.11	CONTRACTUAL ALLOW	48,504.64
NON-COVERD CHARGES	10,784.70	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-O
Process : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 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	3,374.00
MED/SURG SUPPLY	1,424.41	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	124.00	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	4,732.80	7,099.20	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,574.00	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	3,091.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	429.00	311.50
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	41,216.40	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	53,896.11	10,784.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	53,896.11	10,784.70

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	30,016,090.80	ADJUSTMENTS	221,979.58
COVERED CHARGES	29,503,657.38	CONTRACTUAL ALLOW	22,949,178.98
NON-COVERD CHARGES	512,433.42	TOTAL MEDICAID LIAB	6,554,478.40
		LESS: COB	101,616.80
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,079.00
		REIMBURSEMENT	6,454,940.60

TOTAL NUMBER OF ADMISSIONS 777

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,888		0	8,711,839.75		0.00
ROUTINE NURSERY	88		0	133,804.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,976		0	8,845,643.75		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	443		0	3,120,108.00		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	443		0	3,120,108.00		0.00
TOTAL ACCOMODATIONS	4,419		0	11,965,751.75		0.00

Report : CLM-0800-O
Process : CLMJ0800
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. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER
000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,531,154.18	138.50	OTHER LAB	176,041.00	1,881.00
MED/SURG SUPPLY	850,502.58	1,350.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,588,611.50	19,282.50	EDUCATION & TRAINING	388.00	0.00
RADIOLOGY-DIAGNOSTIC	307,794.00	1,997.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	968,494.00	12,598.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	508,432.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	134,991.00	612.00	MRI SERVICES	161,108.00	0.00
IV THERAPY	74,353.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,180,783.75	512.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	65,202.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,321,008.05	1,013.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	261,636.75	0.00	AMBULANCE	0.00	0.00
GI SERVICES	116,144.75	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,643,189.00	6,248.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	197,775.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	44,079.50	0.00	INJECTABLE DRUGS	1,234,945.90	670.75
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	304,293.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	85,963.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	253,628.00	341,086.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,485.50	687.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	222,841.29	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	165,020.88	0.00	NO CC/INVALID REV CODE	20,664.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	91,192.00	101,010.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	35,057.00	10,606.00			
AUDIOLOGY	0.00	12,741.50			
CARDIOLOGY	877,877.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	30,373.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	80,877.00	0.00			
			TOTAL ANCILLARY	17,537,905.63	512,433.42
			TOTAL ACCOMODATIONS	11,965,751.75	0.00
			TOTAL CHARGES	29,503,657.38	512,433.42

Report : CLM-0800-O
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. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PROVIDER NUMBER
000001768A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022033072791	01/26/22 - 01/26/22	02/07/22	2,296.00	0.00	0.00	0.00	0.00
615	2022166056264	06/05/22 - 06/08/22	06/20/22	2,296.00	0.00	0.00	0.00	0.00
615	2022202086364	06/23/22 - 06/28/22	07/25/22	2,296.00	0.00	0.00	0.00	0.00
615	2022220045200	07/22/22 - 07/22/22	08/15/22	2,296.00	0.00	0.00	0.00	0.00
615	2022279132525	09/11/22 - 09/20/22	10/10/22	2,296.00	0.00	0.00	0.00	0.00
615	2222285000668	08/23/22 - 08/26/22	10/17/22	4,592.00	0.00	0.00	0.00	0.00
615	2022294085798	10/02/22 - 10/07/22	10/31/22	2,296.00	0.00	0.00	0.00	0.00
615	2023107044865	08/12/22 - 08/24/22	04/24/23	2,296.00	0.00	0.00	0.00	0.00
TOTAL				20,664.00	0.00	0.00	0.00	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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	400,087.69
CONTRACTUAL ALLOW	7,706,503.21
TOTAL MEDICAID LIAB	1,904,561.00
LESS: COB	2,673.04
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,901,887.96
ALL OTHER	1,717,033.79
FEE SCHEDULE-LAB	166,550.89
INJECTABLE DRUGS	18,303.28

TOTAL NUMBER OF CLAIMS	3,360
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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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	85,908.10	13,823.88	OTHER LAB	210,752.00	0.00
MED/SURG SUPPLY	214,303.73	1,314.61	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	269,422.25	11,222.25	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	860,109.00	191,613.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	302,682.00	100,368.00	FEE SCHEDULE LAB	1,383,352.33	75,415.50
EKG/ECG	107,979.00	9,105.00	MRI SERVICES	191,820.32	12,216.00
IV THERAPY	631,196.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	759,310.92	310,749.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,244.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	42,597.00	4,461.12	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	239,535.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	54,819.00	30,295.25	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,721,584.75	1,891.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	407,625.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	144,062.02	251,793.90
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	31,761.00	28,834.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,014.00	6,957.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	12,161.00	1,511.50	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	51,991.16	73,748.23
LITHOTRIPSY	62,832.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	217,153.13	27,805.00	NO CC/INVALID REV CODE	2,296.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,961.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	63,137.00	23,206.25			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	316,494.00	70,343.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	118,410.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	97,551.50	4,179.00			
			TOTAL ANCILLARY	9,611,064.21	1,250,853.07
			TOTAL ACCOMODATIONS	0.00	1,500.00
			TOTAL CHARGES	9,611,064.21	1,252,353.07

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2022264083733	02/10/22 - 02/10/22	09/26/22	2,296.00	0.00	0.00	0.00	484.47
TOTAL				2,296.00	0.00	0.00	0.00	484.47

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

COLUMBUS, GA 31904-6878

000001768A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	46
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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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	738.25	141.25	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,519.82	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	5,143.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	17,033.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	35,034.50	2,762.00
EKG/ECG	2,844.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,698.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	28,458.75	4,826.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	202.75	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	507.00	474.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,155.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,547.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	57,789.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,150.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,885.75	721.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	563.00	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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	140.00	78.34
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,541.00	2,004.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,413.00	186.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,268.00	0.00			
			TOTAL ANCILLARY	164,050.82	31,616.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	164,050.82	31,616.34

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

ST. FRANCIS HEALTH, LLC
2122 MANCHESTER EXPY
COLUMBUS, GA 31904-6878

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	402.78
CONTRACTUAL ALLOW	381,554.50
TOTAL MEDICAID LIAB	21,548.73
LESS: COB	5.75
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	21,542.98

TOTAL NUMBER OF CLAIMS	321
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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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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,549.50	23.75	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	155.98	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,129.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,568.00	9,207.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	49,241.50	2,654.00
EKG/ECG	2,913.00	177.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,212.00	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	237.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	283,637.00	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	3,538.25	717.50
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	108.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,922.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	403,103.23	12,887.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	403,103.23	12,887.25

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	63,055.25	ADJUSTMENTS	0.00
COVERED CHARGES	51,602.50	CONTRACTUAL ALLOW	50,461.29
NON-COVERD CHARGES	11,452.75	TOTAL MEDICAID LIAB	1,141.21
		LESS: COB	1,141.21
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 17

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	269.75	0.00	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	1,290.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,578.00	9,207.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,699.50	694.00
EKG/ECG	1,647.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,986.00	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	30,854.00	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	348.25	143.75
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	780.00	1,408.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	51,602.50	11,452.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	51,602.50	11,452.75

Report : CLM-0812-O
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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,185,296.20	ADJUSTMENTS	21,009.73
COVERED CHARGES	1,760,752.37	CONTRACTUAL ALLOW	1,477,121.13
NON-COVERD CHARGES	424,543.83	TOTAL MEDICAID LIAB	283,631.24
		LESS: COB	4,895.64
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	278,735.60

TOTAL NUMBER OF CLAIMS 54

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

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	30,738.00	2,890.76	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	148,400.69	3,554.16	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,181.00	937.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,617.00	1,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	18,637.00	FEE SCHEDULE LAB	37,128.25	3,615.50
EKG/ECG	1,524.00	177.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,759.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	810,940.50	50,869.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,502.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	167,280.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,331.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	280,950.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	43,431.75	6,757.14
RADIOLOGY THERAPEUTIC	526.75	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	7,761.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	314.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	139,285.43	253,445.02
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	19,514.00	1,304.00	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	38,929.00	73,307.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	11,400.00	0.00			
			TOTAL ANCILLARY	1,760,752.37	424,543.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,760,752.37	424,543.83

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

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

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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,041,817.57	ADJUSTMENTS	983,154.26
COVERED CHARGES	34,817,449.57	CONTRACTUAL ALLOW	28,265,399.37
NON-COVERD CHARGES	224,368.00	TOTAL MEDICAID LIAB	6,552,050.20
		LESS: COB	84,262.41
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,467,787.79

TOTAL NUMBER OF ADMISSIONS 414

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,030		0	2,643,570.00		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	2,030		0	2,643,570.00		0.00
SPECIAL CARE SERVICES						
CCU	338		0	1,428,733.56		0.00
ICU	1,692		0	4,034,895.30		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	2,030		0	5,463,628.86		0.00
TOTAL ACCOMODATIONS	4,060		0	8,107,198.86		0.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,016,199.00	29,589.00	OTHER LAB	165,040.38	0.00
MED/SURG SUPPLY	1,150,450.00	1,269.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,103,404.10	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	803,944.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,375,802.00	57,446.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	487,668.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	125,690.00	0.00	MRI SERVICES	331,640.00	0.00
IV THERAPY	412,005.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,543,963.38	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,167,910.30	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	540,329.92	0.00	AMBULANCE	0.00	0.00
GI SERVICES	114,332.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	804,817.70	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	265,348.82	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	57,095.00	0.00	INJECTABLE DRUGS	3,583,230.00	0.00
RADIOLOGY THERAPEUTIC	194,801.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	171,174.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	213,960.08	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	373,872.00	26,773.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	49.00	366.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,673,568.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	118,648.08	7,807.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	435,495.00	35,296.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	133,009.00	65,822.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,252,180.70	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	47,129.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	47,495.00	0.00			
			TOTAL ANCILLARY	26,710,250.71	224,368.00
			TOTAL ACCOMODATIONS	8,107,198.86	0.00
			TOTAL CHARGES	34,817,449.57	224,368.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	767,720.00	ADJUSTMENTS	0.00
COVERED CHARGES	691,857.00	CONTRACTUAL ALLOW	611,318.13
NON-COVERD CHARGES	75,863.00	TOTAL MEDICAID LIAB	80,538.87
		LESS: COB	80,538.87
		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	4		0	5,212.00		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	5,212.00		0.00
SPECIAL CARE SERVICES						
CCU	5		0	15,953.00		0.00
ICU	40		0	68,080.00		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	45		0	84,033.00		0.00
TOTAL ACCOMODATIONS	49		0	89,245.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	37,667.00	1,235.00	OTHER LAB	4,317.00	0.00
MED/SURG SUPPLY	110,991.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	31,932.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,073.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,273.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	5,539.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	810.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,679.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	144,961.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,400.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,317.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,354.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,659.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	26,488.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	739.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	54,433.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,138.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	11,232.00	74,628.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	87,610.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	602,612.00	75,863.00
			TOTAL ACCOMODATIONS	89,245.00	0.00
			TOTAL CHARGES	691,857.00	75,863.00

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	10,611,375.01
COVERED CHARGES	8,900,823.92
NON-COVERD CHARGES	1,710,551.09

-----PAYMENTS-----	
ADJUSTMENTS	107,884.88
CONTRACTUAL ALLOW	7,691,058.33
TOTAL MEDICAID LIAB	1,209,765.59
LESS: COB	801.92
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	1,208,963.67
ALL OTHER	1,070,414.34
FEE SCHEDULE-LAB	116,240.72
INJECTABLE DRUGS	22,308.61

TOTAL NUMBER OF CLAIMS	2,935
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Report : CLM-0804-O
Process : CLMJ0800
Location: CLMP8000

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	122,371.00	25,729.00	OTHER LAB	76,177.00	0.00
MED/SURG SUPPLY	240,097.00	35,799.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	280.00
RADIOLOGY-DIAGNOSTIC	338,763.95	102,877.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,153,050.00	128,166.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	44,920.00	21,306.00	FEE SCHEDULE LAB	977,271.20	46,148.00
EKG/ECG	86,150.00	10,210.00	MRI SERVICES	143,537.00	37,172.00
IV THERAPY	504,030.00	86,656.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,660,708.37	128,506.51	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	27,837.00	303.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	385,719.36	0.00	AMBULANCE	0.00	0.00
GI SERVICES	111,587.67	42,955.33	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,337,746.50	32,030.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	194,953.50	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	216,895.00	115,646.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,270.00	7,810.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	668.00	1,183.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	10,285.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22,455.00	421.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	285,324.00	346,827.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	133,290.08	30,115.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	40,125.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	236,187.00	238,240.00			
AUDIOLOGY	56,395.00	5,277.00			
CARDIOLOGY	427,741.25	256,203.75			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,472.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	68,082.04	405.00			
			TOTAL ANCILLARY	8,900,823.92	1,710,551.09
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,900,823.92	1,710,551.09

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE IV
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	169,696.00	ADJUSTMENTS	0.00
COVERED CHARGES	109,953.00	CONTRACTUAL ALLOW	95,108.27
NON-COVERD CHARGES	59,743.00	TOTAL MEDICAID LIAB	14,844.73
		LESS: COB	14,844.73
		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 34

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,310.00	348.00	OTHER LAB	3,498.00	0.00
MED/SURG SUPPLY	3,610.00	114.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,683.00	2,562.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,292.00	10,473.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	711.00	FEE SCHEDULE LAB	12,883.00	1,912.00
EKG/ECG	1,350.00	0.00	MRI SERVICES	0.00	2,542.00
IV THERAPY	16,156.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,076.50	31,232.50	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	10,003.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,014.50	5,072.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	27,555.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,384.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,500.00	1,569.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	5,512.00	759.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,212.00	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	1,044.00	658.00			
AUDIOLOGY	1,870.00	92.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	109,953.00	59,743.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	109,953.00	59,743.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	157,341.00	ADJUSTMENTS	201.39
COVERED CHARGES	153,895.00	CONTRACTUAL ALLOW	148,860.25
NON-COVERD CHARGES	3,446.00	TOTAL MEDICAID LIAB	5,034.75
		LESS: COB	50.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,984.75

TOTAL NUMBER OF CLAIMS 75

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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ST JOSEPH'S HOSPITAL SAVANNAH
11705 MERCY BLVD
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	561.00	232.00	OTHER LAB	1,780.00	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	7,144.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	31,092.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,689.00	478.00
EKG/ECG	2,160.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	19,786.00	1,636.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	71,182.00	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	3,369.00	522.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,132.00	578.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	153,895.00	3,446.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	153,895.00	3,446.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,122.00	ADJUSTMENTS	0.00
COVERED CHARGES	3,098.00	CONTRACTUAL ALLOW	3,030.87
NON-COVERD CHARGES	24.00	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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	999.00	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	155.00	24.00
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	776.00	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	1,168.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,098.00	24.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,098.00	24.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,164,671.40	ADJUSTMENTS	23,007.84
COVERED CHARGES	1,731,770.40	CONTRACTUAL ALLOW	1,559,211.60
NON-COVERD CHARGES	432,901.00	TOTAL MEDICAID LIAB	172,558.80
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	172,558.80

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
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	25,775.00	3,132.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	208,715.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	70.00
RADIOLOGY-DIAGNOSTIC	10,264.00	3,756.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,916.00	17,077.00	FEE SCHEDULE LAB	17,859.00	1,266.00
EKG/ECG	3,510.00	1,620.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,994.00	1,722.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	506,356.40	14,080.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	124,085.00	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	58,603.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	27,242.00	20,313.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,057.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	509.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	712,505.00	330,545.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	16,956.00	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	3,931.00	35,379.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,550.00	0.00			
			TOTAL ANCILLARY	1,731,770.40	432,901.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,731,770.40	432,901.00

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:23:40
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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	41,949,066.44	ADJUSTMENTS	2,864,993.57
COVERED CHARGES	41,621,763.61	CONTRACTUAL ALLOW	31,853,712.10
NON-COVERD CHARGES	327,302.83	TOTAL MEDICAID LIAB	9,768,051.51
		LESS: COB	244,296.23
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,523,755.28

TOTAL NUMBER OF ADMISSIONS 575

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,019		0	7,262,333.00		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	4,019		0	7,262,333.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	877		0	6,064,679.00		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	877		0	6,064,679.00		0.00
TOTAL ACCOMODATIONS	4,896		0	13,327,012.00		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: 08/06/2023
Run Time: 19:23:40
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,308,464.25	2,142.57	OTHER LAB	282,425.00	0.00
MED/SURG SUPPLY	945,688.26	164,212.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,290,641.00	1,107.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	471,476.00	506.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,242,974.00	18,205.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	243,210.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	155,453.00	0.00	MRI SERVICES	349,454.00	0.00
IV THERAPY	249,660.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	4,026,665.07	0.01	DURABLE MED. EQUIP.	0.00	7,294.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,024,507.00	246.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	638,268.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	171,069.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,036,334.00	2,228.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	187,396.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	926.52
LABORATORY PATHOLOGIC	107,180.00	0.00	INJECTABLE DRUGS	2,998,762.23	2,639.73
RADIOLOGY THERAPEUTIC	38,017.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	191,831.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	97,255.00	597.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	491,989.00	55,736.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,347.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	914,779.80	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	161,196.00	7,499.00	NO CC/INVALID REV CODE	31,276.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	571,693.00	53,095.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	102,553.00	10,869.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,883,453.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	59,514.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	15,221.00	0.00			
			TOTAL ANCILLARY	28,294,751.61	327,302.83
			TOTAL ACCOMODATIONS	13,327,012.00	0.00
			TOTAL CHARGES	41,621,763.61	327,302.83

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

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

Run Date: 08/06/2023
Run Time: 19:23:40
Page: 3

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2322019000350	10/14/21 - 10/19/21	01/24/22	3,812.00	0.00	0.00	1,377.34	0.00
614	2322095000029	01/06/22 - 01/14/22	04/11/22	3,812.00	0.00	0.00	3,319.68	0.00
614	5222108000407	10/13/21 - 11/02/21	04/25/22	2,296.00	0.00	0.00	5,772.52	0.00
615	2322117000219	03/09/22 - 03/12/22	05/02/22	2,296.00	0.00	0.00	1,742.22	0.00
614	2322189000063	09/05/21 - 09/10/21	07/18/22	3,812.00	0.00	0.00	1,720.81	0.00
615	2322203000207	05/31/22 - 06/02/22	08/01/22	7,624.00	0.00	0.00	1,257.60	0.00
614	2322325000330	07/16/22 - 07/19/22	11/28/22	3,812.00	0.00	0.00	1,585.52	0.00
614	2223096003846	08/07/22 - 10/14/22	04/10/23	3,812.00	0.00	0.00	0.00	0.00
TOTAL				31,276.00	0.00	0.00	16,775.69	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: 08/06/2023
Run Time: 19:23:40
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	91,935.54	ADJUSTMENTS	0.00
COVERED CHARGES	91,935.54	CONTRACTUAL ALLOW	68,857.49
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	23,078.05
		LESS: COB	23,078.05
		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	10,842.00		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	10,842.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	4		0	30,868.00		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	30,868.00		0.00
TOTAL ACCOMODATIONS	10		0	41,710.00		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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,059.71	0.00	OTHER LAB	1,636.00	0.00
MED/SURG SUPPLY	816.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,757.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	799.00	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	177.00	0.00	MRI SERVICES	3,358.00	0.00
IV THERAPY	858.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,844.00	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	2,796.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,201.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,838.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,813.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	343.00	0.00	INJECTABLE DRUGS	6,097.83	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	597.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	220.00	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.	2,953.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	62.00	0.00			
			TOTAL ANCILLARY	50,225.54	0.00
			TOTAL ACCOMODATIONS	41,710.00	0.00
			TOTAL CHARGES	91,935.54	0.00

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,781,918.94	ADJUSTMENTS	112,824.88
COVERED CHARGES	5,443,702.41	CONTRACTUAL ALLOW	4,489,923.50
NON-COVERD CHARGES	1,338,216.53	TOTAL MEDICAID LIAB	953,778.91
		LESS: COB	2,418.54
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	951,360.37
		ALL OTHER	857,568.78
		FEE SCHEDULE-LAB	81,254.09
		INJECTABLE DRUGS	12,537.50
TOTAL NUMBER OF CLAIMS		1,523	

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: 08/06/2023
Run Time: 19:23:40
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	85,984.19	37,099.90	OTHER LAB	138,723.00	3,854.00
MED/SURG SUPPLY	107,493.00	5,414.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	140,291.00	118,812.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	579,417.00	183,768.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	834.00	FEE SCHEDULE LAB	662,991.00	48,060.00
EKG/ECG	46,551.00	177.00	MRI SERVICES	219,712.00	70,502.00
IV THERAPY	202,541.00	3,930.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	574,571.20	161,996.81	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,051.00	2,311.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	125,818.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	157,010.00	116,820.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,035,956.00	5,732.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	82,281.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,235.10
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	219,450.74	72,384.36
RADIOLOGY THERAPEUTIC	208,679.00	3,400.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	687.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	799.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	80,168.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	333.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	33,446.60	71,656.36
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	362,565.00	72,090.00	NO CC/INVALID REV CODE	4,574.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,234.00	1,295.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	65,047.00	44,613.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	176,032.00	228,838.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	624.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	187,283.68	783.00			
			TOTAL ANCILLARY	5,443,702.41	1,338,216.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,443,702.41	1,338,216.53

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: 08/06/2023
Run Time: 19:23:40
Page: 8

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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022045039641	02/09/22 - 02/09/22	02/21/22	33.00	0.00	0.00	0.00	20.52
780	2022075069113	03/09/22 - 03/09/22	03/21/22	33.00	0.00	0.00	0.00	20.52
780	2022078026533	03/09/22 - 03/09/22	03/28/22	33.00	0.00	0.00	0.00	20.52
780	2022081083933	03/17/22 - 03/17/22	03/28/22	34.00	0.00	0.00	0.00	20.52
614	2022089087216	03/25/22 - 03/25/22	04/04/22	4,044.00	0.00	0.00	0.00	767.80
780	2022094044578	03/29/22 - 03/29/22	04/11/22	33.00	0.00	0.00	0.00	20.52
780	2022108039176	04/11/22 - 04/11/22	04/25/22	34.00	0.00	0.00	0.00	20.52
780	2022108039198	04/12/22 - 04/12/22	04/25/22	33.00	0.00	0.00	0.00	20.52
780	2022172068039	06/13/22 - 06/13/22	06/27/22	33.00	0.00	0.00	0.00	20.52
780	2022174092111	06/15/22 - 06/15/22	06/27/22	33.00	0.00	0.00	0.00	20.52
780	2022180063299	06/24/22 - 06/24/22	07/04/22	33.00	0.00	0.00	0.00	20.52
780	2022187073285	06/30/22 - 06/30/22	07/11/22	33.00	0.00	0.00	0.00	20.52
780	2022192040223	07/01/22 - 07/01/22	07/18/22	33.00	0.00	0.00	0.00	20.52
780	2022200049976	07/12/22 - 07/12/22	07/25/22	33.00	0.00	0.00	0.00	20.52
780	2022327094185	03/22/22 - 03/22/22	11/28/22	33.00	0.00	0.00	0.00	20.52
780	2022327094196	04/26/22 - 04/26/22	11/28/22	33.00	0.00	0.00	0.00	20.52
780	2022327094211	06/28/22 - 06/28/22	11/28/22	33.00	0.00	0.00	0.00	20.52
TOTAL				4,574.00	0.00	0.00	0.00	1,096.12

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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ATLANTA, GA 30342-1701

000001812A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	35
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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

Run Date: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,181.77	1,814.66	OTHER LAB	3,272.00	0.00
MED/SURG SUPPLY	7,129.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,740.00	11,490.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,541.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,621.00	2,573.00
EKG/ECG	885.00	0.00	MRI SERVICES	3,812.00	11,436.00
IV THERAPY	2,262.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,978.00	7,095.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,458.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,375.00	5,289.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	18,207.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,306.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	6,230.77	138.04
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	3,478.00	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	0.00	2,900.20
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	14,998.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	36,492.00	54,498.00			
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	3,245.00	0.00			
			TOTAL ANCILLARY	125,194.54	123,250.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	125,194.54	123,250.90

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	70,390.73	ADJUSTMENTS	335.65
COVERED CHARGES	64,904.73	CONTRACTUAL ALLOW	61,548.23
NON-COVERD CHARGES	5,486.00	TOTAL MEDICAID LIAB	3,356.50
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,356.50

TOTAL NUMBER OF CLAIMS 50

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	757.99	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	76.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,810.00	613.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	5,041.00	106.00
EKG/ECG	708.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,568.00	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	51,150.00	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	805.74	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	3,478.00	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	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	988.00	0.00			
			TOTAL ANCILLARY	64,904.73	5,486.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	64,904.73	5,486.00

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: 08/06/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	859,942.81	ADJUSTMENTS	18,710.70
COVERED CHARGES	787,888.93	CONTRACTUAL ALLOW	675,613.93
NON-COVERD CHARGES	72,053.88	TOTAL MEDICAID LIAB	112,275.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	112,275.00

TOTAL NUMBER OF CLAIMS 18

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: 08/06/2023
Run Time: 19:23:40
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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 09/01/21 THROUGH 08/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,076.14	1,370.75	OTHER LAB	404.00	0.00
MED/SURG SUPPLY	36,474.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,011.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,289.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,069.00	554.00
EKG/ECG	531.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	588.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	381,402.00	0.02	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	82.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	68,668.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,184.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	33,060.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	25,713.79	2,683.11
RADIOLOGY THERAPEUTIC	80,100.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	51,402.00	64,328.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	984.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	69,851.00	1,870.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	1,248.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	787,888.93	72,053.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	787,888.93	72,053.88

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: 08/06/2023
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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	09/01/21	THROUGH	08/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:16:24
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,716,593.93	ADJUSTMENTS	172,289.02
COVERED CHARGES	17,200,004.18	CONTRACTUAL ALLOW	13,272,134.16
NON-COVERD CHARGES	1,516,589.75	TOTAL MEDICAID LIAB	3,927,870.02
		LESS: COB	45,762.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,882,107.62

TOTAL NUMBER OF ADMISSIONS 403

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,348		0	2,007,172.00		0.00
ROUTINE NURSERY	185		0	400,527.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,533		0	2,407,699.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	850		0	2,367,869.00		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	850		0	2,367,869.00		0.00
TOTAL ACCOMODATIONS	2,383		0	4,775,568.00		0.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,988,807.90	660,036.29	OTHER LAB	131,840.00	0.00
MED/SURG SUPPLY	609,925.19	11,120.46	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,097,475.00	17,338.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	285,419.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,086.00	783,541.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	179,516.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	130,252.00	0.00	MRI SERVICES	187,216.00	0.00
IV THERAPY	373,197.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,980,462.00	13,746.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	153,220.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,240,401.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	530,850.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	73,409.00	11,415.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	730,853.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	392,498.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	58,261.00	0.00	INJECTABLE DRUGS	3,959.09	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	121,459.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	94,024.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	187,266.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	783.00	819.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,043,437.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	96,154.00	0.00	NO CC/INVALID REV CODE	83,814.00	6,538.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	92,512.00	11,336.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	14,397.00	700.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	515,500.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,899.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,544.00	0.00			
			TOTAL ANCILLARY	12,424,436.18	1,516,589.75
			TOTAL ACCOMODATIONS	4,775,568.00	0.00
			TOTAL CHARGES	17,200,004.18	1,516,589.75

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2021221037052	07/27/21 - 08/01/21	08/16/21	0.00	3,593.00	0.00	0.00	0.00
614	2021257070018	09/02/21 - 09/04/21	09/20/21	2,669.00	0.00	0.00	0.00	0.00
614	2021322072100	10/23/21 - 11/05/21	11/22/21	2,701.00	0.00	0.00	0.00	0.00
614	2021328079343	11/09/21 - 11/10/21	11/29/21	2,669.00	0.00	0.00	0.00	0.00
614	2021329047206	11/10/21 - 11/14/21	11/29/21	2,936.00	0.00	0.00	0.00	0.00
615	2022010041042	12/23/21 - 12/27/21	01/17/22	2,443.00	0.00	0.00	0.00	0.00
614	2022019065253	01/04/22 - 01/04/22	01/24/22	2,701.00	0.00	0.00	0.00	0.00
614	2022027083059	12/08/21 - 01/14/22	01/31/22	2,704.00	0.00	0.00	0.00	0.00
614	2022062093806	02/14/22 - 02/24/22	03/07/22	5,373.00	0.00	0.00	0.00	0.00
614	2022063112102	02/22/22 - 02/25/22	03/14/22	2,701.00	0.00	0.00	0.00	0.00
614	2022080045518	02/22/22 - 03/14/22	03/28/22	5,872.00	0.00	0.00	0.00	0.00
615	2022084086570	03/03/22 - 03/09/22	04/04/22	2,443.00	0.00	0.00	0.00	0.00
614	2022096082725	03/15/22 - 03/24/22	04/11/22	2,704.00	0.00	0.00	0.00	0.00
614	2022102082328	03/01/22 - 03/03/22	04/18/22	5,408.00	0.00	0.00	0.00	0.00
618	2022109062247	04/06/22 - 04/08/22	04/25/22	0.00	2,945.00	0.00	0.00	0.00
614	2022131063817	04/24/22 - 04/28/22	05/16/22	2,669.00	0.00	0.00	0.00	0.00
614	2022133071779	05/01/22 - 05/06/22	05/23/22	2,669.00	0.00	0.00	0.00	0.00
615	2022133072393	04/29/22 - 05/04/22	05/23/22	2,443.00	0.00	0.00	0.00	0.00
614	2022138082340	05/06/22 - 05/12/22	05/23/22	1,604.00	0.00	0.00	0.00	0.00
614	2022175075451	02/06/22 - 02/15/22	07/04/22	3,298.00	0.00	0.00	0.00	0.00
614	2022187074309	05/09/22 - 05/16/22	07/11/22	2,669.00	0.00	0.00	0.00	0.00
614	2022188122546	06/25/22 - 06/27/22	07/11/22	1,604.00	0.00	0.00	0.00	0.00
615	2022188123353	06/21/22 - 06/30/22	07/11/22	4,886.00	0.00	0.00	0.00	0.00
615	2022209095140	05/15/22 - 06/08/22	08/01/22	4,873.00	0.00	0.00	0.00	0.00
614	2022249062530	06/15/22 - 06/16/22	09/12/22	4,224.00	0.00	0.00	0.00	0.00
614	2222318006500	05/30/22 - 06/07/22	11/21/22	4,678.00	0.00	0.00	0.00	0.00
615	2322341000188	06/03/22 - 06/05/22	12/12/22	4,873.00	0.00	0.00	1,620.29	0.00
TOTAL				83,814.00	6,538.00	0.00	1,620.29	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	219,166.59	ADJUSTMENTS	0.00
COVERED CHARGES	209,722.07	CONTRACTUAL ALLOW	176,182.14
NON-COVERD CHARGES	9,444.52	TOTAL MEDICAID LIAB	33,539.93
		LESS: COB	33,539.93
		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	12		0	17,868.00		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	17,868.00		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	17,868.00		0.00

Report : CLM-0802-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,215.30	4,526.52	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	56,625.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,059.00	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	4,918.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,158.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,555.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	69,946.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	14,084.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,432.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,594.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,035.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,316.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	463.00	0.00	INJECTABLE DRUGS	957.77	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	4,678.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,398.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	191,854.07	9,444.52
			TOTAL ACCOMODATIONS	17,868.00	0.00
			TOTAL CHARGES	209,722.07	9,444.52

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021362056985	12/07/21 - 12/09/21	01/03/22	4,678.00	0.00	0.00	5,812.67	0.00
TOTAL				4,678.00	0.00	0.00	5,812.67	0.00

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: 08/06/2023
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ST MARY'S HOSPITAL
1230 BAXTER ST
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PROVIDER NUMBER
000001823A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 8,646,602.78
COVERED CHARGES 7,579,131.51
NON-COVERD CHARGES 1,067,471.27

-----PAYMENTS-----
ADJUSTMENTS 38,340.43
CONTRACTUAL ALLOW 5,891,134.48
TOTAL MEDICAID LIAB 1,687,997.03
LESS: COB 6,374.96
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,681,622.07
ALL OTHER 1,416,964.45
FEE SCHEDULE-LAB 177,690.18
INJECTABLE DRUGS 86,967.44

TOTAL NUMBER OF CLAIMS 3,444

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

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

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ST MARY'S HOSPITAL
1230 BAXTER ST
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	79,114.92	193.38	OTHER LAB	96,490.00	0.00
MED/SURG SUPPLY	48,949.00	57,433.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	2,835.00	0.00
RADIOLOGY-DIAGNOSTIC	414,559.00	1,964.00	OTHER THERAPEUTIC SVC	0.00	2,442.00
CT SCAN	710,216.00	198,289.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	29,795.00	22,829.00	FEE SCHEDULE LAB	847,299.00	29,416.00
EKG/ECG	189,912.00	22,388.00	MRI SERVICES	263,386.00	30,832.00
IV THERAPY	603,227.00	7,371.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	451,005.68	127,381.82	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,664.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	38,686.00	1,032.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	212,594.00	2,135.00	AMBULANCE	0.00	0.00
GI SERVICES	50,086.00	28,628.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,184,202.50	11,429.50	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	147,746.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	457,174.41	154,443.57
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,516.00	2,538.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,392.00	2,069.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	110,330.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	90,938.00	2,737.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	25,466.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	139,479.00	37,137.00	NO CC/INVALID REV CODE	10,948.00	14,919.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	36,973.00	1,254.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	105,585.00	35,889.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	239,449.00	136,925.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,483.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	115,427.00	0.00			
			TOTAL ANCILLARY	7,579,131.51	1,067,471.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,579,131.51	1,067,471.27

Report : CLM-0804-O
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: 08/06/2023
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ST MARY'S HOSPITAL
1230 BAXTER ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2021303004615	10/12/21 - 10/12/21	11/08/21	3,619.00	0.00	0.00	0.00	872.14
614	2021303006051	09/09/21 - 09/09/21	11/08/21	0.00	2,704.00	0.00	0.00	0.00
615	2021303007070	10/09/21 - 10/09/21	11/08/21	0.00	2,443.00	0.00	0.00	0.00
615	2021313006573	10/21/21 - 10/21/21	11/15/21	0.00	2,443.00	0.00	0.00	0.00
615	2021315076323	10/29/21 - 10/29/21	11/15/21	2,443.00	0.00	0.00	0.00	588.73
615	2021334049848	11/15/21 - 11/15/21	12/06/21	2,443.00	0.00	0.00	0.00	588.73
615	2021356010979	12/07/21 - 12/07/21	12/27/21	0.00	2,443.00	0.00	0.00	0.00
615	2022011056601	12/14/21 - 12/14/21	01/17/22	0.00	2,443.00	0.00	0.00	0.00
615	2022133074238	05/07/22 - 05/07/22	05/23/22	0.00	2,443.00	0.00	0.00	0.00
615	2022138086664	04/13/22 - 04/13/22	05/23/22	2,443.00	0.00	0.00	0.00	588.73
TOTAL				10,948.00	14,919.00	0.00	0.00	2,638.33

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
NO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	204,442.19
COVERED CHARGES	163,589.64
NON-COVERD CHARGES	40,852.55

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	127,779.60
TOTAL MEDICAID LIAB	35,810.04
LESS: COB	35,810.04
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	63
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,820.88	0.00	OTHER LAB	1,219.00	0.00
MED/SURG SUPPLY	1,304.00	176.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,636.00	1,455.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,266.00	9,002.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,422.00	1,466.00
EKG/ECG	4,246.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	37,056.00	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	1,677.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,220.00	362.00	AMBULANCE	0.00	0.00
GI SERVICES	5,534.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	66,967.00	4,643.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,409.76	1,804.55
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	395.00	174.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	210.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,492.00	3,071.00	NO CC/INVALID REV CODE	0.00	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	1,329.00	14,300.00			
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	1,386.00	0.00			
			TOTAL ANCILLARY	163,589.64	40,852.55
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	163,589.64	40,852.55

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	674,268.18
COVERED CHARGES	645,922.89
NON-COVERD CHARGES	28,345.29

-----PAYMENTS-----	
ADJUSTMENTS	134.26
CONTRACTUAL ALLOW	623,367.21
TOTAL MEDICAID LIAB	22,555.68
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	22,555.68

TOTAL NUMBER OF CLAIMS	336
------------------------	-----

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,668.63	0.00	OTHER LAB	1,829.00	0.00
MED/SURG SUPPLY	4,989.00	56.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,793.00	395.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	72,609.00	21,201.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	51,764.00	599.00
EKG/ECG	8,106.00	386.00	MRI SERVICES	0.00	0.00
IV THERAPY	64,518.00	255.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	12,693.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	222.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,553.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	344,271.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,075.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	25,739.26	2,301.29
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	246.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,994.00	2,906.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,098.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,001.00	0.00			
			TOTAL ANCILLARY	645,922.89	28,345.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	645,922.89	28,345.29

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	19,348.05
COVERED CHARGES	15,747.05
NON-COVERD CHARGES	3,601.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	15,142.88
TOTAL MEDICAID LIAB	604.17
LESS: COB	604.17
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	9
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	23.05	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	132.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,577.00	548.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,274.00	2,900.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	758.00	21.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	255.00	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	8,772.00	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	1,088.00	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	15,747.05	3,601.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,747.05	3,601.00

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

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS,GA 30606-3712

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	50,553.44
CONTRACTUAL ALLOW	3,233,141.10
TOTAL MEDICAID LIAB	455,027.37
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	455,027.37

TOTAL NUMBER OF CLAIMS	90
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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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	57,423.36	1,398.23	OTHER LAB	9,788.00	0.00
MED/SURG SUPPLY	294,472.50	35,084.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,183.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,173.00	2,300.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	2,292.00	FEE SCHEDULE LAB	35,780.00	2,164.00
EKG/ECG	3,525.00	1,158.00	MRI SERVICES	6,400.00	0.00
IV THERAPY	17,473.00	1,200.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,982,460.37	251,206.63	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,500.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	325,265.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	23,107.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	335,402.00	5,453.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	378,360.24	12,737.55
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,881.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	107,726.00	724,150.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,897.00	2,607.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,779.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,473.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	51,026.00	11,310.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,093.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	15,862.00	0.00			
			TOTAL ANCILLARY	3,688,168.47	1,054,941.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,688,168.47	1,054,941.41

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:30:14
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,447,798.56	ADJUSTMENTS	0.00
COVERED CHARGES	1,443,762.87	CONTRACTUAL ALLOW	842,333.90
NON-COVERD CHARGES	4,035.69	TOTAL MEDICAID LIAB	601,428.97
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	601,428.97

TOTAL NUMBER OF ADMISSIONS 69

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	250		0	224,605.00		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	250		0	224,605.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	39		0	91,270.00		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	39		0	91,270.00		0.00
TOTAL ACCOMODATIONS	289		0	315,875.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 19:30:14
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	105,679.68	0.00	OTHER LAB	8,699.53	0.00
MED/SURG SUPPLY	195,065.43	692.25	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	148,828.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	17,850.22	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	90,202.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	26,583.33	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	17,374.06	0.00	MRI SERVICES	8,313.75	0.00
IV THERAPY	47,713.08	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	28,209.84	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	159,254.17	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	9,383.89	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,866.88	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	106,950.38	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,419.26	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	50.25	0.00	INJECTABLE DRUGS	73,400.87	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	18,966.64	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	995.06	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,642.50	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,800.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,416.35	0.00	NO CC/INVALID REV CODE	1,322.75	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,590.66	1,213.44			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	8,267.50	2,130.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	16,964.69	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	13,076.85	0.00			
			TOTAL ANCILLARY	1,127,887.87	4,035.69
			TOTAL ACCOMODATIONS	315,875.00	0.00
			TOTAL CHARGES	1,443,762.87	4,035.69

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021314065948	10/15/21 - 11/02/21	11/15/21	1,322.75	0.00	0.00	0.00	0.00
TOTAL				1,322.75	0.00	0.00	0.00	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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,808,154.27
COVERED CHARGES 1,403,960.76
NON-COVERD CHARGES 404,193.51

-----PAYMENTS-----
ADJUSTMENTS 5,583.57
CONTRACTUAL ALLOW 947,956.32
TOTAL MEDICAID LIAB 456,004.44
LESS: COB 223.74
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 455,780.70
ALL OTHER 414,114.90
FEE SCHEDULE-LAB 33,352.40
INJECTABLE DRUGS 8,313.40

TOTAL NUMBER OF CLAIMS 1,124

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	21,767.09	23,144.27	OTHER LAB	6,985.01	0.00
MED/SURG SUPPLY	77,871.45	6,338.48	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	36,157.23	8,375.62	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	99,599.00	114,237.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	40,852.74	10,771.01	FEE SCHEDULE LAB	186,238.26	22,488.23
EKG/ECG	21,683.42	9,412.26	MRI SERVICES	30,607.50	1,771.00
IV THERAPY	107,808.67	5,219.66	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	19,979.96	53,677.30	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,193.95	2,609.60	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	20,753.38	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	21,848.76	CAST ROOM	0.00	0.00
EMERGENCY ROOM	389,677.01	4,316.20	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	17,476.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	39,871.89	46,849.83
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	10,034.81	7,669.88	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	995.06	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22,083.20	1,988.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,472.00	8,592.25
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,844.52	2,746.98	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,650.40	2,849.34			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	19,112.00	19,459.13			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,455.67	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	174,785.40	28,833.15			
			TOTAL ANCILLARY	1,403,960.76	404,193.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,403,960.76	404,193.51

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV
NO 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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	8,178.39
COVERED CHARGES	7,097.21
NON-COVERD CHARGES	1,081.18

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	4,805.21
TOTAL MEDICAID LIAB	2,292.00
LESS: COB	2,292.00
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	7
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	218.93	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	144.45	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	394.83	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	784.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,179.61	60.43
EKG/ECG	581.19	236.25	MRI SERVICES	1,662.75	0.00
IV THERAPY	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	2,545.45	0.00	SPECIAL SERVICES	0.00	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	7,097.21	1,081.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,097.21	1,081.18

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

STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	367,858.41
COVERED CHARGES	314,444.04
NON-COVERD CHARGES	53,414.37

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	296,352.12
TOTAL MEDICAID LIAB	18,091.92
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	18,091.92

TOTAL NUMBER OF CLAIMS	231
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Report : CLM-0808-O
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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STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,446.93	3,407.35	OTHER LAB	1,184.00	0.00
MED/SURG SUPPLY	9,909.68	331.40	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	4.62	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	15,182.39	3,751.69	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,605.50	34,818.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	37,194.50	3,990.21
EKG/ECG	7,423.13	2,664.92	MRI SERVICES	0.00	0.00
IV THERAPY	33,369.08	255.94	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,756.40	395.45	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	748.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,893.50	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	178,523.37	1,975.32	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,281.88	373.22
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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,222.35	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,925.18	223.90			
			TOTAL ANCILLARY	314,444.04	53,414.37
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	314,444.04	53,414.37

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,779.34	ADJUSTMENTS	0.00
COVERED CHARGES	3,504.66	CONTRACTUAL ALLOW	3,269.70
NON-COVERD CHARGES	2,274.68	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 : 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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STEPHENS COUNTY HOSPITAL
163 HOSPITAL DR
TOCCOA, GA 30577-6820

PROVIDER NUMBER
000001834A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	182.67	306.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	144.45	22.15	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	1,922.75	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	309.14	23.78
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	686.00	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	2,182.40	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.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,504.66	2,274.68
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,504.66	2,274.68

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172,973.38	ADJUSTMENTS	5,305.83
COVERED CHARGES	118,644.03	CONTRACTUAL ALLOW	97,420.71
NON-COVERD CHARGES	54,329.35	TOTAL MEDICAID LIAB	21,223.32
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,223.32

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,335.40	965.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	38,988.02	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	160.50	481.50	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	961.46	FEE SCHEDULE LAB	248.59	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	58,003.71	22,732.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	395.45	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,283.57	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	4,017.52	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,211.27	1,789.15
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,474.39	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	25,925.68
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	118,644.03	54,329.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	118,644.03	54,329.35

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: 08/06/2023
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 21:23:42
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	268,502.36	ADJUSTMENTS	0.00
COVERED CHARGES	268,502.36	CONTRACTUAL ALLOW	228,637.71
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	39,864.65
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	39,864.65

TOTAL NUMBER OF ADMISSIONS 5

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	24		0	44,472.00		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	24		0	44,472.00		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	24		0	44,472.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	110,395.60	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,084.76	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	38,251.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,803.00	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	2,424.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	18,215.00	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	15,806.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,404.00	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	153.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	564.00	0.00			
			TOTAL ANCILLARY	224,030.36	0.00
			TOTAL ACCOMODATIONS	44,472.00	0.00
			TOTAL CHARGES	268,502.36	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: 08/06/2023
Run Time: 21:23:42
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 21:23:42
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,161,214.53	ADJUSTMENTS	67,308.60
COVERED CHARGES	2,997,058.93	CONTRACTUAL ALLOW	2,619,029.66
NON-COVERD CHARGES	164,155.60	TOTAL MEDICAID LIAB	378,029.27
		LESS: COB	490.21
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	377,539.06
		ALL OTHER	343,854.73
		FEE SCHEDULE-LAB	31,631.23
		INJECTABLE DRUGS	2,053.10
TOTAL NUMBER OF CLAIMS		772	

Report : CLM-0804-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	56,097.10	0.00	OTHER LAB	8,253.00	0.00
MED/SURG SUPPLY	15,213.69	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	161,240.00	424.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	428,884.00	91,022.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	108,462.00	6,318.00	FEE SCHEDULE LAB	487,066.00	10,021.00
EKG/ECG	54,540.00	1,212.00	MRI SERVICES	0.00	0.00
IV THERAPY	269,936.00	38,233.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	946.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	50,666.00	7,286.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,299,140.10	1,698.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	37,671.34	2,663.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	368.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	1,377.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	52.70	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,417.00	1,501.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,506.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,600.00	2,400.00			
			TOTAL ANCILLARY	2,997,058.93	164,155.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,997,058.93	164,155.60

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: 08/06/2023
Run Time: 21:23:42
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	19,951.40	ADJUSTMENTS	0.00
COVERED CHARGES	19,951.40	CONTRACTUAL ALLOW	17,777.32
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	2,174.08
		LESS: COB	2,174.08
		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 8

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	53.80	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,689.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,647.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,199.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	576.00	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	12,658.00	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	118.40	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	19,951.40	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,951.40	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	68,732.10	ADJUSTMENTS	0.00
COVERED CHARGES	68,471.50	CONTRACTUAL ALLOW	65,741.50
NON-COVERD CHARGES	260.60	TOTAL MEDICAID LIAB	2,730.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,730.00

TOTAL NUMBER OF CLAIMS 39

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	736.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	53.70	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	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,582.00	0.00
EKG/ECG	1,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,165.00	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	51,571.00	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	1,181.30	107.60
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	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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	68,471.50	260.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,471.50	260.60

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,907.50	ADJUSTMENTS	0.00
COVERED CHARGES	3,907.50	CONTRACTUAL ALLOW	3,837.50
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 : 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	73.30	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	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	1,087.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,183.00	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	1,525.00	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	39.20	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	3,907.50	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,907.50	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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	33,808,439.92	ADJUSTMENTS	1,711,064.94
COVERED CHARGES	33,438,931.14	CONTRACTUAL ALLOW	26,755,705.51
NON-COVERD CHARGES	369,508.78	TOTAL MEDICAID LIAB	6,683,225.63
		LESS: COB	103,850.87
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	4,158.00
		REIMBURSEMENT	6,583,532.76

TOTAL NUMBER OF ADMISSIONS 570

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,022		0	3,309,638.01		0.00
ROUTINE NURSERY	286		0	435,352.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.33
TOTAL ROUTINE	2,308		0	3,744,990.01		0.33
SPECIAL CARE SERVICES						
CCU	1,593		0	3,902,148.00		0.00
ICU	375		0	1,375,125.00		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	1,968		0	5,277,273.00		0.00
TOTAL ACCOMODATIONS	4,276		0	9,022,263.01		0.33

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

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

Run Date: 08/06/2023
Run Time: 19:31:39
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,946,544.65	5,274.88	OTHER LAB	171,609.00	0.00
MED/SURG SUPPLY	1,430,720.70	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,453,853.55	619.00	EDUCATION & TRAINING	10,931.00	0.00
RADIOLOGY-DIAGNOSTIC	411,521.00	993.00	OTHER THERAPEUTIC SVC	524.00	0.00
CT SCAN	1,656,580.96	19,531.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	270,933.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	263,228.00	0.00	MRI SERVICES	219,193.15	0.00
IV THERAPY	617,465.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,885,013.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	197,672.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,726,710.00	600.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	311,884.31	0.00	AMBULANCE	0.00	0.00
GI SERVICES	272,948.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	924,940.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	73,557.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	73,292.00	726.00	INJECTABLE DRUGS	32.92	290.57
RADIOLOGY THERAPEUTIC	93,770.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	66,820.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	63,607.60	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	4,218.00	331,587.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,224.00	463.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	882,558.81	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	112,128.00	0.00	NO CC/INVALID REV CODE	73,289.04	3,236.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	387,061.00	5,412.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	233,358.04	776.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,129,164.40	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	45,561.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	398,755.00	0.00			
			TOTAL ANCILLARY	24,416,668.13	369,508.45
			TOTAL ACCOMODATIONS	9,022,263.01	0.33
			TOTAL CHARGES	33,438,931.14	369,508.78

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2221256005006	07/31/21 - 08/06/21	09/20/21	0.00	3,236.00	0.00	0.00	0.00
614	2021327038888	11/05/21 - 11/18/21	11/29/21	4,288.00	0.00	0.00	0.00	0.00
614	2022010014158	12/29/21 - 01/02/22	01/17/22	4,045.01	0.00	0.00	0.00	0.00
614	5222041000419	08/27/21 - 08/29/21	02/14/22	3,370.01	0.00	0.00	0.00	0.00
614	2022049046337	02/04/22 - 02/14/22	02/21/22	4,066.00	0.00	0.00	0.00	0.00
615	2022049046337	02/04/22 - 02/14/22	02/21/22	3,722.00	0.00	0.00	0.00	0.00
615	2022057024187	02/13/22 - 02/18/22	03/07/22	3,722.00	0.00	0.00	0.00	0.00
614	5222068000542	09/09/21 - 10/11/21	03/14/22	4,288.00	0.00	0.00	0.00	0.00
614	5222103035709	01/15/22 - 02/01/22	04/18/22	10,109.00	0.00	0.00	0.00	0.00
614	2022148033480	04/25/22 - 05/14/22	06/06/22	5,162.00	0.00	0.00	0.00	0.00
614	2022155022559	02/11/22 - 02/18/22	06/13/22	5,162.00	0.00	0.00	0.00	0.00
614	2022196044560	06/10/22 - 06/14/22	07/18/22	5,162.01	0.00	0.00	0.00	0.00
615	2322234000238	04/05/22 - 04/07/22	09/26/22	3,722.01	0.00	0.00	0.00	0.00
614	2022327051407	11/03/21 - 11/07/21	11/28/22	4,488.00	0.00	0.00	0.00	0.00
615	2022349055975	04/06/22 - 04/06/22	12/19/22	4,913.00	0.00	0.00	0.00	0.00
614	2023053050048	12/07/21 - 12/12/21	02/27/23	3,535.00	0.00	0.00	0.00	0.00
614	2023062051809	07/11/21 - 07/13/21	03/06/23	3,535.00	0.00	0.00	0.00	0.00
TOTAL				73,289.04	3,236.00	0.00	0.00	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	916,744.37	ADJUSTMENTS	0.00
COVERED CHARGES	897,763.37	CONTRACTUAL ALLOW	732,477.27
NON-COVERD CHARGES	18,981.00	TOTAL MEDICAID LIAB	165,286.10
		LESS: COB	165,349.10
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	64		0	105,024.00		0.00
ROUTINE NURSERY	4		0	3,640.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	68		0	108,664.00		0.00
SPECIAL CARE SERVICES						
CCU	45		0	110,250.00		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	45		0	110,250.00		0.00
TOTAL ACCOMODATIONS	113		0	218,914.00		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: 08/06/2023
Run Time: 19:31:39
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	139,422.07	0.00	OTHER LAB	574.00	0.00
MED/SURG SUPPLY	35,755.84	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	106,913.00	0.00	EDUCATION & TRAINING	215.00	0.00
RADIOLOGY-DIAGNOSTIC	7,385.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,640.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,281.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,281.00	0.00	MRI SERVICES	7,862.01	0.00
IV THERAPY	5,945.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	78,585.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	58,038.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	19,822.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,221.30	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,182.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,147.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,998.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	446.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	994.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	18,981.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	332.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	62,981.15	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,073.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,736.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	844.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	57,313.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,118.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,745.00	0.00			
			TOTAL ANCILLARY	678,849.37	18,981.00
			TOTAL ACCOMODATIONS	218,914.00	0.00
			TOTAL CHARGES	897,763.37	18,981.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	17,709,248.12	ADJUSTMENTS	356,372.62
COVERED CHARGES	15,134,138.59	CONTRACTUAL ALLOW	12,247,300.45
NON-COVERD CHARGES	2,575,109.53	TOTAL MEDICAID LIAB	2,886,838.14
		LESS: COB	2,402.22
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,884,435.92
		ALL OTHER	2,658,872.87
		FEE SCHEDULE-LAB	163,335.68
		INJECTABLE DRUGS	62,227.37
TOTAL NUMBER OF CLAIMS		4,741	

Report : CLM-0804-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	144,320.83	91,604.84	OTHER LAB	115,566.00	6,717.00
MED/SURG SUPPLY	132,595.53	69,240.15	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,088.00
RADIOLOGY-DIAGNOSTIC	478,519.00	30,949.00	OTHER THERAPEUTIC SVC	1,048.00	0.00
CT SCAN	2,250,200.72	194,210.25	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,573.00	9,067.00	FEE SCHEDULE LAB	1,603,669.00	105,673.00
EKG/ECG	224,481.00	14,514.00	MRI SERVICES	387,420.20	38,528.45
IV THERAPY	862,014.00	206,524.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,396,000.35	191,494.65	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	127,475.00	16,909.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	333,517.00	1,040.00	AMBULANCE	0.00	0.00
GI SERVICES	375,774.76	82,661.24	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,365,462.00	6,873.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	90,525.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	612,944.01	299,233.36
RADIOLOGY THERAPEUTIC	822,833.00	36,160.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	608.00	2,596.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	497.00	3,813.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	18,981.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	38,770.00	3,440.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	161,616.00	0.00	IMPL DEV CHARGE PATIENTS	5,232.50	468,766.85
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	396,729.08	99,040.31	NO CC/INVALID REV CODE	113,593.10	3,236.14
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,874.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	383,034.11	140,678.29			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	642,544.00	92,003.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	214,958.40	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	838,744.00	340,068.00			
			TOTAL ANCILLARY	15,134,138.59	2,575,109.53
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,134,138.59	2,575,109.53

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021242010414	08/24/21 - 08/24/21	09/06/21	3,535.00	0.00	0.00	0.00	692.12
614	2021242010414	08/24/21 - 08/24/21	09/06/21	0.00	0.01	0.00	0.00	0.00
614	2021264033265	09/17/21 - 09/17/21	09/27/21	3,535.00	0.00	0.00	0.00	692.12
614	2021264033265	09/17/21 - 09/17/21	09/27/21	0.00	0.01	0.00	0.00	0.00
615	2321306000481	07/29/21 - 07/29/21	11/29/21	0.00	0.01	0.00	0.00	0.00
614	2021316063343	11/08/21 - 11/08/21	11/15/21	4,488.00	0.00	0.00	0.00	939.46
614	2021316063343	11/08/21 - 11/08/21	11/15/21	0.00	0.01	0.00	0.00	0.00
614	2021319015134	11/10/21 - 11/10/21	11/22/21	3,535.00	0.00	0.00	0.00	739.97
614	2021319015134	11/10/21 - 11/10/21	11/22/21	0.00	0.01	0.00	0.00	0.00
614	2021330049363	11/22/21 - 11/22/21	11/29/21	3,236.00	0.00	0.00	0.00	677.39
614	2021330049363	11/22/21 - 11/22/21	11/29/21	0.00	0.01	0.00	0.00	0.00
614	2221335006348	07/13/21 - 07/13/21	12/06/21	4,288.00	0.00	0.00	0.00	897.59
614	2221335006348	07/13/21 - 07/13/21	12/06/21	0.00	0.01	0.00	0.00	0.00
614	5921335000891	10/05/21 - 10/05/21	12/06/21	4,488.00	0.00	0.00	0.00	939.46
614	5921335000891	10/05/21 - 10/05/21	12/06/21	0.00	0.01	0.00	0.00	0.00
614	2021340018392	11/30/21 - 11/30/21	12/13/21	4,488.00	0.00	0.00	0.00	939.46
614	2021340018392	11/30/21 - 11/30/21	12/13/21	0.00	0.01	0.00	0.00	0.00
614	2021352027950	12/14/21 - 12/14/21	12/27/21	4,273.00	0.00	0.00	0.00	894.46
614	2021352027950	12/14/21 - 12/14/21	12/27/21	0.00	0.01	0.00	0.00	0.00
614	2322013000129	12/16/21 - 12/16/21	02/07/22	4,045.00	0.00	0.00	0.00	846.73
614	2322013000129	12/16/21 - 12/16/21	02/07/22	0.00	0.01	0.00	0.00	0.00
614	5922027000425	01/04/22 - 01/04/22	01/31/22	3,722.00	0.00	0.00	0.00	779.12
614	5922027000425	01/04/22 - 01/04/22	01/31/22	0.00	0.01	0.00	0.00	0.00
614	2022028058516	01/21/22 - 01/21/22	01/31/22	5,162.00	0.00	0.00	0.00	1,080.55
614	2022028058516	01/21/22 - 01/21/22	01/31/22	0.00	0.01	0.00	0.00	0.00
614	2022063064970	02/25/22 - 02/25/22	03/07/22	5,162.01	0.00	0.00	0.00	1,080.55
614	2022063064985	02/28/22 - 02/28/22	03/07/22	3,876.01	0.00	0.00	0.00	811.35
614	2022077049630	03/14/22 - 03/14/22	03/21/22	4,652.01	0.00	0.00	0.00	973.79
614	2022081033528	03/18/22 - 03/18/22	03/28/22	5,162.01	0.00	0.00	0.00	1,080.55
614	2022116048051	04/19/22 - 04/19/22	05/02/22	5,154.00	0.00	0.00	0.00	1,078.87
614	2022129009518	05/04/22 - 05/04/22	05/16/22	5,177.01	0.00	0.00	0.00	1,083.69
614	2022129016722	05/05/22 - 05/05/22	05/16/22	3,876.01	0.00	0.00	0.00	811.35
614	2222145004516	11/16/21 - 11/16/21	05/30/22	4,481.00	0.00	0.00	0.00	938.00
614	2022148033463	05/24/22 - 05/24/22	06/06/22	3,722.01	0.00	0.00	0.00	779.12
615	2022154052490	05/30/22 - 05/30/22	06/06/22	4,913.01	0.00	0.00	0.00	1,028.42
614	2022157008646	06/01/22 - 06/01/22	06/13/22	4,066.00	0.00	0.00	0.00	851.13
614	2022218021874	05/31/22 - 05/31/22	08/15/22	4,914.01	0.00	0.00	0.00	1,028.64
614	5922229000604	12/03/21 - 12/03/21	08/22/22	4,481.00	0.00	0.00	0.00	938.00
615	5222237002839	07/28/21 - 07/28/21	10/03/22	0.00	3,236.00	0.00	0.00	0.00
615	5222237002839	07/28/21 - 07/28/21	10/03/22	0.00	0.01	0.00	0.00	0.00
614	2022252049951	06/24/22 - 06/24/22	09/12/22	5,162.01	0.00	0.00	0.00	1,057.45

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

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

Run Date: 08/06/2023
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TANNER MEDICAL CENTER - CARROLLTON
705 DIXIE ST
CARROLLTON,GA 30117-3818

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000001867A	SERVICE DATES	07/01/21	THROUGH	06/30/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

TOTAL	113,593.10	3,236.14	0.00	0.00	23,659.34
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	363,968.22
COVERED CHARGES	291,712.07
NON-COVERD CHARGES	72,256.15

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	235,730.22
TOTAL MEDICAID LIAB	55,981.85
LESS: COB	55,981.85
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	95
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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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	978.44	1,694.88	OTHER LAB	5,327.00	0.00
MED/SURG SUPPLY	2,536.19	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	369.00
RADIOLOGY-DIAGNOSTIC	11,961.00	327.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	13,412.00	25,667.02	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	33,530.00	1,478.00
EKG/ECG	3,164.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,419.00	1,380.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,366.00	7,552.00	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	8,131.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,821.50	1,460.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	45,120.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,316.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,708.89	5,201.73
RADIOLOGY THERAPEUTIC	17,844.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	89.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	22,312.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	20,670.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	10,662.01	3,107.00	NO CC/INVALID REV CODE	9,030.01	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	17,755.03	2,883.02			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,317.00	0.00			
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	5,699.00	377.00			
			TOTAL ANCILLARY	291,712.07	72,256.15
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	291,712.07	72,256.15

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022089039357	03/07/22 - 03/07/22	04/04/22	3,876.01	0.00	0.00	811.35	0.00
614	2022148033469	04/26/22 - 04/26/22	06/06/22	5,154.00	0.00	0.00	1,535.23	0.00
TOTAL				9,030.01	0.00	0.00	2,346.58	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: 08/06/2023
Run Time: 19:31:39
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,164,375.40	ADJUSTMENTS	2,349.55
COVERED CHARGES	1,093,188.20	CONTRACTUAL ALLOW	1,061,368.58
NON-COVERD CHARGES	71,187.20	TOTAL MEDICAID LIAB	31,819.62
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	31,819.62

TOTAL NUMBER OF CLAIMS 474

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,878.98	5,314.96	OTHER LAB	4,543.00	0.00
MED/SURG SUPPLY	95.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	50,160.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	339,075.22	24,465.15	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	120,663.00	7,231.00
EKG/ECG	16,735.00	305.00	MRI SERVICES	5,096.00	0.00
IV THERAPY	92,944.00	24,186.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	419,843.00	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	29,941.99	9,507.09
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	178.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,708.00	0.00	NO CC/INVALID REV CODE	5,162.01	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,868.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	475.00	0.00			
			TOTAL ANCILLARY	1,093,188.20	71,187.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,093,188.20	71,187.20

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	5922153000373	04/19/22 - 04/19/22	06/06/22	5,162.01	0.00	0.00	0.00	0.00
TOTAL				5,162.01	0.00	0.00	0.00	0.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,210.83	ADJUSTMENTS	0.00
COVERED CHARGES	34,932.13	CONTRACTUAL ALLOW	33,858.05
NON-COVERD CHARGES	9,278.70	TOTAL MEDICAID LIAB	1,074.08
		LESS: COB	1,074.08
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 16

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	427.90	300.00	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	2,636.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,628.00	7,154.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,600.00	541.00
EKG/ECG	1,277.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,594.00	1,078.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	187.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	17,719.00	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	863.23	205.70
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	34,932.13	9,278.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	34,932.13	9,278.70

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,001,145.79	ADJUSTMENTS	56,384.70
COVERED CHARGES	2,120,139.87	CONTRACTUAL ALLOW	1,826,939.44
NON-COVERD CHARGES	1,881,005.92	TOTAL MEDICAID LIAB	293,200.43
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	293,200.43

TOTAL NUMBER OF CLAIMS

52

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	64,473.85	14,283.64	OTHER LAB	1,410.00	52,727.00
MED/SURG SUPPLY	371,638.89	39,738.71	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	69.00
RADIOLOGY-DIAGNOSTIC	12,670.00	8,606.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,524.02	12,560.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,266.00	12,821.00	FEE SCHEDULE LAB	73,747.00	11,512.00
EKG/ECG	7,853.00	6,023.00	MRI SERVICES	4,122.00	0.00
IV THERAPY	142,386.00	47,299.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	778,531.77	130,287.23	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	15,935.00	1,471.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	93,870.91	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,819.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	25,735.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	50,401.34	72,548.23
RADIOLOGY THERAPEUTIC	146,759.00	4,770.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,516.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	497.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,218.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	209.00	341.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,986.08	1,332,810.03
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,534.00	7,107.01	NO CC/INVALID REV CODE	5,162.01	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,866.00	1,202.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	19,930.02			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	181,173.00	18,502.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,118.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	93,949.00	77,167.00			
			TOTAL ANCILLARY	2,120,139.87	1,881,005.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,120,139.87	1,881,005.92

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022218021881	06/17/22 - 06/17/22	08/15/22	5,162.01	0.00	0.00	0.00	1,080.55
TOTAL				5,162.01	0.00	0.00	0.00	1,080.55

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	191,975.95	ADJUSTMENTS	0.00
COVERED CHARGES	94,557.19	CONTRACTUAL ALLOW	83,280.25
NON-COVERD CHARGES	97,418.76	TOTAL MEDICAID LIAB	11,276.94
		LESS: COB	11,276.94
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS

2

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,928.14	429.92	OTHER LAB	0.00	3,544.00
MED/SURG SUPPLY	32,640.51	108.17	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,043.00	824.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	882.00	FEE SCHEDULE LAB	1,219.00	29.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	727.00	1,409.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	44,503.00	5,653.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,320.51	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	2,708.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	887.03	3,192.92
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	468.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	80,878.75
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,581.00	0.00			
			TOTAL ANCILLARY	94,557.19	97,418.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	94,557.19	97,418.76

** 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

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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,070,809.45	ADJUSTMENTS	0.00
COVERED CHARGES	2,070,809.45	CONTRACTUAL ALLOW	1,907,936.78
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	162,872.67
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	162,872.67

TOTAL NUMBER OF ADMISSIONS 11

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	19		0	57,561.76		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	57,561.76		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	19		0	57,561.76		0.00

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

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

Run Date: 08/06/2023
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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	26,888.20	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	10,273.65	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,053.84	0.00	EDUCATION & TRAINING	95.44	0.00
RADIOLOGY-DIAGNOSTIC	267.42	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	8,826.33	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	1,151,616.86	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	997.60	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	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	1,456.81	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	804,074.40	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	697.14	0.00			
			TOTAL ANCILLARY	2,013,247.69	0.00
			TOTAL ACCOMODATIONS	57,561.76	0.00
			TOTAL CHARGES	2,070,809.45	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: 08/06/2023
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TATTNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

TATTNALL HOSPITAL COMPANY, LLC 247 S MAIN ST REIDSVILLE,GA 30453-4605	PROVIDER NUMBER 000001878A	PAYMENT DATES 00/00/00 THROUGH 00/00/00 SERVICE DATES 01/01/22 THROUGH 12/31/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	2,456,193.68	ADJUSTMENTS 106,324.48
COVERED CHARGES	2,217,647.04	CONTRACTUAL ALLOW 1,843,154.11
NON-COVERD CHARGES	238,546.64	TOTAL MEDICAID LIAB 374,492.93
		LESS: COB 1,921.67
		LESS: COPAYMENT 0.00
		ADD: ADDON PYMT 0.00
		REIMBURSEMENT 372,571.26
		ALL OTHER 345,211.85
		FEE SCHEDULE-LAB 27,346.80
		INJECTABLE DRUGS 12.61
TOTAL NUMBER OF CLAIMS		937

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

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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	63,398.81	445.78	OTHER LAB	32,438.16	1,300.00
MED/SURG SUPPLY	8,501.15	500.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	95.44
RADIOLOGY-DIAGNOSTIC	57,925.36	356.76	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	134,582.21	34,307.84	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	28,548.88	7,144.52	FEE SCHEDULE LAB	247,562.60	13,558.81
EKG/ECG	21,211.35	0.00	MRI SERVICES	113,015.42	2,784.81
IV THERAPY	33,906.60	692.68	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,220,681.92	169,624.69	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,802.41	118.25	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	192,135.82	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,260.28	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	75.06	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,828.21	5,221.02	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	0.00	741.12	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	19,857.60	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,148.44	606.48	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,603.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,242.20	1,048.44			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,921.06	0.00			
			TOTAL ANCILLARY	2,217,647.04	238,546.64
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,217,647.04	238,546.64

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

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Run Time: 16:20:25
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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 38,207.62
COVERED CHARGES 30,305.52
NON-COVERD CHARGES 7,902.10

-----PAYMENTS-----
ADJUSTMENTS 0.00
CONTRACTUAL ALLOW 25,331.56
TOTAL MEDICAID LIAB 4,973.96
LESS: COB 4,973.96
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 : 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

TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,078.07	0.00	OTHER LAB	818.39	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	1,226.04	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,756.60	4,390.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,450.96	306.00
EKG/ECG	172.45	172.45	MRI SERVICES	0.00	0.00
IV THERAPY	209.16	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,684.80	3,033.60	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	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,909.05	0.00	SPECIAL SERVICES	0.00	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	30,305.52	7,902.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	30,305.52	7,902.10

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

TATTNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE, GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	117,487.93
COVERED CHARGES	108,623.11
NON-COVERD CHARGES	8,864.82

-----PAYMENTS-----	
ADJUSTMENTS	560.00
CONTRACTUAL ALLOW	98,473.11
TOTAL MEDICAID LIAB	10,150.00
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	10,150.00

TOTAL NUMBER OF CLAIMS	145
------------------------	-----

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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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,031.11	0.00	OTHER LAB	1,280.52	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	5,880.16	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,805.29	7,300.58	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	26,122.16	1,564.24
EKG/ECG	1,379.60	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,689.80	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	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	46,316.22	0.00	SPECIAL SERVICES	0.00	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	108,623.11	8,864.82
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	108,623.11	8,864.82

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

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TATTNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

TATTNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,768,913.56	ADJUSTMENTS	36,053.29
COVERED CHARGES	2,599,307.22	CONTRACTUAL ALLOW	2,429,341.71
NON-COVERD CHARGES	169,606.34	TOTAL MEDICAID LIAB	169,965.51
		LESS: COB	7,452.53
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	162,512.98
TOTAL NUMBER OF CLAIMS		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: 08/06/2023
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TATNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38,427.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	14,779.31	500.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	47.72
RADIOLOGY-DIAGNOSTIC	686.16	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	4,385.72	FEE SCHEDULE LAB	4,266.72	216.00
EKG/ECG	172.45	517.35	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,759,917.20	50,876.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	348.06	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,620.05	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	1,015.55	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	764,868.72	112,048.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,221.30	0.00			
			TOTAL ANCILLARY	2,599,307.22	169,606.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,599,307.22	169,606.34

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

TATTNALL HOSPITAL COMPANY, LLC
247 S MAIN ST
REIDSVILLE,GA 30453-4605

PROVIDER NUMBER
000001878A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:45:06
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,600,250.74	ADJUSTMENTS	613,297.28
COVERED CHARGES	34,990,264.43	CONTRACTUAL ALLOW	28,689,798.73
NON-COVERD CHARGES	609,986.31	TOTAL MEDICAID LIAB	6,300,465.70
		LESS: COB	125,813.31
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	6,174,652.39

TOTAL NUMBER OF ADMISSIONS 717

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,324		0	3,468,440.31		0.00
ROUTINE NURSERY	186		0	222,328.50		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	3,510		0	3,690,768.81		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,048		0	2,286,537.50		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	1,048		0	2,286,537.50		0.00
TOTAL ACCOMODATIONS	4,558		0	5,977,306.31		0.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	11,204,455.71	817.75	OTHER LAB	125,445.93	0.00
MED/SURG SUPPLY	1,366,978.56	3,641.09	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	5,697,020.12	152,147.06	EDUCATION & TRAINING	572.18	0.00
RADIOLOGY-DIAGNOSTIC	965,387.61	19,048.73	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,787,345.43	73,139.21	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	254,036.98	8,915.79	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	221,633.14	5,044.05	MRI SERVICES	138,743.79	0.00
IV THERAPY	161,924.44	53,348.89	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	940,791.40	3,646.73	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	203,760.28	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	907,411.22	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	303,405.88	0.00	AMBULANCE	0.00	0.00
GI SERVICES	174,782.28	4,900.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	964,442.19	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	105,494.27	0.00	DRUG-SPECIFIC/HOME IV	0.00	17,250.16
LABORATORY PATHOLOGIC	82,267.02	1,117.19	INJECTABLE DRUGS	407,106.65	0.00
RADIOLOGY THERAPEUTIC	26,074.55	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	82,287.40	3,284.56	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	60,285.76	3,427.99	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	121,607.70	3,082.40	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,231.25	2,666.63	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	508,179.34	27,871.23
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	172,146.85	8,289.01	NO CC/INVALID REV CODE	0.00	680.11
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	269,561.31	156,884.52			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	157,031.44	1,932.88			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	497,439.71	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	28,993.09	930.83			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,073,114.64	57,919.50			
			TOTAL ANCILLARY	29,012,958.12	609,986.31
			TOTAL ACCOMODATIONS	5,977,306.31	0.00
			TOTAL CHARGES	34,990,264.43	609,986.31

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021328078791	11/10/21 - 11/15/21	11/29/21	0.00	73.70	0.00	0.00	0.00
780	2021336020390	11/14/21 - 11/19/21	12/06/21	0.00	34.25	0.00	0.00	0.00
780	2022105071725	04/02/22 - 04/06/22	04/25/22	0.00	41.42	0.00	0.00	0.00
780	2022117078413	04/08/22 - 04/19/22	05/02/22	0.00	35.96	0.00	0.00	0.00
780	2022161079648	05/25/22 - 05/31/22	06/20/22	0.00	35.96	0.00	0.00	0.00
780	2022167080631	06/02/22 - 06/03/22	06/20/22	0.00	41.42	0.00	0.00	0.00
780	2022175073034	06/03/22 - 06/17/22	07/04/22	0.00	35.96	0.00	0.00	0.00
780	2022185017705	06/25/22 - 06/27/22	07/11/22	0.00	41.42	0.00	0.00	0.00
780	2022224068233	06/15/22 - 06/21/22	08/22/22	0.00	41.42	0.00	0.00	0.00
780	2322232000009	03/26/22 - 03/30/22	08/29/22	0.00	41.42	0.00	4,018.95	0.00
780	2022252077108	08/04/22 - 08/23/22	09/19/22	0.00	41.42	0.00	0.00	0.00
780	5223057000020	09/22/22 - 10/14/22	03/06/23	0.00	35.96	0.00	0.00	0.00
780	2223115001155	09/28/22 - 11/18/22	05/01/23	0.00	71.92	0.00	0.00	0.00
780	2223116008592	05/17/22 - 07/11/22	05/01/23	0.00	71.92	0.00	0.00	0.00
780	2223142007826	07/18/22 - 03/15/23	05/29/23	0.00	35.96	0.00	0.00	0.00
TOTAL				0.00	680.11	0.00	4,018.95	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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	344,978.50	ADJUSTMENTS	0.00
COVERED CHARGES	343,271.56	CONTRACTUAL ALLOW	316,134.41
NON-COVERD CHARGES	1,706.94	TOTAL MEDICAID LIAB	27,137.15
		LESS: COB	27,137.15
		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	34		0	54,160.00		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	34		0	54,160.00		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	34		0	54,160.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	76,664.82	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,219.87	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	42,475.99	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,400.45	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,753.02	1,566.54	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	3,121.47	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,270.35	0.00	MRI SERVICES	6,831.83	0.00
IV THERAPY	39,230.55	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,121.63	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,804.79	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,755.57	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,108.97	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,313.64	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	510.81	0.00	INJECTABLE DRUGS	27,542.11	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	2,008.18	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,092.71	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	140.40	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	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.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	13,634.18	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,743.04	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,637.84	0.00			
			TOTAL ANCILLARY	289,111.56	1,706.94
			TOTAL ACCOMODATIONS	54,160.00	0.00
			TOTAL CHARGES	343,271.56	1,706.94

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 30,121,978.87
COVERED CHARGES 26,225,869.13
NON-COVERD CHARGES 3,896,109.74

-----PAYMENTS-----
ADJUSTMENTS 700,419.94
CONTRACTUAL ALLOW 21,528,664.62
TOTAL MEDICAID LIAB 4,697,204.51
LESS: COB 7,097.90
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 4,690,106.61
ALL OTHER 3,522,223.00
FEE SCHEDULE-LAB 530,808.77
INJECTABLE DRUGS 637,074.84

TOTAL NUMBER OF CLAIMS 8,533

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	977,232.48	57,890.04	OTHER LAB	818,290.43	13,670.31
MED/SURG SUPPLY	455,633.78	63,800.42	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	145.50
RADIOLOGY-DIAGNOSTIC	1,282,264.35	44,164.58	OTHER THERAPEUTIC SVC	0.00	717.30
CT SCAN	2,753,448.03	321,285.83	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	8,487.09	FEE SCHEDULE LAB	5,535,919.80	227,433.99
EKG/ECG	271,120.23	23,629.89	MRI SERVICES	447,850.35	16,969.11
IV THERAPY	549,190.87	32,387.34	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,437,231.34	413,014.96	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	230,736.21	1,613.77	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	491,653.57	0.00	AMBULANCE	0.00	0.00
GI SERVICES	471,500.58	63,544.29	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,870,189.76	96,372.72	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	288,062.21	0.00	DRUG-SPECIFIC/HOME IV	214,701.50	25,585.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	5,182,118.16	1,453,003.33
RADIOLOGY THERAPEUTIC	375,388.88	260,081.43	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,240.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	8,162.44	6,311.39	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	152,889.66	8,695.69	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	2,656.27	483,512.79
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	655,649.39	39,803.25	NO CC/INVALID REV CODE	235.44	599.64
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	82,039.68	17,197.95			
ONCOLOGY	18,851.77	13,085.84			
NUCLEAR MEDICINE	414,514.52	12,836.46			
AUDIOLOGY	1,301.60	0.00			
CARDIOLOGY	484,423.14	65,127.62			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	22,666.12	3,728.07			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	729,946.57	117,174.14			
			TOTAL ANCILLARY	26,225,869.13	3,896,109.74
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	26,225,869.13	3,896,109.74

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: 08/06/2023
Run Time: 19:45:06
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	5921319000790	10/22/21 - 10/22/21	11/22/21	39.45	0.00	0.00	0.00	20.52
780	2022025072642	01/15/22 - 01/15/22	01/31/22	39.45	0.00	0.00	0.00	20.52
-1	2322049000218	12/05/21 - 12/05/21	02/28/22	0.00	294.02	0.00	0.00	0.00
780	2022060085708	02/10/22 - 02/10/22	03/07/22	34.25	0.00	0.00	0.00	20.52
780	2022069101339	02/25/22 - 02/25/22	03/14/22	39.45	0.00	0.00	0.00	20.52
948	2222210010594	03/07/22 - 03/07/22	08/01/22	0.00	152.81	0.00	0.00	0.00
948	2222210010594	03/09/22 - 03/09/22	08/01/22	0.00	152.81	0.00	0.00	0.00
780	2022269035392	09/12/22 - 09/12/22	10/03/22	41.42	0.00	0.00	0.00	20.52
780	2022271085536	09/05/22 - 09/05/22	10/03/22	41.42	0.00	0.00	0.00	20.52
TOTAL				235.44	599.64	0.00	0.00	123.12

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	247,190.59
COVERED CHARGES	114,052.96
NON-COVERD CHARGES	133,137.63

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	95,136.96
TOTAL MEDICAID LIAB	18,916.00
LESS: COB	18,916.00
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	59
------------------------	----

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,838.52	2,571.92	OTHER LAB	4,288.41	0.00
MED/SURG SUPPLY	2,071.45	539.88	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,885.88	962.73	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,092.46	13,842.12	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	30,653.31	3,893.22
EKG/ECG	772.17	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	7,534.96	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	4,376.07	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	240.25	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,795.99	0.00	AMBULANCE	0.00	0.00
GI SERVICES	1,200.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	8,440.14	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,494.91	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	15,640.42	100,423.64
RADIOLOGY THERAPEUTIC	1,285.33	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	336.72	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,989.57	1,274.62	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,661.18	2,652.71	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,976.24	2,264.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,027.22	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,892.14	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,272.41	0.00			
			TOTAL ANCILLARY	114,052.96	133,137.63
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	114,052.96	133,137.63

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	745,575.58	ADJUSTMENTS	692.21
COVERED CHARGES	690,519.67	CONTRACTUAL ALLOW	669,213.82
NON-COVERD CHARGES	55,055.91	TOTAL MEDICAID LIAB	21,305.85
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,305.85

TOTAL NUMBER OF CLAIMS 273

Report : CLM-0808-O
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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	18,060.51	1,461.50	OTHER LAB	9,108.55	0.00
MED/SURG SUPPLY	4,506.38	2,008.76	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	56,990.77	414.21	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	162,702.54	27,805.14	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	190,533.16	7,140.02
EKG/ECG	7,260.87	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,835.87	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	1,595.51	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	211,356.80	3,179.44	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,062.73	10,489.30
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	5,458.50	1,782.97	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,047.48	774.57			
			TOTAL ANCILLARY	690,519.67	55,055.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	690,519.67	55,055.91

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	37,018.22
COVERED CHARGES	16,280.92
NON-COVERD CHARGES	20,737.30

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	15,732.68
TOTAL MEDICAID LIAB	548.24
LESS: COB	548.24
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	8
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	795.49	126.75	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	199.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	625.65	4,304.58	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	8,831.28	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,165.87	93.50
EKG/ECG	261.54	0.00	MRI SERVICES	0.00	7,268.69
IV THERAPY	277.48	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	7,101.63	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	853.98	112.50
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	16,280.92	20,737.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	16,280.92	20,737.30

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,134,770.70	ADJUSTMENTS	269,777.19
COVERED CHARGES	11,451,587.65	CONTRACTUAL ALLOW	10,335,450.59
NON-COVERD CHARGES	683,183.05	TOTAL MEDICAID LIAB	1,116,137.06
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,116,137.06

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

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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	90,157.20	4,522.00	OTHER LAB	5,839.22	4,500.91
MED/SURG SUPPLY	95,903.56	46,339.90	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	198.85
RADIOLOGY-DIAGNOSTIC	33,226.92	4,555.57	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	33,165.60	3,957.04	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	6,372.91	FEE SCHEDULE LAB	93,940.10	5,436.32
EKG/ECG	33,003.00	1,295.25	MRI SERVICES	12,677.71	0.00
IV THERAPY	66,849.14	6,851.10	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	235,425.98	1,315.85	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,647.57	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	70,001.39	0.00	AMBULANCE	0.00	0.00
GI SERVICES	15,015.19	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,426.29	1,763.58	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	32,888.24	0.00	DRUG-SPECIFIC/HOME IV	25,259.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	10,266,007.30	277,310.70
RADIOLOGY THERAPEUTIC	140,716.27	6,146.54	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	3,247.05	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	17,907.85	1,888.74	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	399.92	249,006.71
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,057.17	1,411.86	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	9,142.17	0.00			
ONCOLOGY	10,578.78	8,602.28			
NUCLEAR MEDICINE	9,677.58	550.46			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	41,401.42	9,491.80			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	1,798.35			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	95,273.08	36,619.28			
			TOTAL ANCILLARY	11,451,587.65	683,183.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,451,587.65	683,183.05

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

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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	681,675.91	ADJUSTMENTS	9,742.33
COVERED CHARGES	622,111.90	CONTRACTUAL ALLOW	424,647.75
NON-COVERD CHARGES	59,564.01	TOTAL MEDICAID LIAB	197,464.15
		LESS: COB	3,813.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,000.00
		REIMBURSEMENT	196,650.31

TOTAL NUMBER OF ADMISSIONS 31

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	81		0	77,255.00		0.00
ROUTINE NURSERY	7		0	4,499.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	88		0	81,754.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	28		0	36,400.00		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	28		0	36,400.00		0.00
TOTAL ACCOMODATIONS	116		0	118,154.00		0.00

Report : CLM-0800-O
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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	165,335.03	25,353.00	OTHER LAB	1,440.00	0.00
MED/SURG SUPPLY	15,506.18	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	84,100.75	0.00	EDUCATION & TRAINING	97.00	0.00
RADIOLOGY-DIAGNOSTIC	8,345.00	0.00	OTHER THERAPEUTIC SVC	0.00	2,170.00
CT SCAN	18,120.05	22,560.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,810.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,485.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,431.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	36,370.00	3,900.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	11,942.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,121.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,335.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	30,850.77	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,305.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	343.00	127.00	INJECTABLE DRUGS	5,800.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	728.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	485.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	350.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	11,753.20	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,783.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,375.00	4,854.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	2,640.00	250.00			
AUDIOLOGY	1,312.00	0.00			
CARDIOLOGY	11,655.60	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	9,099.32	0.00			
			TOTAL ANCILLARY	503,957.90	59,564.01
			TOTAL ACCOMODATIONS	118,154.00	0.00
			TOTAL CHARGES	622,111.90	59,564.01

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

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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Location: CLMP8000

OUTPATIENT PAID CLAIMS - % OF CHARGES

Page: 4

BLAIRSVILLE, GA 30512-3139

000001966A

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

NON-COVERD CHARGES	464,686.00
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INJECTABLE DRUGS	21,749.50
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TOTAL NUMBER OF CLAIMS	1,215
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Report : CLM-0804-O
Process : CLMJ0800
Location: CLMP8000

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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	52,327.00	25,930.00	OTHER LAB	38,525.00	0.00
MED/SURG SUPPLY	4,926.04	131.91	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	130.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	69,929.00	22,142.00	OTHER THERAPEUTIC SVC	0.00	83.00
CT SCAN	191,190.06	121,418.54	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	615.00	1,475.00	FEE SCHEDULE LAB	316,089.30	35,992.00
EKG/ECG	1,895.00	410.00	MRI SERVICES	32,118.01	1,920.00
IV THERAPY	111,652.00	14,237.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	33,624.00	105,335.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	15,600.00
RESPIRATORY SERVICES	21,776.00	2,684.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,020.00	480.00	AMBULANCE	0.00	0.00
GI SERVICES	6,132.00	10,632.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	308,418.35	5,464.64	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,391.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	97,886.60	45,975.40
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	456.00	706.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	357.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	34,095.00	1,371.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	24,801.51
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	34,568.80	4,805.00	NO CC/INVALID REV CODE	18,948.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,664.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	23,332.01	14,952.00			
AUDIOLOGY	245.00	0.00			
CARDIOLOGY	13,034.40	6,177.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	661.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	99,850.64	1,833.00			
			TOTAL ANCILLARY	1,532,726.21	464,686.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,532,726.21	464,686.00

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

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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021144047004	05/17/21 - 05/17/21	05/31/21	100.00	0.00	0.00	0.00	20.52
780	2021153069673	05/26/21 - 05/26/21	06/07/21	100.00	0.00	0.00	0.00	20.52
780	2021154122479	05/14/21 - 05/14/21	06/07/21	100.00	0.00	0.00	0.00	20.52
780	2021165036336	06/07/21 - 06/07/21	06/21/21	100.00	0.00	0.00	0.00	20.52
780	5021167951068	05/07/21 - 05/07/21	06/21/21	100.00	0.00	0.00	0.00	20.52
780	2021215068068	07/27/21 - 07/27/21	08/09/21	100.00	0.00	0.00	0.00	20.52
780	5021221951028	06/15/21 - 06/15/21	08/16/21	100.00	0.00	0.00	0.00	20.52
780	5021221951041	06/24/21 - 06/24/21	08/16/21	100.00	0.00	0.00	0.00	20.52
780	2021256045296	09/06/21 - 09/06/21	09/20/21	100.00	0.00	0.00	0.00	20.52
780	2021256045298	09/05/21 - 09/05/21	09/20/21	100.00	0.00	0.00	0.00	20.52
780	2021263037397	09/11/21 - 09/11/21	09/27/21	100.00	0.00	0.00	0.00	20.52
780	2021277038574	09/29/21 - 09/29/21	10/11/21	100.00	0.00	0.00	0.00	20.52
780	2021286067662	09/29/21 - 09/29/21	10/18/21	100.00	0.00	0.00	0.00	20.52
780	2021288067359	10/05/21 - 10/05/21	10/25/21	100.00	0.00	0.00	0.00	20.52
780	5021308951022	09/16/21 - 09/16/21	11/08/21	100.00	0.00	0.00	0.00	20.52
780	2021327073625	11/12/21 - 11/12/21	11/29/21	100.00	0.00	0.00	0.00	20.52
780	2021327073634	11/16/21 - 11/16/21	11/29/21	100.00	0.00	0.00	0.00	20.52
780	5021328951063	10/06/21 - 10/06/21	12/06/21	100.00	0.00	0.00	0.00	20.52
780	5021333951008	10/10/21 - 10/10/21	12/06/21	100.00	0.00	0.00	0.00	20.52
780	2021336105174	11/19/21 - 11/19/21	12/06/21	100.00	0.00	0.00	0.00	20.52
780	5021341951022	10/18/21 - 10/18/21	12/13/21	100.00	0.00	0.00	0.00	20.52
780	2021354040541	12/08/21 - 12/08/21	12/27/21	100.00	0.00	0.00	0.00	20.52
780	2021361111231	12/20/21 - 12/20/21	01/03/22	100.00	0.00	0.00	0.00	20.52
780	2022004052473	12/29/21 - 12/29/21	01/10/22	100.00	0.00	0.00	0.00	20.52
780	5022025951024	12/03/21 - 12/03/21	01/31/22	100.00	0.00	0.00	0.00	20.52
614	2222031006887	07/15/21 - 07/15/21	02/07/22	1,800.00	0.00	0.00	0.00	528.03
780	2022046074139	02/09/22 - 02/09/22	02/21/22	100.00	0.00	0.00	0.00	20.52
780	5022061951021	12/30/21 - 12/30/21	03/07/22	100.00	0.00	0.00	0.00	20.52
614	2022063115705	08/30/21 - 08/30/21	03/14/22	1,800.00	0.00	0.00	0.00	528.03
614	2022063115713	08/24/21 - 08/24/21	03/14/22	1,800.00	0.00	0.00	0.00	528.03
614	2022063115715	08/17/21 - 08/17/21	03/14/22	1,800.00	0.00	0.00	0.00	528.03
780	2022069104184	03/04/22 - 03/04/22	03/14/22	100.00	0.00	0.00	0.00	20.52
780	2022073051353	03/08/22 - 03/08/22	03/21/22	100.00	0.00	0.00	0.00	20.52
780	2022074073197	03/07/22 - 03/07/22	03/21/22	100.00	0.00	0.00	0.00	20.52
780	2022080047888	03/15/22 - 03/15/22	03/28/22	100.00	0.00	0.00	0.00	20.52
614	2022094045403	03/28/22 - 03/28/22	04/11/22	2,268.00	0.00	0.00	0.00	665.32
780	2022095068380	03/26/22 - 03/26/22	04/11/22	100.00	0.00	0.00	0.00	20.52
614	2022101049119	04/04/22 - 04/04/22	04/18/22	1,890.00	0.00	0.00	0.00	554.43
614	2022108043998	04/11/22 - 04/11/22	04/25/22	1,890.00	0.00	0.00	0.00	554.43
780	2022113019066	04/16/22 - 04/16/22	05/02/22	100.00	0.00	0.00	0.00	20.52
780	2022116074907	04/21/22 - 04/21/22	05/02/22	100.00	0.00	0.00	0.00	20.52
780	2022117083119	04/22/22 - 04/22/22	05/02/22	100.00	0.00	0.00	0.00	20.52

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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

780	2022122058771	04/24/22 - 04/24/22	05/09/22	100.00	0.00	0.00	0.00	20.52
780	2022129045241	04/30/22 - 04/30/22	05/16/22	100.00	0.00	0.00	0.00	20.52
614	2222207007596	01/20/22 - 01/20/22	08/01/22	1,800.00	0.00	0.00	0.00	528.03
780	2022311058184	12/03/21 - 12/03/21	11/14/22	100.00	0.00	0.00	0.00	20.52
780	2022311058283	04/08/22 - 04/08/22	11/14/22	100.00	0.00	0.00	0.00	20.52
TOTAL				18,948.00	0.00	0.00	0.00	5,214.61

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

BLAIRSVILLE, GA 30512-3139

000001966A

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

FEE SCHEDULE END	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS	9
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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

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	30.00	40.00	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	870.00	240.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,320.01	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,482.00	310.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,054.00	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	2,367.26	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	139.00	117.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	480.00	540.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	6,422.26	2,567.01
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,422.26	2,567.01

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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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,582.97	ADJUSTMENTS	0.00
COVERED CHARGES	15,637.97	CONTRACTUAL ALLOW	13,758.29
NON-COVERD CHARGES	945.00	TOTAL MEDICAID LIAB	1,879.68
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,879.68

TOTAL NUMBER OF CLAIMS 24

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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UNION COUNTY HOSPITAL AUTHORITY
35 HOSPITAL RD
BLAIRSVILLE,GA 30512-3139

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	162.00	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	851.00	390.00	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	2,472.00	380.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	900.00	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	10,004.97	120.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,248.00	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	0.00	0.00			
			TOTAL ANCILLARY	15,637.97	945.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	15,637.97	945.00

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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	74,230.64	ADJUSTMENTS	0.00
COVERED CHARGES	73,528.37	CONTRACTUAL ALLOW	68,433.72
NON-COVERD CHARGES	702.27	TOTAL MEDICAID LIAB	5,094.65
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	5,094.65

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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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	58,833.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	30.37	21.27	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	81.00
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	1,547.00	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	12,480.00	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	285.00	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	600.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	353.00	0.00			
			TOTAL ANCILLARY	73,528.37	702.27
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	73,528.37	702.27

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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	42,591,236.81	ADJUSTMENTS	625,191.80
COVERED CHARGES	42,350,872.89	CONTRACTUAL ALLOW	31,879,513.01
NON-COVERD CHARGES	240,363.92	TOTAL MEDICAID LIAB	10,471,359.88
		LESS: COB	177,599.20
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,961.00
		REIMBURSEMENT	10,296,721.68

TOTAL NUMBER OF ADMISSIONS 963

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,718		0	3,618,558.00		0.00
ROUTINE NURSERY	198		0	209,298.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	4,916		0	3,827,856.00		0.00
SPECIAL CARE SERVICES						
CCU	465		0	657,212.00		0.00
ICU	2,247		0	2,530,704.00		0.00
NICU	167		0	276,723.00		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	2,879		0	3,464,639.00		0.00
TOTAL ACCOMODATIONS	7,795		0	7,292,495.00		0.00

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,378,157.93	0.00	OTHER LAB	217,827.00	0.00
MED/SURG SUPPLY	7,191,540.32	145,231.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,948,321.74	2,080.00	EDUCATION & TRAINING	24,160.00	0.00
RADIOLOGY-DIAGNOSTIC	708,365.00	0.00	OTHER THERAPEUTIC SVC	155,975.00	26,710.00
CT SCAN	2,306,153.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	389,245.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	227,154.00	0.00	MRI SERVICES	330,864.00	0.00
IV THERAPY	223,937.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,962,203.00	8,160.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	26,070.00	0.00	REHAB THERAPY	2,080.00	0.00
RESPIRATORY SERVICES	1,505,759.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	169,252.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	262,808.00	0.00	CAST ROOM	198.00	0.00
EMERGENCY ROOM	1,209,871.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	159,119.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	121,606.69	0.00	INJECTABLE DRUGS	56,828.16	0.00
RADIOLOGY THERAPEUTIC	4,798.41	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	241,249.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	80,203.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	463,320.00	45,360.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	14,931.00	6,077.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	268,741.17	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	830,451.00	0.00	NO CC/INVALID REV CODE	3,053.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	496,324.47	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	165,320.00	6,545.00			
AUDIOLOGY	7,998.00	0.00			
CARDIOLOGY	1,343,182.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	27,444.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	533,868.00	200.00			
			TOTAL ANCILLARY	35,058,377.89	240,363.92
			TOTAL ACCOMODATIONS	7,292,495.00	0.00
			TOTAL CHARGES	42,350,872.89	240,363.92

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
615	2023180000402	09/23/22 - 10/05/22	07/03/23	3,053.00	0.00	0.00	0.00	0.00
TOTAL				3,053.00	0.00	0.00	0.00	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: 08/06/2023
Run Time: 20:05:06
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	206,550.55	ADJUSTMENTS	0.00
COVERED CHARGES	206,479.55	CONTRACTUAL ALLOW	144,675.68
NON-COVERD CHARGES	71.00	TOTAL MEDICAID LIAB	61,803.87
		LESS: COB	61,803.87
		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	18		0	11,226.00		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	11,226.00		0.00
SPECIAL CARE SERVICES						
CCU	5		0	6,821.00		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	5		0	6,821.00		0.00
TOTAL ACCOMODATIONS	23		0	18,047.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	38,434.04	0.00	OTHER LAB	1,971.00	0.00
MED/SURG SUPPLY	61,450.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	19,223.62	0.00	EDUCATION & TRAINING	83.00	0.00
RADIOLOGY-DIAGNOSTIC	1,442.00	0.00	OTHER THERAPEUTIC SVC	0.00	71.00
CT SCAN	3,736.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	841.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	524.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	118.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,856.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	7,526.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,082.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,438.00	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	4,085.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,146.10	0.00	INJECTABLE DRUGS	433.36	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	427.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	189.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,337.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,908.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,202.00	0.00			
AMBULATORY SURGERY	0.00	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	188,432.55	71.00
			TOTAL ACCOMODATIONS	18,047.00	0.00
			TOTAL CHARGES	206,479.55	71.00

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

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA, GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	12,547,818.43
COVERED CHARGES	11,691,385.89
NON-COVERD CHARGES	856,432.54

-----PAYMENTS-----	
ADJUSTMENTS	477,744.60
CONTRACTUAL ALLOW	9,093,500.21
TOTAL MEDICAID LIAB	2,597,885.68
LESS: COB	5,930.71
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	2,591,954.97
ALL OTHER	2,230,016.19
FEE SCHEDULE-LAB	326,318.41
INJECTABLE DRUGS	35,620.37

TOTAL NUMBER OF CLAIMS	8,265
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	471,359.85	161.00	OTHER LAB	432,585.00	1,912.00
MED/SURG SUPPLY	857,551.95	6,251.10	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,097.00
RADIOLOGY-DIAGNOSTIC	486,345.00	8,459.00	OTHER THERAPEUTIC SVC	1,560.00	673.00
CT SCAN	2,010,149.00	235,145.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,223.00	22,245.00	FEE SCHEDULE LAB	1,950,903.93	64,427.95
EKG/ECG	211,128.00	786.00	MRI SERVICES	487,874.00	20,536.00
IV THERAPY	482,468.00	236.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	722,995.86	59,324.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	22,710.00	0.00	REHAB THERAPY	0.00	60.00
RESPIRATORY SERVICES	32,525.00	4,800.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	58,858.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	163,298.16	19,518.84	CAST ROOM	12,818.00	0.00
EMERGENCY ROOM	1,259,509.00	682.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	89,183.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	301,274.63	198,493.31
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	15,907.00	8,751.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	4,358.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	4,860.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	238,246.00	11,988.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,749.00	20,648.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	440,247.00	26,861.00	NO CC/INVALID REV CODE	0.00	525.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	37,839.83	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	254,098.00	23,465.00			
AUDIOLOGY	488.00	0.00			
CARDIOLOGY	463,393.00	110,169.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,432.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	130,666.68	0.00			
			TOTAL ANCILLARY	11,691,385.89	856,432.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,691,385.89	856,432.54

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
948	2022139028363	04/18/22 - 04/18/22	05/23/22	0.00	525.00	0.00	0.00	0.00
TOTAL				0.00	525.00	0.00	0.00	0.00

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Page: 9

AUGUSTA, GA 30901-2612

000001977A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	38
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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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA,GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,964.85	0.00	OTHER LAB	1,277.00	0.00
MED/SURG SUPPLY	9,330.68	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,133.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,731.00	8,272.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,235.40	636.38
EKG/ECG	2,686.00	0.00	MRI SERVICES	2,722.00	2,722.00
IV THERAPY	2,886.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,291.00	12,088.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,632.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,357.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,994.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,597.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,123.00	1,225.80
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	2,034.00	558.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	426.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	593.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,078.00	1,999.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	67,664.93	27,927.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	67,664.93	27,927.18

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	152,827.50	ADJUSTMENTS	67.13
COVERED CHARGES	148,062.58	CONTRACTUAL ALLOW	138,127.34
NON-COVERD CHARGES	4,764.92	TOTAL MEDICAID LIAB	9,935.24
		LESS: COB	1.53
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	9,933.71
TOTAL NUMBER OF CLAIMS		148	

Report : CLM-0808-0
Process : CLMJO800
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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UNIVERSITY HOSPITAL
1350 WALTON WAY
AUGUSTA,GA 30901-2612

PROVIDER NUMBER
000001977A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,420.33	0.00	OTHER LAB	1,022.00	0.00
MED/SURG SUPPLY	11,892.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	14,764.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	28,769.00	3,736.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	32,484.84	225.86
EKG/ECG	5,764.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,237.00	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	43,813.00	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	1,892.41	803.06
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	2,004.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	148,062.58	4,764.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	148,062.58	4,764.92

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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AUGUSTA, GA 30901-2612

000001977A

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

REIMBURSEMENT 200,000.00

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	93,765.88	0.00	OTHER LAB	1,144.00	0.00
MED/SURG SUPPLY	652,500.09	519,284.11	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	332.00
RADIOLOGY-DIAGNOSTIC	19,613.00	59,452.00	OTHER THERAPEUTIC SVC	6,624.00	139.00
CT SCAN	21,470.00	4,136.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	98.00	7,407.00	FEE SCHEDULE LAB	36,238.66	1,190.34
EKG/ECG	4,192.00	262.00	MRI SERVICES	0.00	0.00
IV THERAPY	53,083.00	354.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	995,039.80	127,990.20	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,932.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	29,505.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	2,242.00	CAST ROOM	132.00	0.00
EMERGENCY ROOM	7,560.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	21,256.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	56,076.86	28,828.38
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	5,300.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	237,834.41
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	12,433.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,940.00	588.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,884.00	2,942.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	134,238.00	108,750.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,776.00	0.00			
			TOTAL ANCILLARY	2,161,501.29	1,107,031.44
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,161,501.29	1,107,031.44

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

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

Run Date: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	11,677,228.87	ADJUSTMENTS	186,808.38
COVERED CHARGES	11,629,142.55	CONTRACTUAL ALLOW	9,013,906.18
NON-COVERD CHARGES	48,086.32	TOTAL MEDICAID LIAB	2,615,236.37
		LESS: COB	50,242.99
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	10,882.00
		REIMBURSEMENT	2,575,875.38

TOTAL NUMBER OF ADMISSIONS 313

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,062		0	1,553,775.00		0.00
ROUTINE NURSERY	22		0	18,194.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		4,488.00
TOTAL ROUTINE	1,084		0	1,571,969.00		4,488.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	618		0	1,477,575.00		0.00
NICU	25		0	39,275.00		0.00
PED ICU	3		0	6,672.00		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	646		0	1,523,522.00		0.00
TOTAL ACCOMODATIONS	1,730		0	3,095,491.00		4,488.00

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: 08/06/2023
Run Time: 20:17:19
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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	515,805.23	0.00	OTHER LAB	16,019.00	0.00
MED/SURG SUPPLY	399,701.49	832.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,136,339.00	0.00	EDUCATION & TRAINING	106.00	0.00
RADIOLOGY-DIAGNOSTIC	283,057.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	802,012.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	179,352.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	171,983.00	0.00	MRI SERVICES	324,081.00	0.00
IV THERAPY	200,987.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,024,843.24	2,036.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	50,480.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	788,876.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	85,591.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	68,205.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	725,856.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	153,564.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	1,343.25
LABORATORY PATHOLOGIC	30,936.00	0.00	INJECTABLE DRUGS	535,042.83	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,792.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	10,887.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	19,593.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	5,378.30	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	322,900.46	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	27,416.00	0.00	NO CC/INVALID REV CODE	0.00	4,488.00
BLOOD	486.00	0.00			
BLOOD STORAGE & PRO.	56,181.00	26,825.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	29,067.00	7,274.00			
AUDIOLOGY	5,504.00	800.07			
CARDIOLOGY	504,262.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	25,844.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	24,504.00	0.00			
			TOTAL ANCILLARY	8,533,651.55	43,598.32
			TOTAL ACCOMODATIONS	3,095,491.00	4,488.00
			TOTAL CHARGES	11,629,142.55	48,086.32

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022196058764	06/26/22 - 06/28/22	07/18/22	0.00	204.00	0.00	0.00	0.00
780	2022223074785	08/01/22 - 08/06/22	08/15/22	0.00	340.00	0.00	0.00	0.00
780	2022234030552	08/08/22 - 08/16/22	08/29/22	0.00	476.00	0.00	0.00	0.00
780	2022234030686	08/08/22 - 08/16/22	08/29/22	0.00	340.00	0.00	0.00	0.00
780	2022270057566	09/18/22 - 09/19/22	10/03/22	0.00	68.00	0.00	0.00	0.00
780	2022286074705	10/02/22 - 10/08/22	10/17/22	0.00	408.00	0.00	0.00	0.00
780	2322293000267	09/03/22 - 09/05/22	10/31/22	0.00	204.00	0.00	2,025.02	0.00
780	2022294071916	10/12/22 - 10/14/22	10/24/22	0.00	204.00	0.00	0.00	0.00
780	2222299002499	10/04/22 - 10/07/22	10/31/22	0.00	272.00	0.00	0.00	0.00
780	2022304033050	10/20/22 - 10/26/22	11/07/22	0.00	272.00	0.00	0.00	0.00
780	2322305000248	09/14/22 - 10/15/22	11/14/22	0.00	272.00	0.00	0.00	0.00
780	2022320052376	10/28/22 - 11/04/22	11/21/22	0.00	476.00	0.00	0.00	0.00
780	2022334065290	11/22/22 - 11/23/22	12/05/22	0.00	68.00	0.00	0.00	0.00
780	2323018000224	11/23/22 - 11/28/22	01/23/23	0.00	340.00	0.00	2,037.13	0.00
780	2323074000303	04/22/22 - 04/25/22	03/27/23	0.00	272.00	0.00	1,774.79	0.00
780	2023101064554	06/02/22 - 06/06/22	04/17/23	0.00	136.00	0.00	0.00	0.00
780	2323114000221	05/10/22 - 05/11/22	05/01/23	0.00	136.00	0.00	816.15	0.00
TOTAL				0.00	4,488.00	0.00	6,653.09	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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	132,044.34	ADJUSTMENTS	0.00
COVERED CHARGES	96,687.09	CONTRACTUAL ALLOW	73,988.33
NON-COVERD CHARGES	35,357.25	TOTAL MEDICAID LIAB	22,698.76
		LESS: COB	22,761.76
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	4		0	4,488.00		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	4,488.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	3		0	8,532.00		0.00
NICU	7		0	10,997.00		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	19,529.00		0.00
TOTAL ACCOMODATIONS	14		0	24,017.00		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,378.91	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,437.59	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,236.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,568.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,131.00	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	1,724.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	31,702.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,305.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,742.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,547.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,310.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,879.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	436.25
LABORATORY PATHOLOGIC	4,909.00	0.00	INJECTABLE DRUGS	5,131.88	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	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	259.71	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,661.00	3,219.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	344.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	72,670.09	35,357.25
			TOTAL ACCOMODATIONS	24,017.00	0.00
			TOTAL CHARGES	96,687.09	35,357.25

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 13,583,222.26
COVERED CHARGES 12,944,996.64
NON-COVERD CHARGES 638,225.62

-----PAYMENTS-----
ADJUSTMENTS 329,270.41
CONTRACTUAL ALLOW 11,205,072.92
TOTAL MEDICAID LIAB 1,739,923.72
LESS: COB 1,353.83
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,738,569.89
ALL OTHER 1,554,968.89
FEE SCHEDULE-LAB 161,553.74
INJECTABLE DRUGS 22,047.26

TOTAL NUMBER OF CLAIMS 3,446

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

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UPSON REGIONAL MEDICAL CENTER
801 W GORDON ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	143,300.12	2,381.55	OTHER LAB	71,255.00	0.00
MED/SURG SUPPLY	176,919.45	3,501.38	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	281.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	499,013.00	16,333.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,238,029.00	187,902.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	218,781.00	11,265.00	FEE SCHEDULE LAB	1,585,786.40	19,692.00
EKG/ECG	293,643.00	1,106.00	MRI SERVICES	277,281.00	23,123.00
IV THERAPY	687,148.00	10,784.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,127,233.24	203,276.43	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,535.00	650.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	78,540.00	5,189.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	98,132.00	641.00	AMBULANCE	0.00	0.00
GI SERVICES	112,447.50	2,273.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,601,755.00	11,886.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	274,536.00	3,959.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	144,696.06	55,431.29
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,827.00	226.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,535.00	5,271.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	75,376.87	12,859.47
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	147,275.00	18,020.00	NO CC/INVALID REV CODE	884.00	73.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	7,926.00	1,073.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	143,929.00	11,834.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	162,322.00	18,555.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	116,965.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	634,926.00	10,639.00			
			TOTAL ANCILLARY	12,944,996.64	638,225.62
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,944,996.64	638,225.62

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022166049873	05/28/22 - 05/28/22	06/20/22	68.00	0.00	0.00	0.00	20.52
780	2022235067424	08/09/22 - 08/09/22	08/29/22	68.00	0.00	0.00	0.00	20.52
780	5922256000954	08/11/22 - 08/11/22	09/19/22	68.00	0.00	0.00	0.00	20.52
780	5922263002025	06/21/22 - 06/21/22	09/26/22	68.00	0.00	0.00	0.00	20.52
780	5922284001129	08/09/22 - 08/09/22	10/17/22	68.00	0.00	0.00	0.00	20.52
780	5922284001129	08/10/22 - 08/10/22	10/17/22	68.00	0.00	0.00	0.00	20.52
780	5922285001561	09/10/22 - 09/10/22	10/17/22	68.00	0.00	0.00	0.00	20.52
780	5922311001116	07/23/22 - 07/23/22	11/14/22	68.00	0.00	0.00	0.00	20.52
780	2222346008500	09/16/22 - 09/16/22	12/19/22	68.00	0.00	0.00	0.00	20.52
780	2222350011659	08/25/22 - 08/25/22	12/19/22	68.00	0.00	0.00	0.00	20.52
780	5923004001201	12/11/22 - 12/11/22	01/09/23	68.00	0.00	0.00	0.00	20.52
780	5923004001201	12/12/22 - 12/12/22	01/09/23	68.00	0.00	0.00	0.00	20.52
780	5923004001201	12/13/22 - 12/13/22	01/09/23	68.00	0.00	0.00	0.00	20.52
3008	2223012005423	05/27/22 - 05/27/22	01/16/23	0.00	73.00	0.00	681.44	0.00
TOTAL				884.00	73.00	0.00	681.44	266.76

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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THOMASTON, GA 30286-3426

000001988A

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

TOTAL NUMBER OF CLAIMS	30
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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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	397.90	1,207.25	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	330.19	2,048.78	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,026.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	18,618.00	16,642.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,602.00	0.00	FEE SCHEDULE LAB	16,877.00	1,285.00
EKG/ECG	1,106.00	0.00	MRI SERVICES	1,800.00	0.00
IV THERAPY	9,165.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,493.00	14,380.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,588.00	1,950.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	624.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,012.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,023.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,918.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	867.75	1,202.20
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	454.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	809.63
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,949.00	1,892.00	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	1,440.00	0.00			
			TOTAL ANCILLARY	120,290.84	41,416.86
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	120,290.84	41,416.86

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	550,840.78	ADJUSTMENTS	704.88
COVERED CHARGES	549,729.29	CONTRACTUAL ALLOW	538,294.57
NON-COVERD CHARGES	1,111.49	TOTAL MEDICAID LIAB	11,434.72
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	11,434.72
TOTAL NUMBER OF CLAIMS		146	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,343.05	74.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	246.69	564.94	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	16,651.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	145,059.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	48,700.00	272.00
EKG/ECG	7,189.00	0.00	MRI SERVICES	15,620.00	0.00
IV THERAPY	29,893.00	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	275,776.00	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	3,771.55	200.05
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,100.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	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	549,729.29	1,111.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	549,729.29	1,111.49

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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THOMASTON, GA 30286-3426

000001988A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	6
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	400.00	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	226.00	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	10,128.00	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	20.75	15.05
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	10,374.75	415.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,374.75	415.05

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

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	985,264.73	ADJUSTMENTS	65,891.88
COVERED CHARGES	958,021.04	CONTRACTUAL ALLOW	853,692.23
NON-COVERD CHARGES	27,243.69	TOTAL MEDICAID LIAB	104,328.81
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	104,328.81

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

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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,969.60	102.05	OTHER LAB	1,590.00	0.00
MED/SURG SUPPLY	41,485.62	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,371.00	918.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	65,090.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,968.00	FEE SCHEDULE LAB	16,233.00	170.00
EKG/ECG	9,401.00	553.00	MRI SERVICES	24,575.00	0.00
IV THERAPY	23,098.00	1,068.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	235,473.00	7,329.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,140.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,690.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	12,905.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	47,508.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,181.08	13,673.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	664.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	105,498.74	217.94
LITHOTRIPSY	167,085.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	136.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	150,945.00	580.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,846.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,800.00	0.00			
			TOTAL ANCILLARY	958,021.04	27,243.69
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	958,021.04	27,243.69

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	9722277957003	08/08/22 - 08/08/22	10/10/22	68.00	0.00	0.00	0.00	20.52
780	9722277957003	08/09/22 - 08/09/22	10/10/22	68.00	0.00	0.00	0.00	20.52
TOTAL				136.00	0.00	0.00	0.00	41.04

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

Run Date: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 21:31:39
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,938,729.57	ADJUSTMENTS	0.00
COVERED CHARGES	1,938,729.57	CONTRACTUAL ALLOW	1,577,139.00
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	361,590.57
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	361,590.57

TOTAL NUMBER OF ADMISSIONS 7

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	27		0	50,031.00		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	50,031.00		0.00
SPECIAL CARE SERVICES						
CCU	158		0	860,880.00		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	158		0	860,880.00		0.00
TOTAL ACCOMODATIONS	185		0	910,911.00		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: 08/06/2023
Run Time: 21:31:39
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	281,653.60	0.00	OTHER LAB	6,772.00	0.00
MED/SURG SUPPLY	40,776.97	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	104,165.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,121.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	22,042.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	48,436.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	40.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	25,622.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	423,056.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	1,177.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	25,928.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	20,306.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,788.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,711.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,707.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,305.00	0.00			
			TOTAL ANCILLARY	1,027,818.57	0.00
			TOTAL ACCOMODATIONS	910,911.00	0.00
			TOTAL CHARGES	1,938,729.57	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: 08/06/2023
Run Time: 21:31:39
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 21:31:39
Page: 4

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,822,946.91	ADJUSTMENTS	73,000.45
COVERED CHARGES	9,409,590.57	CONTRACTUAL ALLOW	7,729,792.15
NON-COVERD CHARGES	413,356.34	TOTAL MEDICAID LIAB	1,679,798.42
		LESS: COB	6,164.48
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,673,633.94
		ALL OTHER	1,624,527.69
		FEE SCHEDULE-LAB	208.57
		INJECTABLE DRUGS	48,897.68
		TOTAL NUMBER OF CLAIMS	2,628

Run Date: 08/06/2023
Run Time: 21:31:39
Page: 5

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	17,530.90	0.00	OTHER LAB	4,641.00	0.00
MED/SURG SUPPLY	37,720.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	81,251.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	234,972.00	22,106.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,292,411.00	137,872.00	FEE SCHEDULE LAB	3,382.00	0.00
EKG/ECG	1,164.00	0.00	MRI SERVICES	190,093.00	25,957.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	551,593.66	154,815.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	244,438.00	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	107,856.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	362,216.34	54,660.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	6,491.00	4,224.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	816.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	79,098.77	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	44,809.00	2,258.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,111.70	7,534.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	5,315.00	3,114.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	129,496.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	9,409,590.57	413,356.34
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,409,590.57	413,356.34

Report : CLM-0806-O
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: 08/06/2023
Run Time: 21:31:39
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	138,530.30	ADJUSTMENTS	0.00
COVERED CHARGES	106,517.60	CONTRACTUAL ALLOW	88,395.70
NON-COVERD CHARGES	32,012.70	TOTAL MEDICAID LIAB	18,121.90
		LESS: COB	18,121.90
		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	623.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,676.14	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	562.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,099.00	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	30,458.00	15,229.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	19,550.00	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	10,657.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	36,480.60	13,136.70
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	3,212.96	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,198.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	106,517.60	32,012.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	106,517.60	32,012.70

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	232,680.65	ADJUSTMENTS	0.00
COVERED CHARGES	209,514.25	CONTRACTUAL ALLOW	185,659.33
NON-COVERD CHARGES	23,166.40	TOTAL MEDICAID LIAB	23,854.92
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	23,854.92

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: 08/06/2023
Run Time: 21:31:39
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,577.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	11,474.02	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,026.00	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	241.00	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	111,149.50	20,122.50	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	36,020.00	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	5,029.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,423.60	3,043.90
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	38,301.33	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,272.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	209,514.25	23,166.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	209,514.25	23,166.40

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

TOTAL NUMBER OF CLAIMS	2
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,401.30	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,469.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	848.00	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	56,641.00	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	24,242.00	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	1,727.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	677.40	557.20
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	18,831.78	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	105,990.39	1,405.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	105,990.39	1,405.20

** 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: 08/06/2023
Run Time: 19:39:12
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,695,904.35	ADJUSTMENTS	986,761.29
COVERED CHARGES	23,486,172.58	CONTRACTUAL ALLOW	16,563,432.51
NON-COVERD CHARGES	209,731.77	TOTAL MEDICAID LIAB	6,922,740.07
		LESS: COB	41,252.29
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,197.00
		REIMBURSEMENT	6,882,684.78

TOTAL NUMBER OF ADMISSIONS 1,162

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	6,557		0	9,467,633.00		0.00
ROUTINE NURSERY	47		0	54,761.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.50
TOTAL ROUTINE	6,604		0	9,522,394.00		0.50
SPECIAL CARE SERVICES						
CCU	610		0	1,494,500.00		0.00
ICU	179		0	656,393.00		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	789		0	2,150,893.00		0.00
TOTAL ACCOMODATIONS	7,393		0	11,673,287.00		0.50

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

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

Run Date: 08/06/2023
Run Time: 19:39:12
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,381,016.19	10,265.27	OTHER LAB	52,778.00	0.00
MED/SURG SUPPLY	488,144.43	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,739,362.43	0.00	EDUCATION & TRAINING	3,994.00	0.00
RADIOLOGY-DIAGNOSTIC	175,651.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	858,676.45	7,366.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	78,004.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	141,347.00	0.00	MRI SERVICES	77,034.04	0.00
IV THERAPY	342,627.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	306,515.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	42,187.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	669,147.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	82,462.95	0.00	AMBULANCE	0.00	450.00
GI SERVICES	127,629.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	797,789.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,897.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	24,500.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	62,044.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	942.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	21,744.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	147,804.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	6,563.00	671.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	180.00	42,800.00	IMPL DEV CHARGE PATIENTS	55,933.08	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	52,157.00	0.00	NO CC/INVALID REV CODE	19,323.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	160,164.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	146,241.01	375.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	560,556.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,340.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	312,937.00	0.00			
			TOTAL ANCILLARY	11,812,885.58	209,731.27
			TOTAL ACCOMODATIONS	11,673,287.00	0.50
			TOTAL CHARGES	23,486,172.58	209,731.77

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021274054768	09/21/21 - 09/26/21	10/04/21	7,070.00	0.00	0.00	0.00	0.00
614	5221336000126	10/09/21 - 10/26/21	12/06/21	3,535.00	0.00	0.00	0.00	0.00
614	2022067033285	02/23/22 - 03/01/22	03/14/22	4,066.00	0.00	0.00	0.00	0.00
614	5222290000524	03/10/22 - 03/14/22	10/24/22	4,652.00	0.00	0.00	0.00	0.00
TOTAL				19,323.00	0.00	0.00	0.00	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	412,679.25	ADJUSTMENTS	0.00
COVERED CHARGES	411,477.25	CONTRACTUAL ALLOW	343,338.88
NON-COVERD CHARGES	1,202.00	TOTAL MEDICAID LIAB	68,138.37
		LESS: COB	68,138.37
		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	52		0	78,543.00		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	52		0	78,543.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	3		0	11,001.00		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	11,001.00		0.00
TOTAL ACCOMODATIONS	55		0	89,544.00		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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	141,902.90	0.00	OTHER LAB	1,330.00	0.00
MED/SURG SUPPLY	9,300.28	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	54,385.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,114.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,225.07	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,019.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,154.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,570.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	28,142.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,539.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,047.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,940.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,012.00	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	170.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,951.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,439.00	0.00	NO CC/INVALID REV CODE	4,488.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	666.00	1,202.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,168.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,081.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,290.00	0.00			
			TOTAL ANCILLARY	321,933.25	1,202.00
			TOTAL ACCOMODATIONS	89,544.00	0.00
			TOTAL CHARGES	411,477.25	1,202.00

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021295045708	09/25/21 - 09/29/21	10/25/21	4,488.00	0.00	0.00	6,761.85	0.00
TOTAL				4,488.00	0.00	0.00	6,761.85	0.00

Location: CLMP8000

OUTPATIENT PAID CLAIMS - % OF CHARGES

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VILLA RICA, GA 30180-1202

000002032A

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

NON-COVERD CHARGES	1,872,814.67
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INJECTABLE DRUGS	393,455.48
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TOTAL NUMBER OF CLAIMS	3,602
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	44,408.09	103,217.95	OTHER LAB	61,673.00	0.00
MED/SURG SUPPLY	41,493.06	4,221.97	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	541.00
RADIOLOGY-DIAGNOSTIC	279,333.00	7,679.00	OTHER THERAPEUTIC SVC	1,636.00	0.00
CT SCAN	1,454,426.94	109,898.87	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,196.00	3,483.00	FEE SCHEDULE LAB	997,600.00	75,142.00
EKG/ECG	120,978.00	9,454.00	MRI SERVICES	303,610.22	16,771.25
IV THERAPY	820,978.00	101,493.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	361,980.56	76,864.44	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	68,403.00	1,032.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	127,849.70	0.00	AMBULANCE	0.00	0.00
GI SERVICES	171,996.08	20,351.92	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,628,097.00	5,249.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	30,035.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,286,058.44	904,234.56
RADIOLOGY THERAPEUTIC	227,597.00	52,126.78	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	497.00	2,489.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	77,846.00	7,350.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	809,380.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	67,284.61
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	138,670.00	26,870.01	NO CC/INVALID REV CODE	91,231.03	8,635.17
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	43,391.00	33,750.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	183,350.06	60,155.14			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	213,991.00	32,029.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	72,366.40	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	207,787.00	142,491.00			
			TOTAL ANCILLARY	10,868,858.58	1,872,814.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	10,868,858.58	1,872,814.67

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021226024049	08/10/21 - 08/10/21	08/23/21	3,535.00	0.00	0.00	0.00	854.27
614	2021226024049	08/10/21 - 08/10/21	08/23/21	0.00	0.01	0.00	0.00	0.00
614	2021239040543	08/23/21 - 08/23/21	08/30/21	3,535.00	0.00	0.00	0.00	854.27
614	2021239040543	08/23/21 - 08/23/21	08/30/21	0.00	0.01	0.00	0.00	0.00
614	5921242000232	08/09/21 - 08/09/21	09/06/21	6,472.00	0.00	0.00	375.79	1,188.24
614	5921242000232	08/09/21 - 08/09/21	09/06/21	0.00	0.02	0.00	375.79	0.00
614	2021242018643	08/26/21 - 08/26/21	09/06/21	3,535.00	0.00	0.00	0.00	854.27
614	2021242018643	08/26/21 - 08/26/21	09/06/21	0.00	0.01	0.00	0.00	0.00
614	2021249004088	09/01/21 - 09/01/21	09/13/21	3,535.00	0.00	0.00	0.00	854.27
614	2021249004088	09/01/21 - 09/01/21	09/13/21	0.00	0.01	0.00	0.00	0.00
614	5921257000191	08/18/21 - 08/18/21	09/20/21	4,045.00	0.00	0.00	0.00	977.52
614	2021274055130	09/27/21 - 09/27/21	10/04/21	3,535.00	0.00	0.00	0.00	881.96
614	2021274055130	09/27/21 - 09/27/21	10/04/21	0.00	0.01	0.00	0.00	0.00
614	2021277007433	09/29/21 - 09/29/21	10/11/21	3,535.00	0.00	0.00	0.00	881.96
614	2021277007433	09/29/21 - 09/29/21	10/11/21	0.00	0.01	0.00	0.00	0.00
614	2021288045191	10/11/21 - 10/11/21	10/18/21	3,236.00	0.00	0.00	0.00	807.36
614	2021288045191	10/11/21 - 10/11/21	10/18/21	0.00	0.01	0.00	0.00	0.00
614	2021288045192	10/11/21 - 10/11/21	10/18/21	6,472.00	0.00	0.00	0.00	1,614.72
614	2021291011666	10/14/21 - 10/14/21	10/25/21	3,535.00	0.00	0.00	0.00	881.96
614	2021291011666	10/14/21 - 10/14/21	10/25/21	0.00	0.01	0.00	0.00	0.00
614	2021298012415	10/21/21 - 10/21/21	11/01/21	3,535.00	0.00	0.00	0.00	881.96
614	2021298012415	10/21/21 - 10/21/21	11/01/21	0.00	0.01	0.00	0.00	0.00
614	2021330049368	11/22/21 - 11/22/21	11/29/21	3,535.00	0.00	0.00	0.00	881.96
614	2021330049368	11/22/21 - 11/22/21	11/29/21	0.00	0.01	0.00	0.00	0.00
614	2021331003554	11/23/21 - 11/23/21	12/06/21	3,236.00	0.00	0.00	0.00	807.36
614	2021331003554	11/23/21 - 11/23/21	12/06/21	0.00	0.01	0.00	0.00	0.00
614	2021354008137	12/15/21 - 12/15/21	12/27/21	3,535.00	0.00	0.00	0.00	881.96
614	2021354008137	12/15/21 - 12/15/21	12/27/21	0.00	0.01	0.00	0.00	0.00
614	2021361006308	12/23/21 - 12/23/21	01/03/22	3,535.00	0.00	0.00	0.00	881.96
614	2021361006308	12/23/21 - 12/23/21	01/03/22	0.00	0.01	0.00	0.00	0.00
614	2022057024247	02/22/22 - 02/22/22	03/07/22	4,066.00	0.00	0.00	0.00	1,014.44
614	9722060981002	01/12/22 - 01/12/22	03/07/22	4,066.00	0.00	0.00	0.00	1,014.44
615	5922090000774	02/17/22 - 02/17/22	04/04/22	0.00	4,913.00	0.00	0.00	0.00
615	5922090000774	02/17/22 - 02/17/22	04/04/22	0.00	0.01	0.00	0.00	0.00
614	2022126059327	05/02/22 - 05/02/22	05/09/22	4,066.00	0.00	0.00	0.00	1,014.44
614	2022140058241	05/16/22 - 05/16/22	05/23/22	3,722.01	0.00	0.00	0.00	928.62
615	5922152000685	04/11/22 - 04/11/22	06/06/22	0.00	3,722.01	0.00	0.00	0.00
614	2022172044848	04/06/22 - 04/06/22	06/27/22	5,177.01	0.00	0.00	0.00	1,291.62
614	2022178016581	06/23/22 - 06/23/22	07/04/22	4,066.00	0.00	0.00	0.00	1,014.44
614	5922216000439	06/03/22 - 06/03/22	08/08/22	3,722.01	0.00	0.00	0.00	928.62
TOTAL				91,231.03	8,635.17	0.00	751.58	22,192.62

TANNER MEDICAL CENTER VILLA RICA
601 DALLAS HWY
VILLA RICA,GA 30180-1202

PROVIDER NUMBER000002032A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	294,151.08	ADJUSTMENTS	0.00
COVERED CHARGES	210,177.52	CONTRACTUAL ALLOW	165,623.26
NON-COVERD CHARGES	83,973.56	TOTAL MEDICAID LIAB	44,554.26
		LESS: COB	44,554.26
		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		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	267.43	2,754.92	OTHER LAB	1,299.00	0.00
MED/SURG SUPPLY	113.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,513.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,670.00	39,177.05	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	304.00	FEE SCHEDULE LAB	26,978.00	1,369.00
EKG/ECG	1,849.00	0.00	MRI SERVICES	7,540.00	0.00
IV THERAPY	21,491.00	2,522.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	29,977.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,200.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,080.32	0.00	AMBULANCE	0.00	0.00
GI SERVICES	5,617.50	2,180.50	CAST ROOM	0.00	0.00
EMERGENCY ROOM	34,709.00	2,586.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	1,544.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	29,162.35	11,748.08
RADIOLOGY THERAPEUTIC	2,546.00	655.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	150.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	1,206.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	5,685.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,041.00	2,267.00	NO CC/INVALID REV CODE	4,432.00	0.01
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,666.00	12,452.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,275.00	123.00			
			TOTAL ANCILLARY	210,177.52	83,973.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	210,177.52	83,973.56

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022028058874	01/07/22 - 01/07/22	01/31/22	0.00	0.01	0.00	1,105.75	0.00
614	2022028058874	01/07/22 - 01/07/22	01/31/22	4,432.00	0.00	0.00	1,105.75	0.00
TOTAL				4,432.00	0.01	0.00	2,211.50	0.00

Report : CLM-0808-O
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	716,893.73	ADJUSTMENTS	1,611.12
COVERED CHARGES	683,689.40	CONTRACTUAL ALLOW	662,946.23
NON-COVERD CHARGES	33,204.33	TOTAL MEDICAID LIAB	20,743.17
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	20,743.17

TOTAL NUMBER OF CLAIMS 309

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,608.25	3,450.00	OTHER LAB	1,330.00	0.00
MED/SURG SUPPLY	19.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	32,466.00	327.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	193,636.07	13,300.07	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	70,763.00	3,319.00
EKG/ECG	9,740.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	66,834.00	7,751.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	279,379.00	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	18,030.08	4,976.26
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	81.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,769.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,868.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,118.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,529.00	0.00			
			TOTAL ANCILLARY	683,689.40	33,204.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	683,689.40	33,204.33

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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VILLA RICA, GA 30180-1202

000002032A

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

REIMBURSEMENT	0.00
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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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	364.96	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	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	0.00	FEE SCHEDULE LAB	4,239.00	191.00
EKG/ECG	324.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,103.00	158.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	13,124.00	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	214.26	46.28
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	21,335.26	760.24
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,335.26	760.24

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,500,720.11	ADJUSTMENTS	338,240.64
COVERED CHARGES	8,182,287.38	CONTRACTUAL ALLOW	6,887,459.93
NON-COVERD CHARGES	318,432.73	TOTAL MEDICAID LIAB	1,294,827.45
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,294,827.45
TOTAL NUMBER OF CLAIMS		245	

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	23,150.01	23,324.84	OTHER LAB	8,582.00	0.00
MED/SURG SUPPLY	30,533.30	11,325.63	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,956.00	1,842.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	59,941.03	25,907.10	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,622.00	FEE SCHEDULE LAB	64,688.00	7,277.00
EKG/ECG	6,881.00	2,859.00	MRI SERVICES	6,836.01	0.01
IV THERAPY	175,912.00	30,126.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	135,807.00	4,967.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,400.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,810.32	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	10,223.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	29,515.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,793.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,194,993.71	52,554.64
RADIOLOGY THERAPEUTIC	206,136.00	2,682.44	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	994.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,379.00	650.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	38,899.05
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	818.00	11,637.01	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,736.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	24,508.00	5,271.01			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	80,540.00	12,970.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	80,372.00	71,301.00			
			TOTAL ANCILLARY	8,182,287.38	318,432.73
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,182,287.38	318,432.73

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,940,946.26	ADJUSTMENTS	28,841.48
COVERED CHARGES	4,923,778.25	CONTRACTUAL ALLOW	3,715,389.33
NON-COVERD CHARGES	17,168.01	TOTAL MEDICAID LIAB	1,208,388.92
		LESS: COB	4,117.38
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	11,000.00
		REIMBURSEMENT	1,215,271.54

TOTAL NUMBER OF ADMISSIONS 160

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	767		0	534,319.00		0.00
ROUTINE NURSERY	21		0	8,694.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.01
TOTAL ROUTINE	788		0	543,013.00		0.01
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	86		0	139,234.00		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	139,234.00		0.00
TOTAL ACCOMODATIONS	874		0	682,247.00		0.01

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,224,813.50	5,241.00	OTHER LAB	5,150.00	0.00
MED/SURG SUPPLY	456,805.16	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	506,109.52	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	58,924.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	191,310.00	2,241.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	40,471.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	21,248.00	0.00	MRI SERVICES	33,685.00	0.00
IV THERAPY	139,108.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	465,984.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	18,042.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	208,160.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	53,724.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	454,548.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	11,718.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,491.00	12.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,748.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	8,415.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	62,109.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,700.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	11,597.40	5,950.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	36,900.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	87,304.00	0.00			
AMBULATORY SURGERY	5,671.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	128,795.67	3,724.00			
			TOTAL ANCILLARY	4,241,531.25	17,168.00
			TOTAL ACCOMODATIONS	682,247.00	0.01
			TOTAL CHARGES	4,923,778.25	17,168.01

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 8,299,248.41
COVERED CHARGES 6,986,642.30
NON-COVERD CHARGES 1,312,606.11

-----PAYMENTS-----
ADJUSTMENTS 411,449.53
CONTRACTUAL ALLOW 5,864,178.96
TOTAL MEDICAID LIAB 1,122,463.34
LESS: COB 1,483.62
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,120,979.72
ALL OTHER 819,646.00
FEE SCHEDULE-LAB 72,062.75
INJECTABLE DRUGS 229,270.97

TOTAL NUMBER OF CLAIMS 2,137

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

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	220,594.50	7,498.00	OTHER LAB	9,583.00	0.00
MED/SURG SUPPLY	562,961.00	760.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	92,218.00	3,100.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	354,230.00	292,410.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	65,052.00	8,059.00	FEE SCHEDULE LAB	516,980.33	52,828.01
EKG/ECG	46,490.00	3,752.00	MRI SERVICES	100,432.00	29,102.00
IV THERAPY	411,288.00	121,127.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	772,410.00	184,018.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	13,287.00	730.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	11,803.00	423.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	126,786.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,624,723.00	6,361.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	29,834.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,293,796.67	342,341.10
RADIOLOGY THERAPEUTIC	192,632.00	827.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	224.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	561.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	7,044.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	126,556.00
LITHOTRIPSY	227,859.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	108,885.00	14,110.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,032.01	850.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	26,848.00	36,275.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	33,134.00	47,926.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	129,739.79	32,768.00			
			TOTAL ANCILLARY	6,986,642.30	1,312,606.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,986,642.30	1,312,606.11

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	111,521.28	ADJUSTMENTS	0.00
COVERED CHARGES	79,160.28	CONTRACTUAL ALLOW	67,419.57
NON-COVERED CHARGES	32,361.00	TOTAL MEDICAID LIAB	11,740.71
		LESS: COB	11,740.71
		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	26
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Report : CLM-0806-O
Process : CLMJO800
Location: CLMP8000

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,026.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,093.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	804.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,724.00	8,264.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	10,454.22	3,533.00
EKG/ECG	128.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,331.00	2,170.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	11,672.00	11,280.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,095.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	620.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,992.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,363.00	2,370.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	840.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,560.80	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	404.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	260.00	520.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,197.26	3,668.00			
			TOTAL ANCILLARY	79,160.28	32,361.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	79,160.28	32,361.00

Report : CLM-0808-O
Process : CLMJO800
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,175,029.15	ADJUSTMENTS	7,440.40
COVERED CHARGES	1,008,198.57	CONTRACTUAL ALLOW	977,967.05
NON-COVERD CHARGES	166,830.58	TOTAL MEDICAID LIAB	30,231.52
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	30,231.52
TOTAL NUMBER OF CLAIMS		386	

Report : CLM-0808-O
Process : CLMJO800
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	24,980.50	69.00	OTHER LAB	520.00	0.00
MED/SURG SUPPLY	40,469.00	327.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	18,504.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	55,600.00	121,730.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	81,728.09	9,506.65
EKG/ECG	9,088.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	52,078.00	26,497.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,228.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	365.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	310.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,046.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	674,217.00	2,370.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	420.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	19,693.95	3,256.93
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	5,491.00	1,036.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,859.74	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	2,038.00			
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	1,600.29	0.00			
			TOTAL ANCILLARY	1,008,198.57	166,830.58
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,008,198.57	166,830.58

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

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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	32,246.09
COVERED CHARGES	29,975.09
NON-COVERD CHARGES	2,271.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	29,113.57
TOTAL MEDICAID LIAB	861.52
LESS: COB	861.52
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	11
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,015.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,627.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	426.00	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	3,179.85	259.00
EKG/ECG	384.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,701.00	1,302.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	20,470.00	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	470.00	450.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	260.00	260.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	442.24	0.00			
			TOTAL ANCILLARY	29,975.09	2,271.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	29,975.09	2,271.00

Report : CLM-0812-O
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,777,494.16	ADJUSTMENTS	91,654.99
COVERED CHARGES	2,319,529.24	CONTRACTUAL ALLOW	1,990,649.57
NON-COVERD CHARGES	457,964.92	TOTAL MEDICAID LIAB	328,879.67
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	328,879.67

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: 08/06/2023
Run Time: 20:23:49
Page: 13

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	53,373.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	213,239.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,562.00	1,136.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,083.00	FEE SCHEDULE LAB	19,265.50	1,956.00
EKG/ECG	1,408.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	48,844.00	4,452.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	556,087.00	21,884.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,975.00	846.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	64,724.00	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	8,960.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,243,830.92	158,869.92
RADIOLOGY THERAPEUTIC	84,510.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	264,738.00
LITHOTRIPSY	19,386.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	364.32	0.00			
			TOTAL ANCILLARY	2,319,529.24	457,964.92
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,319,529.24	457,964.92

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 21:24:16
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,655,435.02	ADJUSTMENTS	192,924.01
COVERED CHARGES	44,591,680.12	CONTRACTUAL ALLOW	38,131,800.56
NON-COVERD CHARGES	63,754.90	TOTAL MEDICAID LIAB	6,459,879.56
		LESS: COB	88,726.55
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	2,520.00
		REIMBURSEMENT	6,373,673.01

TOTAL NUMBER OF ADMISSIONS 712

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,011		0	1,883,947.00		0.00
ROUTINE NURSERY	160		0	584,337.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,171		0	2,468,284.00		0.00
SPECIAL CARE SERVICES						
CCU	1,497		0	8,166,528.00		0.00
ICU	515		0	3,049,162.00		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	2,012		0	11,215,690.00		0.00
TOTAL ACCOMODATIONS	3,183		0	13,683,974.00		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: 08/06/2023
Run Time: 21:24:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,386,835.86	0.00	OTHER LAB	362,088.00	0.00
MED/SURG SUPPLY	1,016,107.10	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	6,279,607.00	0.00	EDUCATION & TRAINING	376.00	0.00
RADIOLOGY-DIAGNOSTIC	566,254.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,559,215.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	218,292.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	634,394.00	0.00	MRI SERVICES	384,528.00	0.00
IV THERAPY	633,469.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,396,504.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	381,122.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,871,182.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	713,745.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	162,523.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,304,646.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	214,771.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	768.80
LABORATORY PATHOLOGIC	131,823.00	0.00	INJECTABLE DRUGS	0.00	7,528.60
RADIOLOGY THERAPEUTIC	265,490.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	40,428.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	64,956.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	64,737.00	49,413.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	11,475.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	71,657.27	0.00
LITHOTRIPSY	45,363.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	212,082.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	672,168.00	3,545.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	324,781.60	2,499.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,367,931.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	65,119.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,484,036.29	0.00			
			TOTAL ANCILLARY	30,907,706.12	63,754.90
			TOTAL ACCOMODATIONS	13,683,974.00	0.00
			TOTAL CHARGES	44,591,680.12	63,754.90

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: 08/06/2023
 Run Time: 21:24:16
 Page: 3

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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	650,550.54	ADJUSTMENTS	0.00
COVERED CHARGES	649,942.34	CONTRACTUAL ALLOW	551,005.19
NON-COVERD CHARGES	608.20	TOTAL MEDICAID LIAB	98,937.15
		LESS: COB	99,126.15
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	189.00
		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	20		0	37,060.00		0.00
ROUTINE NURSERY	21		0	112,170.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	41		0	149,230.00		0.00
SPECIAL CARE SERVICES						
CCU	15		0	81,600.00		0.00
ICU	2		0	12,240.00		0.00
NICU	5		0	43,545.00		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	137,385.00		0.00
TOTAL ACCOMODATIONS	63		0	286,615.00		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: 08/06/2023
Run Time: 21:24:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	65,538.20	0.00	OTHER LAB	2,405.00	0.00
MED/SURG SUPPLY	10,146.95	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	87,942.00	0.00	EDUCATION & TRAINING	376.00	0.00
RADIOLOGY-DIAGNOSTIC	8,140.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,289.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,648.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,666.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,601.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	14,499.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	36,969.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,644.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	3,910.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	19,177.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,082.00	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	918.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,986.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,821.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	12,371.00	608.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,950.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	18,248.19	0.00			
			TOTAL ANCILLARY	363,327.34	608.20
			TOTAL ACCOMODATIONS	286,615.00	0.00
			TOTAL CHARGES	649,942.34	608.20

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: 08/06/2023
Run Time: 21:24:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 26,401,319.72
COVERED CHARGES 24,889,203.12
NON-COVERD CHARGES 1,512,116.60

-----PAYMENTS-----
ADJUSTMENTS 195,471.86
CONTRACTUAL ALLOW 22,281,066.08
TOTAL MEDICAID LIAB 2,608,137.04
LESS: COB 6,481.09
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 2,601,655.95
ALL OTHER 2,172,196.55
FEE SCHEDULE-LAB 300,066.87
INJECTABLE DRUGS 129,392.53

TOTAL NUMBER OF CLAIMS 5,253

Report : CLM-0804-O
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: 08/06/2023
Run Time: 21:24:16
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	340,748.70	101.70	OTHER LAB	308,436.00	4,471.00
MED/SURG SUPPLY	417,509.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	721,249.00	11,750.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,361,353.00	109,591.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	156,587.00	5,108.00	FEE SCHEDULE LAB	4,971,693.18	152,747.00
EKG/ECG	384,926.00	31,512.00	MRI SERVICES	310,948.00	31,733.00
IV THERAPY	1,148,987.00	160,236.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,762,011.84	139,866.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	134,982.00	11,213.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	909,065.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	493,915.76	112,201.24	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,755,459.00	15,190.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	334,830.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,145,038.50	420,170.40
RADIOLOGY THERAPEUTIC	678,482.00	18,058.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	30,739.00	4,820.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,811.00	2,545.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	1,267.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	24,229.00	5,202.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	122,858.25	0.00
LITHOTRIPSY	0.00	133,824.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	499,167.33	41,080.90	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	43,293.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	245,733.40	45,492.20			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	730,899.00	29,806.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	333,405.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	517,846.43	24,131.00			
			TOTAL ANCILLARY	24,889,203.12	1,512,116.60
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	24,889,203.12	1,512,116.60

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

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

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	147,603.00	ADJUSTMENTS	0.00
COVERED CHARGES	128,002.30	CONTRACTUAL ALLOW	115,029.79
NON-COVERD CHARGES	19,600.70	TOTAL MEDICAID LIAB	12,972.51
		LESS: COB	12,972.51
		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 26

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,819.90	0.00	OTHER LAB	3,792.00	0.00
MED/SURG SUPPLY	2,202.90	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,808.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,219.00	3,647.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,341.00	496.00
EKG/ECG	1,818.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,623.00	1,805.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	9,492.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,256.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,022.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	36,142.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,364.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	796.50	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	40.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	3,420.00	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	2,400.00	263.30			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,859.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	499.00	0.00			
			TOTAL ANCILLARY	128,002.30	19,600.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	128,002.30	19,600.70

Report : CLM-0808-O
Process : CLMJO800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	420,235.60	ADJUSTMENTS	134.26
COVERED CHARGES	416,702.80	CONTRACTUAL ALLOW	406,163.39
NON-COVERD CHARGES	3,532.80	TOTAL MEDICAID LIAB	10,539.41
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,539.41

TOTAL NUMBER OF CLAIMS 157

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,148.30	0.00	OTHER LAB	0.00	1,896.00
MED/SURG SUPPLY	430.20	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,967.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,572.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	65,967.00	249.00
EKG/ECG	4,848.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	27,336.00	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	248,713.00	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	7,150.30	189.80
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	5,571.00	1,198.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	416,702.80	3,532.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	416,702.80	3,532.80

Report : CLM-0810-O
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,737.60	ADJUSTMENTS	0.00
COVERED CHARGES	8,381.50	CONTRACTUAL ALLOW	8,247.24
NON-COVERD CHARGES	1,356.10	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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	8.70	0.00	OTHER LAB	1,896.00	0.00
MED/SURG SUPPLY	53.80	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	1,975.00	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	3,662.00	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	39.10
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	786.00	1,317.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	8,381.50	1,356.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,381.50	1,356.10

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,047,810.56	ADJUSTMENTS	48,523.23
COVERED CHARGES	5,836,765.56	CONTRACTUAL ALLOW	5,470,145.75
NON-COVERD CHARGES	211,045.00	TOTAL MEDICAID LIAB	366,619.81
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	366,619.81

TOTAL NUMBER OF CLAIMS 68

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	30,875.90	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	216,666.05	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,494.00	22,236.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,037.00	8,032.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	3,602.00	FEE SCHEDULE LAB	85,012.00	15,558.00
EKG/ECG	0.00	4,242.00	MRI SERVICES	0.00	0.00
IV THERAPY	236,528.00	1,427.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	519,167.00	92,069.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,320.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	129,138.00	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	23,116.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,641,085.61	31,765.00
RADIOLOGY THERAPEUTIC	1,495,528.00	29,619.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	228,777.83	0.00
LITHOTRIPSY	135,071.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	648.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	21,093.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	58,208.17	2,495.00			
			TOTAL ANCILLARY	5,836,765.56	211,045.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,836,765.56	211,045.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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

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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	74,321.02	ADJUSTMENTS	0.00
COVERED CHARGES	73,945.02	CONTRACTUAL ALLOW	24,890.15
NON-COVERD CHARGES	376.00	TOTAL MEDICAID LIAB	49,054.87
		LESS: COB	4,769.42
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	44,285.45

TOTAL NUMBER OF ADMISSIONS 8

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	28		0	14,280.00		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	14,280.00		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	14,280.00		0.00

Report : CLM-0800-O
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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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON, GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,769.02	0.00	OTHER LAB	2,631.00	0.00
MED/SURG SUPPLY	4,090.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,439.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,116.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	6,346.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	754.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	970.00	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	10,960.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	6,872.00	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	764.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	68.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	308.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	4,542.00	0.00			
			TOTAL ANCILLARY	59,665.02	376.00
			TOTAL ACCOMODATIONS	14,280.00	0.00
			TOTAL CHARGES	73,945.02	376.00

Report : CLM-0800-0
Process : CLMJO800
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE I
INPATIENT PAID CLAIMS

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WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2221138011168	05/05/21 - 05/09/21	05/24/21	0.00	308.00	0.00	0.00	0.00
TOTAL				0.00	308.00	0.00	0.00	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
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PROVIDER NUMBER
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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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WILLS MEMORIAL HOSPITAL
120 GORDON ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	591,798.03	ADJUSTMENTS	17,459.15
COVERED CHARGES	557,729.80	CONTRACTUAL ALLOW	313,833.16
NON-COVERD CHARGES	34,068.23	TOTAL MEDICAID LIAB	243,896.64
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	243,896.64
		ALL OTHER	223,398.38
		FEE SCHEDULE-LAB	20,415.32
		INJECTABLE DRUGS	82.94

TOTAL NUMBER OF CLAIMS 512

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

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

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WILLS MEMORIAL HOSPITAL
120 GORDON ST
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PROVIDER NUMBER
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	19,314.42	872.23	OTHER LAB	8,853.00	0.00
MED/SURG SUPPLY	31,749.00	11.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	31,356.00	930.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	77,240.00	646.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	16,936.00	1,768.00	FEE SCHEDULE LAB	106,810.00	7,627.00
EKG/ECG	6,499.00	194.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,984.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	33,579.00	2,766.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	190,922.00	13,559.00	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	0.00	INJECTABLE DRUGS	494.38	5.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,447.00	4,950.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	650.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	90.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,627.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,180.00	0.00	NO CC/INVALID REV CODE	1,386.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	5,217.00	0.00			
			TOTAL ANCILLARY	557,729.80	34,068.23
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	557,729.80	34,068.23

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE III
OUTPATIENT PAID CLAIMS - % OF CHARGES

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WILLS MEMORIAL HOSPITAL
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021223016815	07/29/21 - 07/29/21	08/16/21	77.00	0.00	0.00	0.00	20.52
780	2021228026174	08/05/21 - 08/05/21	08/23/21	77.00	0.00	0.00	0.00	20.52
780	2021228026175	08/09/21 - 08/09/21	08/23/21	77.00	0.00	0.00	0.00	20.52
780	2021307017830	10/24/21 - 10/24/21	11/08/21	77.00	0.00	0.00	0.00	20.52
780	2021328055103	11/17/21 - 11/17/21	11/29/21	77.00	0.00	0.00	0.00	20.52
780	2021344074339	12/02/21 - 12/02/21	12/13/21	77.00	0.00	0.00	0.00	20.52
780	2022024033506	12/27/21 - 12/27/21	01/31/22	77.00	0.00	0.00	0.00	20.52
780	2022033068509	01/12/22 - 01/12/22	02/07/22	77.00	0.00	0.00	0.00	20.52
780	2022045037134	02/06/22 - 02/06/22	02/21/22	77.00	0.00	0.00	0.00	20.52
780	2022068060412	02/27/22 - 02/27/22	03/14/22	77.00	0.00	0.00	0.00	20.52
780	5922069000167	02/20/22 - 02/20/22	03/14/22	77.00	0.00	0.00	0.00	20.52
780	2022101040465	04/01/22 - 04/01/22	04/18/22	77.00	0.00	0.00	0.00	20.52
780	2022123069797	04/14/22 - 04/14/22	05/09/22	77.00	0.00	0.00	0.00	20.52
780	2022207070827	04/21/22 - 04/21/22	08/01/22	77.00	0.00	0.00	0.00	20.52
780	2022221061201	03/15/22 - 03/15/22	08/15/22	77.00	0.00	0.00	0.00	20.52
780	2022224065482	11/05/21 - 11/05/21	08/22/22	77.00	0.00	0.00	0.00	20.52
780	2222236009172	04/22/22 - 04/22/22	08/29/22	77.00	0.00	0.00	0.00	20.52
780	2222277003100	03/31/22 - 03/31/22	10/10/22	77.00	0.00	0.00	0.00	20.52
TOTAL				1,386.00	0.00	0.00	0.00	369.36

Report : CLM-0806-O
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
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	172.00	ADJUSTMENTS	0.00
COVERED CHARGES	172.00	CONTRACTUAL ALLOW	80.70
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	91.30
		LESS: COB	91.30
		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 : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WILLS MEMORIAL HOSPITAL
120 GORDON ST
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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 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	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	114.00	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	172.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	172.00	0.00

Report : CLM-0808-0
Process : CLMJO800
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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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SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	20,670.25	ADJUSTMENTS	70.00
COVERED CHARGES	20,330.75	CONTRACTUAL ALLOW	18,090.75
NON-COVERD CHARGES	339.50	TOTAL MEDICAID LIAB	2,240.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,240.00
TOTAL NUMBER OF CLAIMS		32	

Report : CLM-0808-0
Process : CLMJ0800
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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PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	564.75	44.50	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	1,806.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	930.00	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	3,690.00	295.00
EKG/ECG	291.00	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	12,326.00	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	77.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	20,330.75	339.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,330.75	339.50

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: 08/06/2023
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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 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022061074059	02/23/22 - 02/23/22	03/07/22	77.00	0.00	0.00	0.00	0.00
TOTAL				77.00	0.00	0.00	0.00	0.00

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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

WILLS MEMORIAL HOSPITAL
120 GORDON ST
WASHINGTON,GA 30673-1602

PROVIDER NUMBER
000002087A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,268,518.93	ADJUSTMENTS	4,505.90
COVERED CHARGES	5,249,107.13	CONTRACTUAL ALLOW	4,172,677.32
NON-COVERD CHARGES	19,411.80	TOTAL MEDICAID LIAB	1,076,429.81
		LESS: COB	26,715.68
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,049,714.13

TOTAL NUMBER OF ADMISSIONS 141

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	333		0	555,477.00		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	333		0	555,477.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	97		0	284,599.00		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	97		0	284,599.00		0.00
TOTAL ACCOMODATIONS	430		0	840,076.00		0.00

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

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

Run Date: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,167,052.00	0.00	OTHER LAB	41,506.00	0.00
MED/SURG SUPPLY	6,125.64	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	841,724.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	66,734.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	677,542.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	28,893.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	60,916.00	0.00	MRI SERVICES	70,728.00	0.00
IV THERAPY	332,589.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	65,545.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	172,404.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,409.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	376,122.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,486.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	5,091.20	2,548.80	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,427.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	11,367.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,850.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,712.29	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	29,354.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	41,694.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	50,731.00	16,863.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	180,390.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	154,639.00	0.00			
			TOTAL ANCILLARY	4,409,031.13	19,411.80
			TOTAL ACCOMODATIONS	840,076.00	0.00
			TOTAL CHARGES	5,249,107.13	19,411.80

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	16,075.00	ADJUSTMENTS	0.00
COVERED CHARGES	16,075.00	CONTRACTUAL ALLOW	10,854.12
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	5,220.88
		LESS: COB	5,220.88
		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	1,668.00		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	1,668.00		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	1,668.00		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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,009.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	2,710.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	469.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,005.00	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	795.00	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	2,419.00	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	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	14,407.00	0.00
			TOTAL ACCOMODATIONS	1,668.00	0.00
			TOTAL CHARGES	16,075.00	0.00

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,218,916.74	ADJUSTMENTS	66,704.05
COVERED CHARGES	7,964,547.03	CONTRACTUAL ALLOW	6,731,112.59
NON-COVERD CHARGES	1,254,369.71	TOTAL MEDICAID LIAB	1,233,434.44
		LESS: COB	247.47
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,233,186.97
		ALL OTHER	1,080,218.42
		FEE SCHEDULE-LAB	105,780.48
		INJECTABLE DRUGS	47,188.07
TOTAL NUMBER OF CLAIMS		1,970	

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,051.00	177,784.00	OTHER LAB	106,386.00	0.00
MED/SURG SUPPLY	11,514.03	19,244.96	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	370,262.00	3,956.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,669,913.00	226,185.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,236.00	1,983.00	FEE SCHEDULE LAB	1,175,044.50	155,003.00
EKG/ECG	138,904.00	3,492.00	MRI SERVICES	232,675.00	30,771.00
IV THERAPY	740,901.00	359.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	186,238.50	11,408.50	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	88,044.00	15,484.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	95,297.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	27,164.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,896,915.00	5,401.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	125,515.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	441,556.00	459,860.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	490.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	32,008.00	2,660.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	94,064.65
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	149,407.00	9,340.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	39,580.00	3,258.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	53,539.00	19,168.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	147,898.00	7,272.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	228,499.00	7,185.00			
			TOTAL ANCILLARY	7,964,547.03	1,254,369.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,964,547.03	1,254,369.71

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

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	101,148.98
TOTAL MEDICAID LIAB	18,849.62
LESS: COB	18,849.62
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	25
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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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	2,786.00	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	3,819.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,005.00	2,202.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	15,032.00	1,304.00
EKG/ECG	1,164.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	8,502.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,283.60	13,103.40	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,074.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	29,551.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	14,419.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,649.00	11,728.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,761.00	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	3,636.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	103.00	0.00			
			TOTAL ANCILLARY	119,998.60	31,123.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	119,998.60	31,123.40

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,272.00	ADJUSTMENTS	201.39
COVERED CHARGES	77,354.00	CONTRACTUAL ALLOW	73,796.11
NON-COVERD CHARGES	918.00	TOTAL MEDICAID LIAB	3,557.89
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	3,557.89

TOTAL NUMBER OF CLAIMS 53

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: 08/06/2023
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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	96.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	437.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,008.00	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	10,657.00	136.00
EKG/ECG	1,164.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,646.00	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	56,474.00	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	405.00	249.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	77,354.00	918.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	77,354.00	918.00

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

NGMC BARROW, LLC
316 N BROAD ST
WINDER, GA 30680-2150

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	9,521.00	ADJUSTMENTS	0.00
COVERED CHARGES	8,771.00	CONTRACTUAL ALLOW	8,636.74
NON-COVERD CHARGES	750.00	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	3
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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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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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	115.00	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	1,684.00	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	1,457.00	280.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	795.00	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	4,835.00	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	355.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	8,771.00	750.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,771.00	750.00

Report : CLM-0812-O
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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	791,121.64	ADJUSTMENTS	5,572.15
COVERED CHARGES	585,994.26	CONTRACTUAL ALLOW	530,272.74
NON-COVERD CHARGES	205,127.38	TOTAL MEDICAID LIAB	55,721.52
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	55,721.52

TOTAL NUMBER OF CLAIMS 10

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

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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,470.00	19,736.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	40,093.72	2,546.36	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,140.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	39,379.00	5,399.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	309.00	2,665.00	FEE SCHEDULE LAB	18,882.00	1,912.00
EKG/ECG	1,552.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	64,499.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	144,158.00	11,496.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,974.00	297.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	64,950.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	10,798.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	57,477.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	12,545.00	16,775.07
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	347.00	2,675.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	324.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	105,320.54	131,881.95
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,636.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,464.00	9,420.00			
			TOTAL ANCILLARY	585,994.26	205,127.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	585,994.26	205,127.38

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

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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:07:04
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	178,368.25	ADJUSTMENTS	21,164.06
COVERED CHARGES	178,368.25	CONTRACTUAL ALLOW	111,518.44
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	66,849.81
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	66,849.81

TOTAL NUMBER OF ADMISSIONS 11

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	31		0	30,845.00		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	30,845.00		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	30,845.00		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: 08/06/2023
Run Time: 17:07:04
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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	46,584.25	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	49,003.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,478.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	24,946.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,890.00	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	16,532.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	127.00	0.00	INJECTABLE DRUGS	599.00	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	837.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	527.00	0.00			
			TOTAL ANCILLARY	147,523.25	0.00
			TOTAL ACCOMODATIONS	30,845.00	0.00
			TOTAL CHARGES	178,368.25	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: 08/06/2023
Run Time: 17:07:04
Page: 3

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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE III
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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,565,668.70
COVERED CHARGES	1,461,246.52
NON-COVERD CHARGES	104,422.18

-----PAYMENTS-----	
ADJUSTMENTS	44,978.87
CONTRACTUAL ALLOW	1,055,180.31
TOTAL MEDICAID LIAB	406,066.21
LESS: COB	209.95
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	405,856.26
ALL OTHER	351,873.83
FEE SCHEDULE-LAB	51,225.14
INJECTABLE DRUGS	2,757.29

TOTAL NUMBER OF CLAIMS	1,120
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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: 08/06/2023
Run Time: 17:07:04
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	32,302.50	1,145.00	OTHER LAB	14,841.00	0.00
MED/SURG SUPPLY	375.92	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	180.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	76,675.00	2,835.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	329,579.00	36,911.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	14,737.00	2,365.00	FEE SCHEDULE LAB	353,095.00	26,238.00
EKG/ECG	23,260.00	1,832.00	MRI SERVICES	0.00	0.00
IV THERAPY	165,087.00	11,132.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	495.00	330.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,392.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	332,314.50	3,412.50	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	62,627.60	13,946.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	184.68
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	5,047.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,682.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,187.00	3,687.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	17,552.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	23,997.00	224.00			
			TOTAL ANCILLARY	1,461,246.52	104,422.18
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,461,246.52	104,422.18

Location: CLMP8000

SUMMARY TYPE IV

Page: 6

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SYLVESTER, GA 31791-7554

000002109A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	10
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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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	165.00	431.00	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	286.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,419.00	1,877.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,011.00	333.00
EKG/ECG	276.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,980.00	5,340.00	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	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	3,821.00	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	2,798.00	334.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	299.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,530.00	224.00			
			TOTAL ANCILLARY	21,585.00	8,539.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,585.00	8,539.00

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

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

Run Date: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	53,208.00	ADJUSTMENTS	0.00
COVERED CHARGES	51,588.00	CONTRACTUAL ALLOW	48,928.00
NON-COVERD CHARGES	1,620.00	TOTAL MEDICAID LIAB	2,660.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,660.00

TOTAL NUMBER OF CLAIMS 38

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,386.00	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	2,444.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	11,151.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,669.00	265.00
EKG/ECG	276.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,897.00	186.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	24,079.00	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	2,686.00	1,169.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	51,588.00	1,620.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	51,588.00	1,620.00

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: 08/06/2023
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	87,853.00	ADJUSTMENTS	10,533.74
COVERED CHARGES	84,600.00	CONTRACTUAL ALLOW	63,532.52
NON-COVERD CHARGES	3,253.00	TOTAL MEDICAID LIAB	21,067.48
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,067.48

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	664.00	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	1,934.00	289.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	42,188.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	3,653.00	301.00
EKG/ECG	276.00	276.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,055.00	1,823.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	135.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,651.00	439.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	28,565.00	125.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	429.00	0.00			
			TOTAL ANCILLARY	84,600.00	3,253.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	84,600.00	3,253.00

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: 08/06/2023
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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 08/01/21 THROUGH 07/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	5921286000104	08/27/21 - 08/27/21	10/18/21	50.00	0.00	0.00	0.00	20.52
TOTAL				50.00	0.00	0.00	0.00	20.52

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

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

Run Date: 08/06/2023
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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	08/01/21	THROUGH	07/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:25:29
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	18,016,412.80	ADJUSTMENTS	494,276.30
COVERED CHARGES	17,924,165.80	CONTRACTUAL ALLOW	14,919,331.36
NON-COVERD CHARGES	92,247.00	TOTAL MEDICAID LIAB	3,004,834.44
		LESS: COB	60,030.73
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,071.00
		REIMBURSEMENT	2,945,874.71

TOTAL NUMBER OF ADMISSIONS 289

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,060		0	1,756,466.00		0.00
ROUTINE NURSERY	31		0	38,409.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		28.00
TOTAL ROUTINE	1,091		0	1,794,875.00		28.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	344		0	1,672,281.00		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	344		0	1,672,281.00		0.00
TOTAL ACCOMODATIONS	1,435		0	3,467,156.00		28.00

Report : CLM-0800-O
Process : CLMJ0800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,398,941.80	0.00	OTHER LAB	145,516.00	0.00
MED/SURG SUPPLY	185,380.29	481.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,750,139.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	228,586.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	998,648.22	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	113,242.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	165,900.00	0.00	MRI SERVICES	192,883.07	0.00
IV THERAPY	374,841.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	651,526.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	50,481.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,371,238.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	73,064.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	145,844.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	926,553.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	129,230.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	59,854.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	60,227.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	31,355.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	564,280.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,245.00	0.00	TRAUMA RESPONSE	0.00	29,649.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	29,278.37	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	95,462.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	104,419.00	42,655.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	61,394.01	19,434.00			
AUDIOLOGY	8,928.00	0.00			
CARDIOLOGY	445,391.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	30,117.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	61,046.04	0.00			
			TOTAL ANCILLARY	14,457,009.80	92,219.00
			TOTAL ACCOMODATIONS	3,467,156.00	28.00
			TOTAL CHARGES	17,924,165.80	92,247.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	131,576.75	ADJUSTMENTS	0.00
COVERED CHARGES	131,576.75	CONTRACTUAL ALLOW	105,725.41
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	25,851.34
		LESS: COB	25,914.34
		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	16,580.00		0.00
ROUTINE NURSERY	1		0	1,239.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	11		0	17,819.00		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	11		0	17,819.00		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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	22,585.75	0.00	OTHER LAB	1,693.00	0.00
MED/SURG SUPPLY	798.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	23,475.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,794.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,518.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	535.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,212.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,105.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	18,670.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,342.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,876.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,376.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,314.00	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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	496.00	0.00			
CARDIOLOGY	4,281.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,466.00	0.00			
			TOTAL ANCILLARY	113,757.75	0.00
			TOTAL ACCOMODATIONS	17,819.00	0.00
			TOTAL CHARGES	131,576.75	0.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 14,243,152.62
COVERED CHARGES 12,435,474.90
NON-COVERD CHARGES 1,807,677.72

-----PAYMENTS-----
ADJUSTMENTS 68,809.81
CONTRACTUAL ALLOW 11,139,349.80
TOTAL MEDICAID LIAB 1,296,125.10
LESS: COB 1,204.07
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,294,921.03
ALL OTHER 1,173,649.96
FEE SCHEDULE-LAB 106,348.07
INJECTABLE DRUGS 14,923.00

TOTAL NUMBER OF CLAIMS 2,590

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	220,488.09	499.20	OTHER LAB	88,843.00	0.00
MED/SURG SUPPLY	174,248.63	1,772.24	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	477,120.00	9,201.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,826,492.00	438,700.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	127,529.00	25,184.00	FEE SCHEDULE LAB	1,895,018.00	108,528.00
EKG/ECG	269,864.00	9,954.00	MRI SERVICES	106,713.00	109,596.00
IV THERAPY	1,023,911.00	136,784.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	815,127.33	126,774.67	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	6,602.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	121,833.00	8,554.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	111,622.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	236,574.00	162,038.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,709,411.00	3,483.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	218,356.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	144,158.14	90,403.27
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,021.00	7,660.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	7,185.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	24,375.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	3,565.00	TRAUMA RESPONSE	0.00	168,011.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,966.10	9,633.34
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	153,092.00	11,472.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	31,401.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	61,240.00	246,432.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	161,937.00	95,271.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	24,689.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	413,218.61	2,602.00			
			TOTAL ANCILLARY	12,435,474.90	1,807,677.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,435,474.90	1,807,677.72

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE,GA 30655-3202

PROVIDER NUMBER000020677A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	176,854.66	ADJUSTMENTS	0.00
COVERED CHARGES	136,084.72	CONTRACTUAL ALLOW	122,455.17
NON-COVERD CHARGES	40,769.94	TOTAL MEDICAID LIAB	13,629.55
		LESS: COB	13,629.55
		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		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,008.77	332.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	277.24	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	8,801.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,788.00	22,644.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	730.00	0.00	FEE SCHEDULE LAB	18,107.00	516.00
EKG/ECG	2,765.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,769.00	3,778.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,534.00	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	3,136.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	40,652.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,062.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,299.71	1,528.14
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	695.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	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	9,883.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,778.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,179.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,281.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	136,084.72	40,769.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	136,084.72	40,769.94

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	776,633.91	ADJUSTMENTS	0.00
COVERED CHARGES	739,718.62	CONTRACTUAL ALLOW	724,681.50
NON-COVERD CHARGES	36,915.29	TOTAL MEDICAID LIAB	15,037.12
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	15,037.12
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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,259.60	83.20	OTHER LAB	5,297.00	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	32,902.00	635.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	129,503.00	26,830.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	93,113.00	1,101.00
EKG/ECG	14,378.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	80,247.00	4,971.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	366,592.00	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	4,810.71	3,295.09
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	4,490.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,668.31	0.00			
			TOTAL ANCILLARY	739,718.62	36,915.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	739,718.62	36,915.29

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

PIEDMONT WALTON HOSPITAL, INC
2151 W SPRING ST
MONROE, GA 30655-3202

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	4,777.89
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
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7.02	83.20	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	2,893.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	762.00	43.00
EKG/ECG	553.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	585.00	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	2,938.00	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	4,845.02	3,019.20
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,845.02	3,019.20

Location: CLMP8000

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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MONROE, GA 30655-3202

000020677A

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

REIMBURSEMENT	15,820.89
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TOTAL NUMBER OF CLAIMS	3
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,471.83	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	16,701.18	463.06	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	598.00	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	7,826.00	358.00
EKG/ECG	0.00	553.00	MRI SERVICES	8,706.00	0.00
IV THERAPY	0.00	1,520.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	89,015.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	91.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	14,910.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,035.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	12,729.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	414.75	1,872.61
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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	4,179.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	4,481.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,210.00	0.00			
			TOTAL ANCILLARY	165,707.76	13,426.67
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	165,707.76	13,426.67

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:25:05
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,182,016.24	ADJUSTMENTS	13,600.16
COVERED CHARGES	2,099,246.67	CONTRACTUAL ALLOW	1,890,682.00
NON-COVERD CHARGES	82,769.57	TOTAL MEDICAID LIAB	208,564.67
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	208,564.67

TOTAL NUMBER OF ADMISSIONS 25

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	84		0	103,723.23		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	84		0	103,723.23		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	36		0	68,775.60		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	68,775.60		0.00
TOTAL ACCOMODATIONS	120		0	172,498.83		0.00

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

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

Run Date: 08/06/2023
Run Time: 12:25:05
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	686,991.84	77,509.43	OTHER LAB	6,448.10	0.00
MED/SURG SUPPLY	121,838.31	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	520,316.09	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	36,649.92	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	117,671.20	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,892.92	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	13,805.58	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	70,972.35	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	143,314.32	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,041.90	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	99,290.41	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,205.48	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,634.86	0.00	INJECTABLE DRUGS	2,728.16	4,675.70
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,070.67	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,330.18	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,621.90	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,645.11	0.00	NO CC/INVALID REV CODE	3,267.68	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,797.80	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,903.69	584.44			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	29,708.58	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	19,600.79	0.00			
			TOTAL ANCILLARY	1,926,747.84	82,769.57
			TOTAL ACCOMODATIONS	172,498.83	0.00
			TOTAL CHARGES	2,099,246.67	82,769.57

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

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

Run Date: 08/06/2023
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Page: 3

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022244076346	08/25/22 - 08/28/22	09/05/22	3,267.68	0.00	0.00	0.00	0.00
TOTAL				3,267.68	0.00	0.00	0.00	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: 08/06/2023
Run Time: 12:25:05
Page: 4

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 12:25:05
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,387,640.80	ADJUSTMENTS	102,082.19
COVERED CHARGES	2,754,479.47	CONTRACTUAL ALLOW	2,506,533.04
NON-COVERD CHARGES	633,161.33	TOTAL MEDICAID LIAB	247,946.43
		LESS: COB	3,110.85
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	244,835.58
		ALL OTHER	209,053.84
		FEE SCHEDULE-LAB	32,505.33
		INJECTABLE DRUGS	3,276.41
TOTAL NUMBER OF CLAIMS		640	

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

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

Run Date: 08/06/2023
Run Time: 12:25:05
Page: 6

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	62,487.17	22,882.25	OTHER LAB	69,280.82	0.00
MED/SURG SUPPLY	17,316.63	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	122,926.56	5,411.45	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	251,941.56	154,150.52	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	10,208.72	4,795.55	FEE SCHEDULE LAB	773,227.50	52,326.61
EKG/ECG	44,537.06	0.00	MRI SERVICES	42,607.41	0.00
IV THERAPY	114,766.69	1,591.02	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	51,564.64	227,956.10	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,347.93	3,809.51	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	73,108.13	0.00	AMBULANCE	0.00	0.00
GI SERVICES	82,364.44	20,823.46	CAST ROOM	0.00	0.00
EMERGENCY ROOM	607,511.30	55,637.03	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	52,684.24	1,769.58	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	220,664.34	36,350.20
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	657.79	1,100.03	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	309.02	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	25,283.66
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	32,203.98	3,873.26	NO CC/INVALID REV CODE	5,353.56	6,444.64
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,497.47	791.54			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	16,581.02	5,155.12			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	56,190.19	2,700.78			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	18,450.32	0.00			
			TOTAL ANCILLARY	2,754,479.47	633,161.33
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,754,479.47	633,161.33

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2022101034906	03/07/22 - 03/07/22	04/18/22	5,353.56	0.00	0.00	0.00	667.83
614	5922164000845	03/30/22 - 03/30/22	06/20/22	0.00	3,792.39	0.00	0.00	0.00
615	5922202001356	05/04/22 - 05/04/22	07/25/22	0.00	2,652.25	0.00	0.00	0.00
TOTAL				5,353.56	6,444.64	0.00	0.00	667.83

Location: CLMP8000

SUMMARY TYPE IV

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

Page: 8

BLUE RIDGE, GA 30513-6248

000134406A

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

INJECTABLE DRUGS	0.00
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TOTAL NUMBER OF CLAIMS	4
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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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,126.52	2,256.31	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	4,061.99	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	7,261.29	945.89
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	10,727.98	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	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	21,115.79	7,264.19
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,115.79	7,264.19

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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	199,004.59
COVERED CHARGES	183,857.18
NON-COVERD CHARGES	15,147.41

-----PAYMENTS-----	
ADJUSTMENTS	704.88
CONTRACTUAL ALLOW	180,646.06
TOTAL MEDICAID LIAB	3,211.12
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	3,211.12

TOTAL NUMBER OF CLAIMS	41
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,232.41	405.62	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	7,622.07	646.44	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	23,789.29	7,131.12	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	44,050.37	2,366.46
EKG/ECG	2,228.80	0.00	MRI SERVICES	3,792.39	0.00
IV THERAPY	11,393.91	298.23	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	177.12	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	64,675.57	3,031.49	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	20,589.41	1,268.05
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	4,305.84	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	183,857.18	15,147.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	183,857.18	15,147.41

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

FANNIN REGIONAL HOSP
2855 OLD HIGHWAY 5
BLUE RIDGE, GA 30513-6248

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	1,071.88
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
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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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	1,150.20	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	1,150.20	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,150.20	0.00

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	313,755.90	ADJUSTMENTS	14,829.49
COVERED CHARGES	282,833.36	CONTRACTUAL ALLOW	258,117.53
NON-COVERD CHARGES	30,922.54	TOTAL MEDICAID LIAB	24,715.83
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	24,715.83

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,643.34	5,496.69	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	12,543.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	0.00	1,023.70	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	10,224.09	498.38
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	189,209.45	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	33,841.39	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	16,689.62	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	14,681.86	16,546.72
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	5,914.13
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	1,442.92			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	282,833.36	30,922.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	282,833.36	30,922.54

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: 08/06/2023
Run Time: 12:25:05
Page: 16

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:36:04
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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 17:36:04
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 17:36:04
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 17:36:04
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:25:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,492,178.65	ADJUSTMENTS	52,313.16
COVERED CHARGES	7,346,348.42	CONTRACTUAL ALLOW	2,472,743.09
NON-COVERD CHARGES	145,830.23	TOTAL MEDICAID LIAB	4,873,605.33
		LESS: COB	1,595.40
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	4,872,009.93

TOTAL NUMBER OF ADMISSIONS 1,079

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,039		0	3,647,600.00		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	5,039		0	3,647,600.00		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	5,039		0	3,647,600.00		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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,929,414.42	144,000.23	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	708,618.00	572.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	23,930.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	14,247.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,729.00	0.00	MRI SERVICES	20,144.00	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	540.00	0.00
RADIOLOGY THERAPEUTIC	0.00	194.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	126.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,064.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	3,698,748.42	145,830.23
			TOTAL ACCOMODATIONS	3,647,600.00	0.00
			TOTAL CHARGES	7,346,348.42	145,830.23

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

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

Run Date: 08/06/2023
Run Time: 12:25:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
1	2222027001658	01/20/22 - 01/25/22	01/31/22	0.00	378.00	0.00	0.00	0.00
34	2222136001046	05/04/22 - 05/11/22	05/23/22	0.00	308.00	0.00	0.00	0.00
3031	2222208001714	07/20/22 - 07/25/22	08/01/22	0.00	378.00	0.00	0.00	0.00
TOTAL				0.00	1,064.00	0.00	0.00	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: 08/06/2023
Run Time: 12:25:59
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	23,010.00	ADJUSTMENTS	270.68
COVERED CHARGES	22,316.00	CONTRACTUAL ALLOW	9,428.74
NON-COVERD CHARGES	694.00	TOTAL MEDICAID LIAB	12,887.26
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	12,887.26
		ALL OTHER	12,887.26
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 44

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

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

Run Date: 08/06/2023
Run Time: 12:25:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	17,741.00	616.00	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	78.00
EKG/ECG	741.00	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	22,316.00	694.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	22,316.00	694.00

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: 08/06/2023
Run Time: 12:25:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 12:25:59
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 12:25:59
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 12:25:59
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** END OF REPORT **

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	75,576,526.89	ADJUSTMENTS	3,096,180.82
COVERED CHARGES	75,211,338.89	CONTRACTUAL ALLOW	62,804,307.86
NON-COVERD CHARGES	365,188.00	TOTAL MEDICAID LIAB	12,407,031.03
		LESS: COB	254,824.57
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	6,489.00
		REIMBURSEMENT	12,158,695.46

TOTAL NUMBER OF ADMISSIONS 1,026

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	4,330		0	7,121,487.00		0.00
ROUTINE NURSERY	637		0	1,983,171.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		69.00
TOTAL ROUTINE	4,967		0	9,104,658.00		69.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,445		0	6,960,428.00		0.00
NICU	56		0	378,393.00		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	1,501		0	7,338,821.00		0.00
TOTAL ACCOMODATIONS	6,468		0	16,443,479.00		69.00

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

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

Run Date: 08/06/2023
Run Time: 17:46:40
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,680,518.05	0.00	OTHER LAB	502,984.00	0.00
MED/SURG SUPPLY	1,434,309.22	2,205.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	13,804,883.57	0.00	EDUCATION & TRAINING	12,210.00	0.00
RADIOLOGY-DIAGNOSTIC	902,143.50	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,015,356.00	47,295.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	358,151.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	398,613.00	0.00	MRI SERVICES	685,151.59	0.00
IV THERAPY	1,282,937.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,913,526.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	281,003.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	8,668,075.12	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	351,080.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	448,235.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,411,084.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	455,399.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	281,402.00	0.00	INJECTABLE DRUGS	486.00	0.00
RADIOLOGY THERAPEUTIC	70,874.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	183,903.50	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	153,726.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	3,241,885.00	53,625.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	21,215.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	511,243.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	560,030.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	852,786.01	224,949.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	211,143.03	37,045.00			
AUDIOLOGY	47,131.00	0.00			
CARDIOLOGY	2,669,406.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	72,044.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	284,925.55	0.00			
			TOTAL ANCILLARY	58,767,859.89	365,119.00
			TOTAL ACCOMODATIONS	16,443,479.00	69.00
			TOTAL CHARGES	75,211,338.89	365,188.00

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: 08/06/2023
 Run Time: 17:46:40
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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 07/01/21 THROUGH 06/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,214,044.72	ADJUSTMENTS	0.00
COVERED CHARGES	3,214,044.72	CONTRACTUAL ALLOW	2,806,662.09
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	407,382.63
		LESS: COB	408,579.63
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	1,197.00
		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	42		0	67,824.00		0.00
ROUTINE NURSERY	172		0	530,369.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	214		0	598,193.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	48		0	231,463.00		0.00
NICU	22		0	125,422.00		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	70		0	356,885.00		0.00
TOTAL ACCOMODATIONS	284		0	955,078.00		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: 08/06/2023
Run Time: 17:46:40
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	381,353.32	0.00	OTHER LAB	5,034.00	0.00
MED/SURG SUPPLY	158,348.40	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	495,685.00	0.00	EDUCATION & TRAINING	165.00	0.00
RADIOLOGY-DIAGNOSTIC	41,673.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	58,361.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,570.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,659.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,022.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	144,922.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	66,793.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	611,831.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	23,988.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,305.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	30,800.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	77,786.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,314.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	883.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	29,619.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,135.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	17,260.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	8,316.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	8,432.00	0.00			
CARDIOLOGY	54,027.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,685.00	0.00			
			TOTAL ANCILLARY	2,258,966.72	0.00
			TOTAL ACCOMODATIONS	955,078.00	0.00
			TOTAL CHARGES	3,214,044.72	0.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 23,502,840.61
COVERED CHARGES 19,997,363.70
NON-COVERD CHARGES 3,505,476.91

-----PAYMENTS-----
ADJUSTMENTS 165,496.45
CONTRACTUAL ALLOW 18,090,242.84
TOTAL MEDICAID LIAB 1,907,120.86
LESS: COB 3,212.80
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,903,908.06
ALL OTHER 1,721,294.12
FEE SCHEDULE-LAB 152,924.00
INJECTABLE DRUGS 29,689.94

TOTAL NUMBER OF CLAIMS 3,545

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	281,251.83	499.20	OTHER LAB	364,851.00	30,133.00
MED/SURG SUPPLY	338,302.62	35,660.76	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	1,815.00
RADIOLOGY-DIAGNOSTIC	601,906.00	15,974.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,182,113.00	607,871.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	70,759.00	24,319.00	FEE SCHEDULE LAB	2,886,537.00	109,552.00
EKG/ECG	298,067.00	3,318.00	MRI SERVICES	158,411.00	166,027.00
IV THERAPY	1,780,215.00	198,088.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,096,188.57	234,729.43	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	304,238.00	32,657.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	177,088.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	220,912.00	87,612.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,519,017.00	19,648.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	256,991.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	249,772.86	318,813.52
RADIOLOGY THERAPEUTIC	2,257,303.00	237,805.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	4,655.00	11,818.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,878.00	16,405.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	374,104.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	155.00	5,873.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	272,566.60	283,968.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	554,229.00	96,184.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	117,449.00	36,155.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	81,590.00	101,864.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	501,741.00	443,653.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	7,548.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	410,628.22	10,931.00			
			TOTAL ANCILLARY	19,997,363.70	3,505,476.91
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	19,997,363.70	3,505,476.91

PIEDMONT HENRY HOSPITAL, INC.
1133 EAGLES LANDING PKWY
STOCKBRIDGE,GA 30281-5085

PROVIDER NUMBER000182388A

PAYMENT DATES00/00/00THROUGH00/00/00
SERVICE DATES07/01/21THROUGH06/30/22
ADMISSION DATES00/00/00THROUGH00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	622,030.13	ADJUSTMENTS	0.00
COVERED CHARGES	470,334.64	CONTRACTUAL ALLOW	425,389.02
NON-COVERD CHARGES	151,695.49	TOTAL MEDICAID LIAB	44,945.62
		LESS: COB	44,945.62
		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		76	

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,991.73	582.40	OTHER LAB	7,099.00	0.00
MED/SURG SUPPLY	12,686.83	1,896.52	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	10,976.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,256.00	34,790.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	51,702.00	5,813.00
EKG/ECG	2,212.00	0.00	MRI SERVICES	5,788.00	5,788.00
IV THERAPY	23,702.00	3,507.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	112,222.66	23,810.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	316.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	18,582.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,941.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	92,942.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	37,206.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,760.42	26,602.86
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	4,875.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	11,720.37
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	18,973.00	5,389.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	2,357.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	19,440.00	24,564.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	11,203.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	15,335.00	0.00			
			TOTAL ANCILLARY	470,334.64	151,695.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	470,334.64	151,695.49

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,339,450.64
COVERED CHARGES 1,272,813.29
NON-COVERD CHARGES 66,637.35

-----PAYMENTS-----
ADJUSTMENTS 67.13
CONTRACTUAL ALLOW 1,249,787.70
TOTAL MEDICAID LIAB 23,025.59
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 23,025.59

TOTAL NUMBER OF CLAIMS 343

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,640.19	0.00	OTHER LAB	21,359.00	4,423.00
MED/SURG SUPPLY	502.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	78,475.00	1,280.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	179,282.00	18,835.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	248,424.00	4,763.00
EKG/ECG	22,673.00	553.00	MRI SERVICES	6,374.00	4,734.00
IV THERAPY	130,121.00	13,476.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,963.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	534,669.00	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	6,901.10	4,333.35
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	830.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	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	20,332.00	2,453.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,403.00	2,245.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	8,557.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,159.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,536.00	0.00			
			TOTAL ANCILLARY	1,272,813.29	66,637.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,272,813.29	66,637.35

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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STOCKBRIDGE, GA 30281-5085

000182388A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	13
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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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	356.35	138.86	OTHER LAB	0.00	2,621.00
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	846.00	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	9,481.00	740.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,454.00	2,393.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	21,621.00	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	177.99	267.86
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	2,889.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	38,825.34	6,160.72
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,825.34	6,160.72

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	732,056.60	ADJUSTMENTS	22,789.88
COVERED CHARGES	675,059.64	CONTRACTUAL ALLOW	623,782.41
NON-COVERD CHARGES	56,996.96	TOTAL MEDICAID LIAB	51,277.23
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	51,277.23

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,902.81	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	49,533.86	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	299.00	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	10,546.00	2,922.00
EKG/ECG	0.00	553.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	200,725.34	8,070.66	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	33,598.00	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	28,008.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,002.37	6,064.38
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	270,440.26	14,635.92
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	474.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	73,004.00	24,277.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	675,059.64	56,996.96
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	675,059.64	56,996.96

ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HENRY HOSPITAL, INC. 1133 EAGLES LANDING PKWY STOCKBRIDGE,GA 30281-5085	PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
	000182388A	SERVICE DATES	07/01/21	THROUGH	06/30/22
		ADMISSION DATES	00/00/00	THROUGH	00/00/00
-----CHARGES-----					
	TOTAL CHARGES	72,235.48	-----PAYMENTS-----		
	COVERED CHARGES	68,946.35	ADJUSTMENTS		0.00
	NON-COVERD CHARGES	3,289.13	CONTRACTUAL ALLOW		63,248.88
			TOTAL MEDICAID LIAB		5,697.47
			LESS: COB		5,697.47
			LESS: COPAYMENT		0.00
			ADD: ADDON PYMT		0.00
			REIMBURSEMENT		0.00
			TOTAL NUMBER OF CLAIMS		1

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	364.00	0.00	OTHER LAB	1,704.00	0.00
MED/SURG SUPPLY	688.64	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	732.00	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	20,760.00	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	2,540.00	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	4,599.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	57.93	169.13
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	36,543.78	3,120.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	807.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	68,946.35	3,289.13
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	68,946.35	3,289.13

** END OF REPORT **

Report : CLM-0800-0
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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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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	35,612,825.61	ADJUSTMENTS	745,885.18
COVERED CHARGES	35,477,010.07	CONTRACTUAL ALLOW	31,382,089.83
NON-COVERD CHARGES	135,815.54	TOTAL MEDICAID LIAB	4,094,920.24
		LESS: COB	54,072.61
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	3,465.00
		REIMBURSEMENT	4,044,312.63

TOTAL NUMBER OF ADMISSIONS 450

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	2,086		0	5,697,483.00		0.00
ROUTINE NURSERY	327		0	852,948.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		7.00
TOTAL ROUTINE	2,413		0	6,550,431.00		7.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	699		0	2,866,921.00		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	699		0	2,866,921.00		0.00
TOTAL ACCOMODATIONS	3,112		0	9,417,352.00		7.00

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

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

Run Date: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	870,201.71	0.00	OTHER LAB	254,314.75	0.00
MED/SURG SUPPLY	1,348,003.55	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	7,162,477.51	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	618,315.71	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,516,309.03	70,404.11	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,179,378.88	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	393,317.61	0.00	MRI SERVICES	382,975.50	0.02
IV THERAPY	46,892.98	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,514,381.11	25,228.39	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	283,166.62	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,136,474.05	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	355,001.03	0.00	AMBULANCE	0.00	0.00
GI SERVICES	191,444.79	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,447,579.78	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	300,166.98	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	96,228.15	0.00	INJECTABLE DRUGS	1,128,136.91	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	928,533.24	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	246,464.07	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	288,349.22	18,280.16	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	8,303.43	512.97	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	14,616.96	0.00	IMPL DEV CHARGE PATIENTS	567,918.78	0.00
LITHOTRIPSY	47,539.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	177,570.49	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	101,639.62	14,605.91			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	528,930.51	6,776.98			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	823,267.13	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	63,926.21	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	37,832.76	0.00			
			TOTAL ANCILLARY	26,059,658.07	135,808.54
			TOTAL ACCOMODATIONS	9,417,352.00	7.00
			TOTAL CHARGES	35,477,010.07	135,815.54

Report : CLM-0800-0
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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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2021301070207	10/15/21 - 10/18/21	11/01/21	0.00	0.00	0.00	0.00	0.00
24	2021328079068	11/06/21 - 11/18/21	11/29/21	0.00	0.00	0.00	0.00	0.00
24	2022039050422	01/27/22 - 02/01/22	02/14/22	0.00	0.00	0.00	0.00	0.00
24	5222061000445	01/28/22 - 02/14/22	03/07/22	0.00	0.00	0.00	0.00	0.00
24	2022071006462	02/09/22 - 02/23/22	03/21/22	0.00	0.00	0.00	0.00	0.00
24	5222125000468	03/10/22 - 04/02/22	05/09/22	0.00	0.00	0.00	0.00	0.00
24	5222137046610	04/17/22 - 05/05/22	05/23/22	0.00	0.00	0.00	0.00	0.00
TOTAL				0.00	0.00	0.00	0.00	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: 08/06/2023
Run Time: 17:37:50
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	283,379.85	ADJUSTMENTS	0.00
COVERED CHARGES	283,379.85	CONTRACTUAL ALLOW	242,989.85
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	40,390.00
		LESS: COB	40,453.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	63.00
		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	18		0	35,273.00		0.00
ROUTINE NURSERY	17		0	48,432.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	35		0	83,705.00		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	35		0	83,705.00		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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,628.42	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	4,390.08	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	29,880.76	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,509.53	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,176.78	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,936.25	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,339.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	85,542.96	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,450.51	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,377.96	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	9,888.25	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	20,740.90	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	3,356.94	0.00	INJECTABLE DRUGS	5,095.12	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	246.34	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	738.04	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,771.48	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,605.53	0.00			
			TOTAL ANCILLARY	199,674.85	0.00
			TOTAL ACCOMODATIONS	83,705.00	0.00
			TOTAL CHARGES	283,379.85	0.00

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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 11,102,690.87
COVERED CHARGES 9,880,689.46
NON-COVERD CHARGES 1,222,001.41

-----PAYMENTS-----
ADJUSTMENTS 24,131.57
CONTRACTUAL ALLOW 9,221,393.59
TOTAL MEDICAID LIAB 659,295.87
LESS: COB 93.10
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 659,202.77
ALL OTHER 594,564.66
FEE SCHEDULE-LAB 57,184.08
INJECTABLE DRUGS 7,454.03

TOTAL NUMBER OF CLAIMS 1,517

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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	34,071.97	9,800.97	OTHER LAB	116,551.09	0.00
MED/SURG SUPPLY	275,283.22	106,222.92	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	410,269.09	7,640.37	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,447,731.86	301,758.15	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,698.26	20,336.64	FEE SCHEDULE LAB	2,279,525.24	61,579.21
EKG/ECG	229,213.88	1,957.50	MRI SERVICES	59,404.17	13,518.67
IV THERAPY	285,420.72	9,707.09	PROFESSIONAL FEES	0.00	0.12
OPERATING ROOM	270,467.62	152,712.52	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	19,128.69	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	7,646.90	2,617.65	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	222,490.03	0.00	AMBULANCE	0.00	0.00
GI SERVICES	71,876.33	30,081.80	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,326,387.17	2,404.84	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	438,576.24	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	76,005.20	56,312.39
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	6,582.43	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	5,563.34	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	50,236.47	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	108,691.64	6,462.89	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	26,449.73	0.00	IMPL DEV CHARGE PATIENTS	24,346.38	68,930.65
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	189,026.74	39,122.81	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,433.56	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	353,907.95	61,743.22			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	212,973.11	135,538.49			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,054.56	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	383,058.11	71,170.27			
			TOTAL ANCILLARY	9,880,689.46	1,222,001.41
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,880,689.46	1,222,001.41

Location: CLMP8000

SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SNELLVILLE, GA 30078-2195

000190088A

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

NON-COVERD CHARGES	32,039.76
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FEE SCHEDULE-LAB	0.00
INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS	22
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Report : CLM-0806-O
Process : CLMJ0800
Location: CLMP8000

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

Run Date: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	905.17	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,097.94	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,873.96	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	24,761.62	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,149.16	5,109.54
EKG/ECG	978.75	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,553.94	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	20,092.88	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	3,168.81	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,705.47	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	38,137.65	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	15,544.66	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	3,905.49	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	4,872.32	0.00	IMPL DEV CHARGE PATIENTS	0.00	709.54
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,632.56	1,459.06	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	5,922.04	0.00			
			TOTAL ANCILLARY	139,540.80	32,039.76
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	139,540.80	32,039.76

TOTAL NUMBER OF CLAIMS	233
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Report : CLM-0808-O
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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,107.46	690.39	OTHER LAB	9,614.05	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	79,385.10	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	315,049.94	88,814.53	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	283,943.73	851.31
EKG/ECG	30,201.42	0.00	MRI SERVICES	4,755.66	0.00
IV THERAPY	47,353.30	1,537.68	PROFESSIONAL FEES	0.00	0.05
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	935.70	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	471.79	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	520,643.75	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	5,585.39	1,446.43
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	4,086.19	1,356.36	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,304,133.48	94,696.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,304,133.48	94,696.75

Location: CLMP8000

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

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SNELLVILLE, GA 30078-2195

000190088A

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

REIMBURSEMENT	0.00
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TOTAL NUMBER OF CLAIMS	7
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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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	273.33	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	1,975.18	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	5,380.61	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,441.31	0.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,478.89	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	17,122.08	0.00	SPECIAL SERVICES	0.00	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	25,290.79	5,380.61
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	25,290.79	5,380.61

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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	618,201.93	ADJUSTMENTS	10,868.55
COVERED CHARGES	571,514.99	CONTRACTUAL ALLOW	544,343.62
NON-COVERD CHARGES	46,686.94	TOTAL MEDICAID LIAB	27,171.37
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	27,171.37

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: 08/06/2023
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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 09/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	3,245.19	18.36	OTHER LAB	794.85	0.00
MED/SURG SUPPLY	100,775.35	2,894.18	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,154.64	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	687.61	0.00	FEE SCHEDULE LAB	25,236.68	1,887.40
EKG/ECG	1,957.50	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,713.11	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	220,918.60	17,915.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,936.50	4,122.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	34,501.71	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	3,603.15	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	56,159.24	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,565.15	1,565.44
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	4,875.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	110,883.25	13,408.77
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,925.78	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,456.68	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	571,514.99	46,686.94
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	571,514.99	46,686.94

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

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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	09/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:22:07
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,017,447.43	ADJUSTMENTS	0.00
COVERED CHARGES	7,917,635.43	CONTRACTUAL ALLOW	5,065,198.89
NON-COVERD CHARGES	99,812.00	TOTAL MEDICAID LIAB	2,852,436.54
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,852,436.54

TOTAL NUMBER OF ADMISSIONS 24

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,456		0	3,381,073.00		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	1,456		0	3,381,073.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	22		0	101,970.00		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	22		0	101,970.00		0.00
TOTAL ACCOMODATIONS	1,478		0	3,483,043.00		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: 08/06/2023
Run Time: 19:22:07
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	724,678.71	0.00	OTHER LAB	46,421.00	0.00
MED/SURG SUPPLY	88,158.74	0.00	RECREATIONAL THERAPY	2,760.00	0.00
LABORATORY-GENERAL	175,445.00	0.00	EDUCATION & TRAINING	51,253.00	0.00
RADIOLOGY-DIAGNOSTIC	85,009.01	0.00	OTHER THERAPEUTIC SVC	1,268.00	0.00
CT SCAN	82,810.02	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	797,176.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	7,812.00	0.00	MRI SERVICES	33,560.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	182,917.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	889,624.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	26,794.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	11,239.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	80,838.00
RECOVERY ROOM	18,723.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,355.00	0.00	INJECTABLE DRUGS	228,162.87	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	708,509.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	221,617.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	242.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	34,738.08	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,788.00	0.00	NO CC/INVALID REV CODE	0.00	18,732.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,386.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	4,281.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	4,107.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	4,434,592.43	99,812.00
			TOTAL ACCOMODATIONS	3,483,043.00	0.00
			TOTAL CHARGES	7,917,635.43	99,812.00

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

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

Run Date: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
952	2021315074368	05/06/21 - 07/20/21	11/15/21	0.00	608.00	0.00	0.00	0.00
952	2222028001117	07/01/21 - 10/13/21	01/31/22	0.00	3,116.00	0.00	0.00	0.00
952	2022052035179	12/06/21 - 01/27/22	02/28/22	0.00	912.00	0.00	0.00	0.00
952	2022061077188	11/19/21 - 02/23/22	03/07/22	0.00	1,824.00	0.00	0.00	0.00
952	2022063012723	11/10/21 - 01/05/22	03/07/22	0.00	1,672.00	0.00	0.00	0.00
952	2022076075792	09/27/21 - 11/13/21	03/21/22	0.00	1,748.00	0.00	0.00	0.00
952	2022115043441	11/01/21 - 11/30/21	05/02/22	0.00	304.00	0.00	0.00	0.00
952	2022133070928	03/29/22 - 05/06/22	05/23/22	0.00	1,404.00	0.00	0.00	0.00
952	2022262030694	04/16/21 - 05/26/21	09/26/22	0.00	2,736.00	0.00	0.00	0.00
952	2022339041664	10/04/21 - 11/24/21	12/12/22	0.00	608.00	0.00	0.00	0.00
952	2223020010020	11/24/21 - 02/03/22	01/23/23	0.00	1,368.00	0.00	0.00	0.00
952	2223020010263	01/24/22 - 03/02/22	01/23/23	0.00	1,368.00	0.00	0.00	0.00
952	2023045060430	01/10/22 - 03/11/22	02/20/23	0.00	608.00	0.00	0.00	0.00
952	2023082102886	09/02/21 - 10/07/21	03/27/23	0.00	456.00	0.00	0.00	0.00
TOTAL				0.00	18,732.00	0.00	0.00	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: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,742,662.00	ADJUSTMENTS	0.00
COVERED CHARGES	1,741,032.00	CONTRACTUAL ALLOW	1,378,205.16
NON-COVERD CHARGES	1,630.00	TOTAL MEDICAID LIAB	362,826.84
		LESS: COB	362,826.84
		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	181		0	419,377.00		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	181		0	419,377.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	7		0	32,445.00		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	32,445.00		0.00
TOTAL ACCOMODATIONS	188		0	451,822.00		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: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	194,296.00	0.00	OTHER LAB	6,135.00	0.00
MED/SURG SUPPLY	15,163.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	25,714.00	0.00	EDUCATION & TRAINING	7,813.00	0.00
RADIOLOGY-DIAGNOSTIC	15,503.00	0.00	OTHER THERAPEUTIC SVC	55.00	0.00
CT SCAN	12,818.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	102,217.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,860.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	13,199.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	688,458.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	3,065.00	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	55,804.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	109,983.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	37,127.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	1,022.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	608.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,289,210.00	1,630.00
			TOTAL ACCOMODATIONS	451,822.00	0.00
			TOTAL CHARGES	1,741,032.00	1,630.00

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: 08/06/2023
Run Time: 19:22:07
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
952	2221314008533	05/06/21 - 08/19/21	11/15/21	0.00	608.00	0.00	202,642.65	0.00
TOTAL				0.00	608.00	0.00	202,642.65	0.00

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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,621,838.00	ADJUSTMENTS	287,162.02
COVERED CHARGES	3,578,497.00	CONTRACTUAL ALLOW	2,436,039.46
NON-COVERD CHARGES	1,043,341.00	TOTAL MEDICAID LIAB	1,142,457.54
		LESS: COB	8,878.48
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,133,579.06
		ALL OTHER	370,246.78
		FEE SCHEDULE-LAB	10,254.01
		INJECTABLE DRUGS	753,078.27

TOTAL NUMBER OF CLAIMS 1,015

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

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

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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA,GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,761.00	51,473.00	OTHER LAB	8,746.00	10,946.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	920.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	350.00	2,374.00
RADIOLOGY-DIAGNOSTIC	16,348.00	0.00	OTHER THERAPEUTIC SVC	0.00	550.00
CT SCAN	25,592.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	109,893.00	183,190.00	FEE SCHEDULE LAB	122,128.00	6,644.00
EKG/ECG	744.00	0.00	MRI SERVICES	226,915.00	33,023.00
IV THERAPY	9,706.00	140.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	8,805.00	2,370.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	6,788.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	143.00	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	2,545,906.00	423,690.00
RADIOLOGY THERAPEUTIC	61,144.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	27,266.00	158,209.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,425.00	47,161.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	1,136.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	95,569.00	176.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	37,273.00	1,610.00	NO CC/INVALID REV CODE	0.00	25,536.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	267,995.00	94,193.00			
			TOTAL ANCILLARY	3,578,497.00	1,043,341.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	3,578,497.00	1,043,341.00

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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
952	2021364019221	11/16/21 - 11/16/21	01/03/22	0.00	304.00	0.00	0.00	0.00
952	2021364019221	11/02/21 - 11/02/21	01/03/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/02/21 - 11/02/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/05/21 - 11/05/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/08/21 - 11/08/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/09/21 - 11/09/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/11/21 - 11/11/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/17/21 - 11/17/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/18/21 - 11/18/21	01/17/22	0.00	304.00	0.00	0.00	0.00
952	5922012000087	11/22/21 - 11/22/21	01/17/22	0.00	152.00	0.00	0.00	0.00
952	2022047079468	12/20/21 - 12/20/21	02/21/22	0.00	304.00	0.00	0.00	0.00
671	5922074000122	05/01/21 - 05/01/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/02/21 - 05/02/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/03/21 - 05/03/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/04/21 - 05/04/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/05/21 - 05/05/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/06/21 - 05/06/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/07/21 - 05/07/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/08/21 - 05/08/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/09/21 - 05/09/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/10/21 - 05/10/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/11/21 - 05/11/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/12/21 - 05/12/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/13/21 - 05/13/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/14/21 - 05/14/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/15/21 - 05/15/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/16/21 - 05/16/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/17/21 - 05/17/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/18/21 - 05/18/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/19/21 - 05/19/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/20/21 - 05/20/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/21/21 - 05/21/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/22/21 - 05/22/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/23/21 - 05/23/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/24/21 - 05/24/21	03/21/22	0.00	556.00	0.00	0.00	0.00
671	5922074000122	05/25/21 - 05/25/21	03/21/22	0.00	556.00	0.00	0.00	0.00
952	5922074000122	05/03/21 - 05/03/21	03/21/22	0.00	228.00	0.00	0.00	0.00
952	5922074000122	05/13/21 - 05/13/21	03/21/22	0.00	228.00	0.00	0.00	0.00
952	5922074000122	05/20/21 - 05/20/21	03/21/22	0.00	228.00	0.00	0.00	0.00
952	5922084001579	12/06/21 - 12/06/21	03/28/22	0.00	304.00	0.00	0.00	0.00
952	5922084001579	11/17/21 - 11/17/21	03/28/22	0.00	456.00	0.00	0.00	0.00
952	5922084001579	11/29/21 - 11/29/21	03/28/22	0.00	304.00	0.00	0.00	0.00

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

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

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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA,GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

952	5922084001579	11/22/21 - 11/22/21	03/28/22	0.00	304.00	0.00	0.00	0.00
952	2022096091085	09/10/21 - 09/10/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	09/17/21 - 09/17/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	09/23/21 - 09/23/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	10/01/21 - 10/01/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	10/08/21 - 10/08/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	10/12/21 - 10/12/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	09/09/21 - 09/09/21	04/11/22	0.00	228.00	0.00	0.00	0.00
952	2022096091085	10/19/21 - 10/19/21	04/11/22	0.00	152.00	0.00	0.00	0.00
952	5922112000713	03/08/22 - 03/08/22	04/25/22	0.00	304.00	0.00	0.00	0.00
952	5922112000713	03/10/22 - 03/10/22	04/25/22	0.00	608.00	0.00	0.00	0.00
952	5922112000713	03/17/22 - 03/17/22	04/25/22	0.00	304.00	0.00	0.00	0.00
952	5922112000713	03/23/22 - 03/23/22	04/25/22	0.00	304.00	0.00	0.00	0.00
952	2222133009492	12/14/21 - 12/14/21	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2222133009492	12/16/21 - 12/16/21	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2222133009492	12/20/21 - 12/20/21	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2222133009492	12/23/21 - 12/23/21	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2222133009554	01/11/22 - 01/11/22	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2222133009554	01/26/22 - 01/26/22	05/16/22	0.00	228.00	0.00	0.00	0.00
952	2022187081083	03/16/22 - 03/16/22	07/11/22	0.00	304.00	0.00	0.00	0.00
952	2022187081083	04/15/22 - 04/15/22	07/11/22	0.00	312.00	0.00	0.00	0.00
952	5922336000386	02/22/22 - 02/22/22	12/05/22	0.00	228.00	0.00	3,787.80	0.00
952	5922336000386	03/03/22 - 03/03/22	12/05/22	0.00	304.00	0.00	3,787.80	0.00
952	5922336000386	03/23/22 - 03/23/22	12/05/22	0.00	304.00	0.00	3,787.80	0.00
952	5922336000386	03/30/22 - 03/30/22	12/05/22	0.00	304.00	0.00	3,787.80	0.00

TOTAL				0.00	25,536.00	0.00	15,151.20	0.00
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IV

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

TOTAL CHARGES	705,143.35
COVERED CHARGES	190,304.00
NON-COVERD CHARGES	514,839.35

ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	140,342.85
TOTAL MEDICAID LIAB	49,961.15
LESS: COB	49,961.15
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	80
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Report : CLM-0806-0
Process : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA,GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	588.00	2,445.00	OTHER LAB	1,227.00	2,134.00
MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	368.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	680.00
RADIOLOGY-DIAGNOSTIC	398.00	0.00	OTHER THERAPEUTIC SVC	0.00	556.00
CT SCAN	0.00	6,702.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,282.00	91,295.00	FEE SCHEDULE LAB	5,559.00	334.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	3,916.00
IV THERAPY	3,982.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	1,580.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	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	124,103.00	239,529.00
RADIOLOGY THERAPEUTIC	1,452.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,697.00	83,189.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	32,791.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	1,125.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15,967.00	2,460.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,764.00	0.00	NO CC/INVALID REV CODE	0.00	7,612.35
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	32,285.00	38,123.00			
			TOTAL ANCILLARY	190,304.00	514,839.35
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	190,304.00	514,839.35

Report : CLM-0806-O
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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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA,GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
952	2022097081729	10/07/21 - 10/07/21	04/11/22	0.00	304.00	0.00	2,196.54	0.00
952	2022097081729	10/01/21 - 10/01/21	04/11/22	0.00	304.00	0.00	2,196.54	0.00
932	2022109062260	02/01/22 - 02/01/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/02/22 - 02/02/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/03/22 - 02/03/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/04/22 - 02/04/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/07/22 - 02/07/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/08/22 - 02/08/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/09/22 - 02/09/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/10/22 - 02/10/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/11/22 - 02/11/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/14/22 - 02/14/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/15/22 - 02/15/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/16/22 - 02/16/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/17/22 - 02/17/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/18/22 - 02/18/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/21/22 - 02/21/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/22/22 - 02/22/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/23/22 - 02/23/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/24/22 - 02/24/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/25/22 - 02/25/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	02/28/22 - 02/28/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/01/22 - 03/01/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/02/22 - 03/02/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/03/22 - 03/03/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/04/22 - 03/04/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/07/22 - 03/07/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
932	2022109062260	03/08/22 - 03/08/22	04/25/22	0.00	0.01	0.00	2,193.08	0.00
952	2022109062260	02/03/22 - 02/03/22	04/25/22	0.00	228.00	0.00	2,193.08	0.00
952	2022109062260	02/07/22 - 02/07/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/10/22 - 02/10/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/11/22 - 02/11/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/14/22 - 02/14/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/15/22 - 02/15/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/17/22 - 02/17/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	02/21/22 - 02/21/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
952	2022109062260	03/03/22 - 03/03/22	04/25/22	0.00	304.00	0.00	2,193.08	0.00
932	2022144025324	01/13/22 - 01/13/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/18/22 - 01/18/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/19/22 - 01/19/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/20/22 - 01/20/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/21/22 - 01/21/22	05/30/22	0.00	0.01	0.00	97.35	0.00

Report : CLM-0806-O
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: 08/06/2023
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

932	2022144025324	01/25/22 - 01/25/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/26/22 - 01/26/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/27/22 - 01/27/22	05/30/22	0.00	0.01	0.00	97.35	0.00
932	2022144025324	01/28/22 - 01/28/22	05/30/22	0.00	0.01	0.00	97.35	0.00
952	2022144025324	01/20/22 - 01/20/22	05/30/22	0.00	228.00	0.00	97.35	0.00
952	2022144025324	01/27/22 - 01/27/22	05/30/22	0.00	228.00	0.00	97.35	0.00
952	2022144025324	01/28/22 - 01/28/22	05/30/22	0.00	228.00	0.00	97.35	0.00
952	2022144025324	01/21/22 - 01/21/22	05/30/22	0.00	228.00	0.00	97.35	0.00
952	2022195085560	04/20/22 - 04/20/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	04/26/22 - 04/26/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	05/02/22 - 05/02/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	04/04/22 - 04/04/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	04/11/22 - 04/11/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	04/12/22 - 04/12/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	05/06/22 - 05/06/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	05/09/22 - 05/09/22	07/18/22	0.00	624.00	0.00	1,161.19	0.00
952	2022195085560	05/25/22 - 05/25/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
952	2022195085560	05/26/22 - 05/26/22	07/18/22	0.00	312.00	0.00	1,161.19	0.00
TOTAL				0.00	7,612.35	0.00	94,028.33	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

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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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SHEPHERD CENTER
2020 PEACHTREE RD NW
ATLANTA, GA 30309-1426

PROVIDER NUMBER
000248069A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE VII
PATIENT 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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	1,964,779.00
COVERED CHARGES	1,947,180.00
NON-COVERD CHARGES	17,599.00

-----PAYMENTS-----	
ADJUSTMENTS	89,144.88
CONTRACTUAL ALLOW	1,590,600.48
TOTAL MEDICAID LIAB	356,579.52
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	356,579.52

TOTAL NUMBER OF CLAIMS	32
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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

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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	598.00	8,639.00	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	42,968.00	1,085.00
EKG/ECG	0.00	0.00	MRI SERVICES	3,916.00	7,832.00
IV THERAPY	4,968.00	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	1,857,902.00	43.00
RADIOLOGY THERAPEUTIC	36,252.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	576.00	0.00			
			TOTAL ANCILLARY	1,947,180.00	17,599.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,947,180.00	17,599.00

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

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

Run Date: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	46,701,191.97	ADJUSTMENTS	341,396.87
COVERED CHARGES	46,686,385.77	CONTRACTUAL ALLOW	41,774,188.04
NON-COVERD CHARGES	14,806.20	TOTAL MEDICAID LIAB	4,912,197.73
		LESS: COB	176,482.04
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	10,017.00
		REIMBURSEMENT	4,745,732.69

TOTAL NUMBER OF ADMISSIONS 597

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,576		0	3,039,600.00		0.00
ROUTINE NURSERY	322		0	477,301.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,898		0	3,516,901.00		0.00
SPECIAL CARE SERVICES						
CCU	975		0	5,411,712.00		0.00
ICU	639		0	4,058,509.00		0.00
NICU	253		0	2,239,959.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	20		0	165,080.00		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	1,887		0	11,875,260.00		0.00
TOTAL ACCOMODATIONS	3,785		0	15,392,161.00		0.00

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

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

Run Date: 08/06/2023
Run Time: 21:12:13
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,488,348.57	0.00	OTHER LAB	630,205.00	0.00
MED/SURG SUPPLY	1,881,081.57	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,178,798.40	0.00	EDUCATION & TRAINING	34,728.00	0.00
RADIOLOGY-DIAGNOSTIC	607,959.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,777,204.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	258,567.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	189,962.00	0.00	MRI SERVICES	427,571.00	0.00
IV THERAPY	175,752.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,954,727.20	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	2,186,816.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,324,123.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	927,996.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	160,532.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	655,026.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	274,854.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	768.80
LABORATORY PATHOLOGIC	119,469.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	174,626.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	180,993.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	12,670.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	34,143.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	1,125,494.03	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	143,106.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	642,831.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	79,906.90	1,367.40			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	630,203.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	560,557.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,468,645.17	0.00			
			TOTAL ANCILLARY	31,294,224.77	14,806.20
			TOTAL ACCOMODATIONS	15,392,161.00	0.00
			TOTAL CHARGES	46,686,385.77	14,806.20

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,237,353.36	ADJUSTMENTS	0.00
COVERED CHARGES	1,237,353.36	CONTRACTUAL ALLOW	1,092,439.55
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	144,913.81
		LESS: COB	145,417.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	504.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 25

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	30		0	55,590.00		0.00
ROUTINE NURSERY	10		0	10,430.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	40		0	66,020.00		0.00
SPECIAL CARE SERVICES						
CCU	7		0	38,080.00		0.00
ICU	47		0	261,120.00		0.00
NICU	17		0	148,053.00		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	71		0	447,253.00		0.00
TOTAL ACCOMODATIONS	111		0	513,273.00		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: 08/06/2023
Run Time: 21:12:13
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	138,553.40	0.00	OTHER LAB	6,339.00	0.00
MED/SURG SUPPLY	25,837.73	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	120,958.00	0.00	EDUCATION & TRAINING	1,778.00	0.00
RADIOLOGY-DIAGNOSTIC	18,116.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	55,545.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	6,094.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	8,484.00	0.00	MRI SERVICES	4,458.00	0.00
IV THERAPY	8,756.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	46,750.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	118,764.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	62,440.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,820.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	6,022.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,436.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,100.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	2,780.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	5,920.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	5,734.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	1,224.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	3,295.23	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,328.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,934.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	9,143.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,535.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	6,936.00	0.00			
			TOTAL ANCILLARY	724,080.36	0.00
			TOTAL ACCOMODATIONS	513,273.00	0.00
			TOTAL CHARGES	1,237,353.36	0.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,408,949.90	ADJUSTMENTS	44,767.48
COVERED CHARGES	4,844,356.97	CONTRACTUAL ALLOW	4,239,515.00
NON-COVERD CHARGES	564,592.93	TOTAL MEDICAID LIAB	604,841.97
		LESS: COB	7,861.58
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	596,980.39
		ALL OTHER	524,149.40
		FEE SCHEDULE-LAB	66,352.06
		INJECTABLE DRUGS	6,478.93
		TOTAL NUMBER OF CLAIMS	1,260

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: 08/06/2023
Run Time: 21:12:13
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	102,439.40	0.00	OTHER LAB	57,796.00	0.00
MED/SURG SUPPLY	150,004.23	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	210,912.00	2,792.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	774,655.00	51,447.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	2,192.00	272.00	FEE SCHEDULE LAB	727,610.48	26,536.03
EKG/ECG	69,420.00	1,212.00	MRI SERVICES	132,379.00	9,334.00
IV THERAPY	211,844.00	38,791.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	355,796.66	346,529.34	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	24,658.00	9,337.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	184,891.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	103,586.00	10,957.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,148,569.00	2,381.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	62,444.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	54,851.90	18,039.56
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	3,225.00	2,470.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	816.00	816.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,704.20	918.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	24,422.72	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	88,901.00	17,039.00	NO CC/INVALID REV CODE	4,392.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	5,141.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	59,533.80	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	71,594.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	45,801.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	163,777.58	25,722.00			
			TOTAL ANCILLARY	4,844,356.97	564,592.93
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,844,356.97	564,592.93

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021197040823	07/09/21 - 07/09/21	07/19/21	122.00	0.00	0.00	0.00	20.52
780	2021203041256	07/09/21 - 07/09/21	07/26/21	122.00	0.00	0.00	0.00	20.52
780	2021214020867	07/26/21 - 07/26/21	08/09/21	122.00	0.00	0.00	0.00	20.52
780	2021235020046	08/16/21 - 08/16/21	08/30/21	122.00	0.00	0.00	0.00	20.52
780	2021237058941	08/19/21 - 08/19/21	08/30/21	122.00	0.00	0.00	0.00	20.52
780	2021251033117	08/24/21 - 08/24/21	09/13/21	122.00	0.00	0.00	0.00	20.52
780	2021265052482	09/16/21 - 09/16/21	09/27/21	122.00	0.00	0.00	0.00	20.52
780	2021271047725	09/16/21 - 09/16/21	10/04/21	122.00	0.00	0.00	0.00	20.52
780	2021272045422	09/24/21 - 09/24/21	10/04/21	122.00	0.00	0.00	0.00	20.52
780	2021285077053	10/01/21 - 10/01/21	10/18/21	122.00	0.00	0.00	0.00	20.52
780	2021298015010	10/14/21 - 10/14/21	11/01/21	122.00	0.00	0.00	0.00	20.52
780	2021309050539	10/08/21 - 10/08/21	11/08/21	122.00	0.00	0.00	0.00	20.52
780	2021329039933	11/08/21 - 11/08/21	11/29/21	122.00	0.00	0.00	0.00	20.52
780	2021333025487	11/11/21 - 11/11/21	12/06/21	122.00	0.00	0.00	0.00	20.52
780	2021344051506	11/19/21 - 11/19/21	12/13/21	122.00	0.00	0.00	0.00	20.52
780	2021354016625	12/13/21 - 12/13/21	12/27/21	122.00	0.00	0.00	0.00	20.52
780	2021356004271	12/17/21 - 12/17/21	12/27/21	122.00	0.00	0.00	0.00	20.52
780	2021362028916	12/22/21 - 12/22/21	01/03/22	122.00	0.00	0.00	0.00	20.52
780	2022004027645	12/29/21 - 12/29/21	01/10/22	122.00	0.00	0.00	0.00	20.52
780	2022005041570	12/02/21 - 12/02/21	01/10/22	122.00	0.00	0.00	0.00	20.52
780	2022005041571	12/09/21 - 12/09/21	01/10/22	122.00	0.00	0.00	0.00	20.52
780	2022005041572	11/23/21 - 11/23/21	01/10/22	122.00	0.00	0.00	0.00	20.52
780	2022011033105	01/06/22 - 01/06/22	01/17/22	122.00	0.00	0.00	0.00	20.52
780	2022038022416	01/10/22 - 01/10/22	02/14/22	122.00	0.00	0.00	0.00	20.52
780	2022038022416	01/21/22 - 01/21/22	02/14/22	122.00	0.00	0.00	0.00	20.52
780	2022038022416	01/28/22 - 01/28/22	02/14/22	122.00	0.00	0.00	0.00	20.52
780	2022053075526	09/21/21 - 09/21/21	02/28/22	122.00	0.00	0.00	0.00	20.52
780	2022053075568	02/16/22 - 02/16/22	02/28/22	122.00	0.00	0.00	0.00	20.52
780	2022062096994	02/25/22 - 02/25/22	03/07/22	122.00	0.00	0.00	0.00	20.52
780	2022095005285	03/10/22 - 03/10/22	04/11/22	122.00	0.00	0.00	0.00	20.52
780	2022125009669	04/21/22 - 04/21/22	05/09/22	122.00	0.00	0.00	0.00	20.52
780	2022125105426	04/16/22 - 04/16/22	05/09/22	122.00	0.00	0.00	0.00	20.52
780	2022158070634	05/10/22 - 05/10/22	06/13/22	122.00	0.00	0.00	0.00	20.52
780	2022158070670	05/09/22 - 05/09/22	06/13/22	122.00	0.00	0.00	0.00	20.52
780	2022158070671	05/20/22 - 05/20/22	06/13/22	122.00	0.00	0.00	0.00	20.52
780	2022189072719	06/30/22 - 06/30/22	07/18/22	122.00	0.00	0.00	0.00	20.52
TOTAL				4,392.00	0.00	0.00	0.00	738.72

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

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

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	160,942.65	ADJUSTMENTS	0.00
COVERED CHARGES	117,316.84	CONTRACTUAL ALLOW	102,758.84
NON-COVERD CHARGES	43,625.81	TOTAL MEDICAID LIAB	14,558.00
		LESS: COB	14,558.00
		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 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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,383.40	0.00	OTHER LAB	6,218.00	0.00
MED/SURG SUPPLY	15,386.29	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,447.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	21,065.00	7,592.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,881.20	204.16
EKG/ECG	3,564.00	0.00	MRI SERVICES	0.00	10,302.00
IV THERAPY	4,771.00	749.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,197.75	22,384.25	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,160.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	10,948.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	20,834.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,922.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	935.50	893.40
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	1,713.70	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,501.00	NO CC/INVALID REV CODE	122.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	2,154.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,614.00	0.00			
			TOTAL ANCILLARY	117,316.84	43,625.81
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	117,316.84	43,625.81

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2022259023968	11/12/21 - 11/12/21	09/19/22	122.00	0.00	0.00	20.52	0.00
TOTAL				122.00	0.00	0.00	20.52	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	87,853.50	ADJUSTMENTS	67.13
COVERED CHARGES	86,342.10	CONTRACTUAL ALLOW	83,791.16
NON-COVERD CHARGES	1,511.40	TOTAL MEDICAID LIAB	2,550.94
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,550.94

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,314.90	0.00	OTHER LAB	1,547.00	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	3,924.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,958.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,029.00	377.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,404.00	1,056.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	56,447.00	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	718.20	78.40
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	86,342.10	1,511.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	86,342.10	1,511.40

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	759.00	ADJUSTMENTS	0.00
COVERED CHARGES	759.00	CONTRACTUAL ALLOW	691.87
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 : 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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 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	759.00	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	759.00	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	759.00	0.00

Report : CLM-0812-0

Process : CLMJ0800

Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MEDICAID MANAGEMENT INFORMATION SYSTEM

SUMMARY TYPE VII

OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/06/2023

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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 07/01/21 THROUGH 06/30/22

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

-----CHARGES-----

TOTAL CHARGES	531,133.03
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COVERED CHARGES	295,695.63
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NON-COVERD CHARGES	235,437.40
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-----PAYMENTS-----

ADJUSTMENTS	5,128.78
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CONTRACTUAL ALLOW	264,922.95
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TOTAL MEDICAID LIAB	30,772.68
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LESS: COB 3,890.18

LESS: COPAYMENT	0.00
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ADD: ADDON PYMT 0.00

REIMBURSEMENT	26,882.50
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TOTAL NUMBER OF CLAIMS

6

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,141.80	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	47,334.44	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,940.00	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	3,094.00	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	92,631.00	98,255.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	23,842.00	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	4,953.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,196.50	1,081.40
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	65,728.89	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	136,101.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	49,834.00	0.00			
			TOTAL ANCILLARY	295,695.63	235,437.40
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	295,695.63	235,437.40

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	181,312.48	ADJUSTMENTS	0.00
COVERED CHARGES	164,428.48	CONTRACTUAL ALLOW	159,299.70
NON-COVERD CHARGES	16,884.00	TOTAL MEDICAID LIAB	5,128.78
		LESS: COB	5,128.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS

1

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,720.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	3,039.58	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	676.00	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	16,445.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,038.00	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	2,811.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,038.90	439.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	147,105.00	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	164,428.48	16,884.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	164,428.48	16,884.00

** 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: 08/06/2023
Run Time: 18:05:41
Page: 1

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,428,679.62	ADJUSTMENTS	0.00
COVERED CHARGES	6,185,384.62	CONTRACTUAL ALLOW	5,123,504.69
NON-COVERD CHARGES	243,295.00	TOTAL MEDICAID LIAB	1,061,879.93
		LESS: COB	5,339.81
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,056,540.12

TOTAL NUMBER OF ADMISSIONS 129

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	429		0	839,711.80		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	429		0	839,711.80		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	429		0	839,711.80		0.00

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

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

Run Date: 08/06/2023
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	538,480.00	0.00	OTHER LAB	20,973.30	0.00
MED/SURG SUPPLY	176,125.04	101.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,326,751.70	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	216,819.25	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	452,425.20	241,566.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	45,899.74	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	73,210.50	0.00	MRI SERVICES	206,123.25	0.00
IV THERAPY	12,202.58	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	481,037.70	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	131,355.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	114,911.45	0.00	AMBULANCE	0.00	0.00
GI SERVICES	4,221.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	338,727.30	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	77,749.75	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	9,823.60	0.00	INJECTABLE DRUGS	572,035.76	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	51,167.55	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,259.60	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	23,176.30	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	442.05	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	152,204.25	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	42,726.70	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	38,688.45	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	9,017.40	1,627.50			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	214,336.05	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,781.50	0.00			
			TOTAL ANCILLARY	5,345,672.82	243,295.00
			TOTAL ACCOMODATIONS	839,711.80	0.00
			TOTAL CHARGES	6,185,384.62	243,295.00

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: 08/06/2023
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----PAYMENTS-----	
ADJUSTMENTS	67,584.26
CONTRACTUAL ALLOW	8,601,175.03
TOTAL MEDICAID LIAB	624,196.76
LESS: COB	222.58
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	623,974.18
ALL OTHER	554,204.64
FEE SCHEDULE-LAB	64,985.68
INJECTABLE DRUGS	4,783.86

TOTAL NUMBER OF CLAIMS	1,671
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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: 08/06/2023
Run Time: 18:05:41
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	55,509.39	217,436.83	OTHER LAB	26,662.50	0.00
MED/SURG SUPPLY	72,220.93	1,289.30	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,215,214.15	28,702.40	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,805,022.45	580,677.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,108.65	FEE SCHEDULE LAB	2,114,279.45	129,517.75
EKG/ECG	180,361.50	22,608.30	MRI SERVICES	80,242.90	21,575.00
IV THERAPY	388,849.68	2,907.03	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	469,816.14	48,173.41	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	16,577.23	16,817.55	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	182,267.25	0.00	AMBULANCE	0.00	0.00
GI SERVICES	33,362.86	49,298.49	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,199,258.40	1,153.95	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	125,028.65	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	135,404.66	104,078.54
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	4,843.65	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,027.25	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	32,010.50	28,304.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	58,619.10	22,617.15	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	16,147.25	1,778.55			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,390.30	16,583.35			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,126.50	0.00			
			TOTAL ANCILLARY	9,225,371.79	1,304,498.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,225,371.79	1,304,498.75

MACON NORTHSIDE HOSPITAL, LLC 400 CHARTER BLVD MACON,GA 31210-4831	PROVIDER NUMBER 000295358A	PAYMENT DATES 00/00/00 THROUGH 00/00/00 SERVICE DATES 07/01/21 THROUGH 06/30/22 ADMISSION DATES 00/00/00 THROUGH 00/00/00
-----CHARGES-----		
TOTAL CHARGES	129,265.61	ADJUSTMENTS 0.00
COVERED CHARGES	110,596.96	CONTRACTUAL ALLOW 107,019.22
NON-COVERD CHARGES	18,668.65	TOTAL MEDICAID LIAB 3,577.74
		LESS: COB 3,577.74
		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-O
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

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,859.61	1,038.45	OTHER LAB	4,780.65	0.00
MED/SURG SUPPLY	7,419.50	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	6,962.55	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	7,425.60	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	14,928.60	3,168.90
EKG/ECG	2,356.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,750.35	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	30,790.20	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	248.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	11,506.95	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	13,106.70	500.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	7,145.25	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	808.50	1,605.95
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	3,293.75	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,141.60	4,929.75	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	497.70	0.00			
			TOTAL ANCILLARY	110,596.96	18,668.65
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	110,596.96	18,668.65

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: 08/06/2023
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER 000295358A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,232,043.58	ADJUSTMENTS	201.39
COVERED CHARGES	1,127,511.19	CONTRACTUAL ALLOW	1,106,029.59
NON-COVERD CHARGES	104,532.39	TOTAL MEDICAID LIAB	21,481.60
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	21,481.60
TOTAL NUMBER OF CLAIMS		320	

Report : CLM-0808-O
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: 08/06/2023
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,029.40	20,716.14	OTHER LAB	2,290.00	0.00
MED/SURG SUPPLY	84.70	14.70	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	129,316.30	1,432.20	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	270,056.10	46,455.65	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	218,000.88	7,669.40
EKG/ECG	16,409.25	1,178.10	MRI SERVICES	0.00	12,792.15
IV THERAPY	48,310.70	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	339.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	419,221.20	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	14,179.06	11,675.80
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	89.25	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,273.75	2,509.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,127,511.19	104,532.39
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,127,511.19	104,532.39

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

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	21,256.40	ADJUSTMENTS	0.00
COVERED CHARGES	20,292.50	CONTRACTUAL ALLOW	20,023.98
NON-COVERD CHARGES	963.90	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
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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: 08/06/2023
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MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	718.20	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	5,224.80	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	6,713.80	0.00
EKG/ECG	1,178.10	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	719.25	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	6,288.55	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	168.00	245.70
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	20,292.50	963.90
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	20,292.50	963.90

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

TOTAL NUMBER OF CLAIMS	2
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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

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON, GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4,311.30	705.08	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	14,714.25	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	2,927.40	FEE SCHEDULE LAB	7,337.40	0.00
EKG/ECG	589.05	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	64,062.60	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	248.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	25,440.45	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	10,785.60	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,447.95	380.10
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	2,714.25	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	33,423.00	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	162,360.45	6,726.83
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	162,360.45	6,726.83

Report : CLM-0814-O
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

MACON NORTHSIDE HOSPITAL, LLC
400 CHARTER BLVD
MACON,GA 31210-4831

PROVIDER NUMBER
000295358A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 17:36:09
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,804,999.87	ADJUSTMENTS	98,846.33
COVERED CHARGES	6,784,675.72	CONTRACTUAL ALLOW	5,486,829.24
NON-COVERD CHARGES	20,324.15	TOTAL MEDICAID LIAB	1,297,846.48
		LESS: COB	39,049.21
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,258,797.27

TOTAL NUMBER OF ADMISSIONS 131

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	613		0	755,203.00		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		4.00
TOTAL ROUTINE	613		0	755,203.00		4.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	101		0	233,143.00		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	101		0	233,143.00		0.00
TOTAL ACCOMODATIONS	714		0	988,346.00		4.00

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,049,879.95	0.00	OTHER LAB	21,351.00	0.00
MED/SURG SUPPLY	132,209.58	215.15	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,703,828.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	76,678.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	330,165.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	29,285.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	31,833.00	0.00	MRI SERVICES	46,823.00	0.00
IV THERAPY	209,639.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	362,830.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	255,086.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	62,994.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	46,259.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	349,090.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	52,555.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	24,100.00	0.00	INJECTABLE DRUGS	300.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	28,727.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	9,438.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	32,643.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	310.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	756,367.13	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	8,786.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	62,915.00	20,007.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,293.00	98.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	99,336.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,117.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	9,492.06	0.00			
			TOTAL ANCILLARY	5,796,329.72	20,320.15
			TOTAL ACCOMODATIONS	988,346.00	4.00
			TOTAL CHARGES	6,784,675.72	20,324.15

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,852.63	ADJUSTMENTS	0.00
COVERED CHARGES	67,852.63	CONTRACTUAL ALLOW	39,866.72
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	27,985.91
		LESS: COB	27,985.91
		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	7,380.00		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	6		0	7,380.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1		0	2,087.00		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	2,087.00		0.00
TOTAL ACCOMODATIONS	7		0	9,467.00		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,423.63	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	54.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	20,944.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	915.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,676.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	243.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,560.00	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	1,240.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	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	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	58,385.63	0.00
			TOTAL ACCOMODATIONS	9,467.00	0.00
			TOTAL CHARGES	67,852.63	0.00

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,367,810.59	ADJUSTMENTS	24,563.87
COVERED CHARGES	4,750,571.88	CONTRACTUAL ALLOW	4,124,812.20
NON-COVERD CHARGES	617,238.71	TOTAL MEDICAID LIAB	625,759.68
		LESS: COB	1,884.78
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	623,874.90
		ALL OTHER	580,460.81
		FEE SCHEDULE-LAB	39,416.26
		INJECTABLE DRUGS	3,997.83
TOTAL NUMBER OF CLAIMS		1,204	

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	86,366.56	748.80	OTHER LAB	16,557.00	0.00
MED/SURG SUPPLY	207,548.01	7,062.09	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	152,919.00	6,242.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	328,349.00	90,791.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	15,701.00	10,979.00	FEE SCHEDULE LAB	701,734.00	42,198.00
EKG/ECG	44,469.00	1,458.00	MRI SERVICES	5,515.00	3,066.00
IV THERAPY	501,329.00	50,207.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	369,944.42	69,083.58	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,955.00	542.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	102,830.00	194.00	AMBULANCE	0.00	0.00
GI SERVICES	128,489.00	39,060.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,574,303.00	550.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	107,278.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	55,762.96	25,184.80
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,368.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	804.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	2,170.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	19,076.81	259,312.44
LITHOTRIPSY	92,589.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	9,126.00	508.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,197.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	1,025.00	367.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	7,524.00	3,720.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	189,539.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	12,445.12	1,623.00			
			TOTAL ANCILLARY	4,750,571.88	617,238.71
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	4,750,571.88	617,238.71

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	222,874.22	ADJUSTMENTS	0.00
COVERED CHARGES	125,835.34	CONTRACTUAL ALLOW	110,896.17
NON-COVERD CHARGES	97,038.88	TOTAL MEDICAID LIAB	14,939.17
		LESS: COB	14,939.17
		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 33

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,934.87	748.80	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	5,632.92	9,287.20	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,931.00	902.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,542.00	16,170.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	157.00	0.00	FEE SCHEDULE LAB	24,255.00	2,947.00
EKG/ECG	2,673.00	486.00	MRI SERVICES	0.00	0.00
IV THERAPY	11,642.00	2,009.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,005.00	6,010.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,978.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	9,765.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	53,268.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,195.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,101.35	114.40
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	3,723.20	48,129.48
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	470.00	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	3,327.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	125,835.34	97,038.88
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	125,835.34	97,038.88

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

NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	189,986.98
COVERED CHARGES	180,254.69
NON-COVERD CHARGES	9,732.29

-----PAYMENTS-----	
ADJUSTMENTS	67.13
CONTRACTUAL ALLOW	175,958.37
TOTAL MEDICAID LIAB	4,296.32
LESS: COB	0.00
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	4,296.32

TOTAL NUMBER OF CLAIMS	64
------------------------	----

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,737.17	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	9,815.00	378.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,851.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	28,842.00	3,902.00
EKG/ECG	729.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	26,038.00	4,696.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	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	89,270.00	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	1,956.52	756.29
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	1,016.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	180,254.69	9,732.29
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	180,254.69	9,732.29

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	14,668.80
COVERED CHARGES	14,041.80
NON-COVERD CHARGES	627.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	13,706.15
TOTAL MEDICAID LIAB	335.65
LESS: COB	335.65
LESS: COPAYMENT	0.00
ADD: ADDON PYMT	0.00
REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS	5
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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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	98.80	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	803.00	498.00	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	3,586.00	129.00
EKG/ECG	243.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	2,077.00	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	7,182.00	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	52.00	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	14,041.80	627.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	14,041.80	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: 08/06/2023
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NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS,GA 31909-3578

PROVIDER NUMBER	PAYMENT DATES	00/00/00	THROUGH	00/00/00
000315642A	SERVICE DATES	07/01/21	THROUGH	06/30/22
	ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

NORTHSIDE MEDICAL CENTER
100 FRIST CT
COLUMBUS, GA 31909-3578

PROVIDER NUMBER
000315642A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 13:47:59
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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 13:47:59
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 13:47:59
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 13:47:59
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:48:52
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	246,304.53	ADJUSTMENTS	0.00
COVERED CHARGES	245,076.87	CONTRACTUAL ALLOW	163,711.36
NON-COVERD CHARGES	1,227.66	TOTAL MEDICAID LIAB	81,365.51
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	81,365.51

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	59		0	52,200.00		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	59		0	52,200.00		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	59		0	52,200.00		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: 08/06/2023
Run Time: 14:48:52
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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	77,085.61	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	8,060.58	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	31,791.32	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,905.42	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	8,831.43	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	424.21	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	1,523.68	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	33,044.46	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	24,538.77	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,139.68	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	457.99	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	611.22	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,377.00	1,227.66			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,085.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	192,876.87	1,227.66
			TOTAL ACCOMODATIONS	52,200.00	0.00
			TOTAL CHARGES	245,076.87	1,227.66

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	820,234.49	ADJUSTMENTS	47,263.46
COVERED CHARGES	799,084.92	CONTRACTUAL ALLOW	430,446.02
NON-COVERD CHARGES	21,149.57	TOTAL MEDICAID LIAB	368,638.90
		LESS: COB	1,384.79
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	367,254.11
		ALL OTHER	340,491.13
		FEE SCHEDULE-LAB	21,430.15
		INJECTABLE DRUGS	5,332.83
TOTAL NUMBER OF CLAIMS		442	

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	5,977.14	200.36	OTHER LAB	4,154.13	0.00
MED/SURG SUPPLY	3,612.68	990.44	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	46.68
RADIOLOGY-DIAGNOSTIC	19,419.58	300.60	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	113,668.84	7,709.50	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,269.70	491.99	FEE SCHEDULE LAB	104,757.61	823.39
EKG/ECG	6,940.64	222.88	MRI SERVICES	2,050.00	0.00
IV THERAPY	341.88	0.00	PROFESSIONAL FEES	0.00	1,330.20
OPERATING ROOM	5,747.69	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	14,610.40	1,502.30	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,215.20	295.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	400,860.54	1,870.35	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	85,280.48	3,855.40
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	8,092.95	461.43	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	1,380.85	220.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	15.00	829.05	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	6,611.47	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,763.64	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,085.50	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,980.00	0.00			
			TOTAL ANCILLARY	799,084.92	21,149.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	799,084.92	21,149.57

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

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

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	700.76	ADJUSTMENTS	0.00
COVERED CHARGES	700.76	CONTRACTUAL ALLOW	310.30
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	390.46
		LESS: COB	390.46
		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 1

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	90.26	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	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	610.50	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	700.76	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	700.76	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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	38,788.14	ADJUSTMENTS	70.00
COVERED CHARGES	38,596.14	CONTRACTUAL ALLOW	36,776.14
NON-COVERD CHARGES	192.00	TOTAL MEDICAID LIAB	1,820.00
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,820.00

TOTAL NUMBER OF CLAIMS 26

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	560.36	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	45.39	12.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	655.10	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,590.50	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,025.54	0.00
EKG/ECG	106.88	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	30,713.97	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	898.40	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	38,596.14	192.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	38,596.14	192.00

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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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	61,218.40	ADJUSTMENTS	9,890.36
COVERED CHARGES	46,495.86	CONTRACTUAL ALLOW	31,660.32
NON-COVERD CHARGES	14,722.54	TOTAL MEDICAID LIAB	14,835.54
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	14,835.54

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,875.86	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	803.47	12.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	111.05	111.05	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,316.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,639.14	508.95
EKG/ECG	213.76	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,957.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	813.71	617.53	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	11,130.75	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	14,045.94	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,008.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,328.66	2,342.26
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	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	383.27	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	46,495.86	14,722.54
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	46,495.86	14,722.54

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

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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	57,618,249.39	ADJUSTMENTS	1,063,565.16
COVERED CHARGES	57,350,970.36	CONTRACTUAL ALLOW	47,426,139.51
NON-COVERD CHARGES	267,279.03	TOTAL MEDICAID LIAB	9,924,830.85
		LESS: COB	189,994.36
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	6,111.00
		REIMBURSEMENT	9,740,947.49

TOTAL NUMBER OF ADMISSIONS 903

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	3,350		0	5,562,316.00		0.00
ROUTINE NURSERY	773		0	2,174,111.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		55.00
TOTAL ROUTINE	4,123		0	7,736,427.00		55.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	1,080		0	5,200,735.00		0.00
NICU	16		0	99,717.00		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	1,096		0	5,300,452.00		0.00
TOTAL ACCOMODATIONS	5,219		0	13,036,879.00		55.00

Report : CLM-0800-O
Process : CLMJ0800
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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,721,665.73	0.00	OTHER LAB	420,199.00	0.00
MED/SURG SUPPLY	1,322,855.13	473.03	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	10,429,372.63	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	744,569.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,720,062.95	21,455.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	338,244.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	506,548.00	0.00	MRI SERVICES	766,147.15	0.00
IV THERAPY	1,370,936.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	3,240,433.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	330,590.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,342,849.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	347,857.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	293,713.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,787,106.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	480,862.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	236,125.00	0.00	INJECTABLE DRUGS	0.00	0.00
RADIOLOGY THERAPEUTIC	7,867.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	234,758.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	188,743.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	1,069,655.00	48,750.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22,299.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	299,796.17	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	444,271.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	410,948.50	177,804.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	136,783.10	18,742.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,825,554.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	43,401.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	229,881.00	0.00			
			TOTAL ANCILLARY	44,314,091.36	267,224.03
			TOTAL ACCOMODATIONS	13,036,879.00	55.00
			TOTAL CHARGES	57,350,970.36	267,279.03

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,349,965.35	ADJUSTMENTS	0.00
COVERED CHARGES	1,349,779.35	CONTRACTUAL ALLOW	1,178,343.35
NON-COVERD CHARGES	186.00	TOTAL MEDICAID LIAB	171,436.00
		LESS: COB	172,129.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	693.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 34

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	121		0	200,618.00		0.00
ROUTINE NURSERY	41		0	100,142.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	162		0	300,760.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	6		0	28,512.00		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	28,512.00		0.00
TOTAL ACCOMODATIONS	168		0	329,272.00		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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	91,003.27	0.00	OTHER LAB	108,043.00	0.00
MED/SURG SUPPLY	41,619.75	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	131,916.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	2,542.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	10,884.01	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	3,871.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,650.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	130,264.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	149,042.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	29,822.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	30,154.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	37,407.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	67,036.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	10,439.00	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	2,291.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	6,721.84	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	28,889.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	13,154.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	3,171.00	186.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	104,521.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,066.48	0.00			
			TOTAL ANCILLARY	1,020,507.35	186.00
			TOTAL ACCOMODATIONS	329,272.00	0.00
			TOTAL CHARGES	1,349,779.35	186.00

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 25,016,127.09
COVERED CHARGES 21,292,863.58
NON-COVERD CHARGES 3,723,263.51

-----PAYMENTS-----
ADJUSTMENTS 178,729.32
CONTRACTUAL ALLOW 19,321,754.56
TOTAL MEDICAID LIAB 1,971,109.02
LESS: COB 1,737.56
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,969,371.46
ALL OTHER 1,769,672.17
FEE SCHEDULE-LAB 133,194.64
INJECTABLE DRUGS 66,504.65

TOTAL NUMBER OF CLAIMS 3,703

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	298,502.78	1,939.43	OTHER LAB	186,510.00	5,079.00
MED/SURG SUPPLY	672,170.78	100,783.83	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	81.00
RADIOLOGY-DIAGNOSTIC	640,221.00	17,374.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,853,276.00	518,584.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	95,862.00	14,187.00	FEE SCHEDULE LAB	2,812,816.42	229,075.00
EKG/ECG	330,694.00	13,825.00	MRI SERVICES	235,780.00	189,899.00
IV THERAPY	1,647,124.00	219,373.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,126,025.82	402,718.18	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	111,444.00	40,848.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	286,226.00	745.00	AMBULANCE	0.00	0.00
GI SERVICES	514,009.00	262,871.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,250,653.00	9,283.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	644,786.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	454,054.36	493,578.17
RADIOLOGY THERAPEUTIC	1,146,776.00	101,988.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	40,879.00	13,999.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	15,160.00	8,343.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	73,125.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	332.00	4,646.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	64,545.85	437,688.90
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	406,942.00	53,118.00	NO CC/INVALID REV CODE	15,807.00	42,152.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	193,596.00	42,736.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	115,330.00	143,911.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	606,741.00	259,506.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	5,661.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	520,938.57	21,807.00			
			TOTAL ANCILLARY	21,292,863.58	3,723,263.51
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	21,292,863.58	3,723,263.51

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
614	2021207009739	07/22/21 - 07/22/21	08/02/21	0.00	4,843.00	0.00	0.00	0.00
614	2021207009739	07/22/21 - 07/22/21	08/02/21	0.00	426.00	0.00	0.00	0.00
614	2021263007447	09/15/21 - 09/15/21	09/27/21	4,843.00	0.00	0.00	0.00	503.91
614	2021263007447	09/15/21 - 09/15/21	09/27/21	426.00	0.00	0.00	0.00	44.33
614	2221308010556	07/22/21 - 07/22/21	11/08/21	4,843.00	0.00	0.00	0.00	471.94
614	2221308010556	07/22/21 - 07/22/21	11/08/21	426.00	0.00	0.00	0.00	41.51
614	2021347012639	12/09/21 - 12/09/21	12/20/21	0.00	4,843.00	0.00	0.00	0.00
614	2021347012639	12/09/21 - 12/09/21	12/20/21	0.00	426.00	0.00	0.00	0.00
614	2022003005711	12/28/21 - 12/28/21	01/10/22	0.00	4,843.00	0.00	0.00	0.00
614	2022003005711	12/28/21 - 12/28/21	01/10/22	0.00	426.00	0.00	0.00	0.00
614	2022003006593	12/29/21 - 12/29/21	01/10/22	0.00	4,843.00	0.00	0.00	0.00
614	2022003006593	12/29/21 - 12/29/21	01/10/22	0.00	426.00	0.00	0.00	0.00
614	2022080012268	03/15/22 - 03/15/22	03/28/22	0.00	4,843.00	0.00	0.00	0.00
614	2022080012268	03/15/22 - 03/15/22	03/28/22	0.00	426.00	0.00	0.00	0.00
614	2022094014678	03/30/22 - 03/30/22	04/11/22	0.00	4,843.00	0.00	0.00	0.00
614	2022094014678	03/30/22 - 03/30/22	04/11/22	0.00	426.00	0.00	0.00	0.00
614	2022150008822	05/25/22 - 05/25/22	06/06/22	0.00	4,843.00	0.00	0.00	0.00
614	2022150008822	05/25/22 - 05/25/22	06/06/22	0.00	426.00	0.00	0.00	0.00
614	2022150008846	05/26/22 - 05/26/22	06/06/22	0.00	4,843.00	0.00	0.00	0.00
614	2022150008846	05/26/22 - 05/26/22	06/06/22	0.00	426.00	0.00	0.00	0.00
614	2022301046079	03/31/22 - 03/31/22	10/31/22	4,843.00	0.00	0.00	0.00	457.85
614	2022301046079	03/31/22 - 03/31/22	10/31/22	426.00	0.00	0.00	0.00	40.28
TOTAL				15,807.00	42,152.00	0.00	0.00	1,559.82

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

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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	743,232.75	ADJUSTMENTS	0.00
COVERED CHARGES	544,656.63	CONTRACTUAL ALLOW	495,343.10
NON-COVERD CHARGES	198,576.12	TOTAL MEDICAID LIAB	49,313.53
		LESS: COB	49,313.53
		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 97

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	10,857.09	1,497.60	OTHER LAB	1,693.00	2,621.00
MED/SURG SUPPLY	23,777.97	2,323.36	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,201.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,372.00	90,997.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	67,795.00	6,038.00
EKG/ECG	9,954.00	0.00	MRI SERVICES	11,926.00	0.00
IV THERAPY	40,292.00	2,130.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	107,285.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,874.00	54,222.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	12,700.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	15,838.00	3,929.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	126,712.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	28,335.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,224.80	14,326.68
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	465.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	222.77	13,064.48
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	13,377.00	5,460.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	3,631.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	7,055.00	1,502.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,159.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	7,375.00	0.00			
			TOTAL ANCILLARY	544,656.63	198,576.12
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	544,656.63	198,576.12

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,087,693.62
COVERED CHARGES 1,034,468.13
NON-COVERD CHARGES 53,225.49

-----PAYMENTS-----
ADJUSTMENTS 134.26
CONTRACTUAL ALLOW 1,018,893.97
TOTAL MEDICAID LIAB 15,574.16
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 15,574.16

TOTAL NUMBER OF CLAIMS 232

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

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,745.47	0.00	OTHER LAB	0.00	2,621.00
MED/SURG SUPPLY	1,634.39	596.65	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	52,369.00	688.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	229,558.00	15,942.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	164,852.00	2,983.00
EKG/ECG	17,696.00	1,106.00	MRI SERVICES	0.00	0.00
IV THERAPY	104,322.00	22,207.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,114.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	91.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	428,152.00	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	7,620.27	5,382.84
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	13,314.00	1,699.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,034,468.13	53,225.49
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,034,468.13	53,225.49

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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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,050.98	ADJUSTMENTS	0.00
COVERED CHARGES	35,110.18	CONTRACTUAL ALLOW	34,506.01
NON-COVERD CHARGES	8,940.80	TOTAL MEDICAID LIAB	604.17
		LESS: COB	604.17
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 9

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	147.33	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	4,558.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	8,679.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	6,290.00	215.00
EKG/ECG	1,106.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,899.00	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	18,010.00	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	68.85	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	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	35,110.18	8,940.80
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	35,110.18	8,940.80

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

Run Date: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,618,499.51	ADJUSTMENTS	39,989.18
COVERED CHARGES	1,339,997.26	CONTRACTUAL ALLOW	1,185,753.28
NON-COVERD CHARGES	278,502.25	TOTAL MEDICAID LIAB	154,243.98
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	154,243.98

TOTAL NUMBER OF CLAIMS 27

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: 08/06/2023
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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 07/01/21 THROUGH 06/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	12,916.29	0.00	OTHER LAB	1,693.00	0.00
MED/SURG SUPPLY	53,969.71	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,406.00	491.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	4,264.00	FEE SCHEDULE LAB	10,513.00	9,667.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	9,363.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	194,820.21	36,695.79	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	39,760.00	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	85,920.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	502,902.79	89,283.52
RADIOLOGY THERAPEUTIC	24,432.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	397,924.26	45,998.94
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	92,102.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,377.00	0.00			
			TOTAL ANCILLARY	1,339,997.26	278,502.25
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,339,997.26	278,502.25

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: 08/06/2023
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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	07/01/21	THROUGH	06/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 1,883,126.76
COVERED CHARGES 1,725,490.16
NON-COVERD CHARGES 157,636.60

-----PAYMENTS-----
ADJUSTMENTS 90,058.43
CONTRACTUAL ALLOW 1,138,520.13
TOTAL MEDICAID LIAB 586,970.03
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 586,970.03

TOTAL NUMBER OF ADMISSIONS 20

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	92		0	189,220.00		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	92		0	189,220.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	24		0	75,494.00		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	75,494.00		0.00
TOTAL ACCOMODATIONS	116		0	264,714.00		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: 08/06/2023
Run Time: 18:58:07
Page: 2

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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	97,542.15	0.00	OTHER LAB	5,252.00	0.00
MED/SURG SUPPLY	103,755.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	147,897.00	6,833.00	EDUCATION & TRAINING	2,351.00	50.00
RADIOLOGY-DIAGNOSTIC	19,886.00	1,058.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	36,586.00	122,406.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	7,746.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	6,630.00	0.00	MRI SERVICES	8,387.00	0.00
IV THERAPY	10,720.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	374,826.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	70,747.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	155,345.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	12,964.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	65,350.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	23,735.00	0.00	INJECTABLE DRUGS	175,830.01	6,994.60
RADIOLOGY THERAPEUTIC	6,330.00	8,712.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,670.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	3,733.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	2,856.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	38,920.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	7,364.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	4,125.00	0.00			
BLOOD STORAGE & PRO.	14,697.00	11,583.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,020.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	45,512.00	0.00			
			TOTAL ANCILLARY	1,460,776.16	157,636.60
			TOTAL ACCOMODATIONS	264,714.00	0.00
			TOTAL CHARGES	1,725,490.16	157,636.60

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: 08/06/2023
Run Time: 18:58:07
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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	07/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 18:58:07
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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----
TOTAL CHARGES 10,312,118.95
COVERED CHARGES 7,837,328.20
NON-COVERD CHARGES 2,474,790.75

-----PAYMENTS-----
ADJUSTMENTS 505,710.19
CONTRACTUAL ALLOW 6,483,696.32
TOTAL MEDICAID LIAB 1,353,631.88
LESS: COB 0.00
LESS: COPAYMENT 0.00
ADD: ADDON PYMT 0.00
REIMBURSEMENT 1,353,631.88
ALL OTHER 972,049.06
FEE SCHEDULE-LAB 52,602.51
INJECTABLE DRUGS 328,980.31

TOTAL NUMBER OF CLAIMS 839

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: 08/06/2023
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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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	44,461.92	1,498.33	OTHER LAB	14,500.00	0.00
MED/SURG SUPPLY	61,195.00	6,388.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	2,543.00
RADIOLOGY-DIAGNOSTIC	33,710.00	1,998.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	1,185,180.00	357,926.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,033.00	6,415.00	FEE SCHEDULE LAB	751,146.00	13,823.00
EKG/ECG	15,300.00	0.00	MRI SERVICES	511,710.00	198,222.00
IV THERAPY	286,559.00	1,848.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	338,088.99	60,080.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,765.00	653.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	327,684.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	30,098.50	23,032.51	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	404,299.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,359,137.79	1,344,183.91
RADIOLOGY THERAPEUTIC	902,336.00	238,635.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	618.00	1,361.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	2,930.00	5,376.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	22,761.00	2,550.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	250,347.00	134,905.00	NO CC/INVALID REV CODE	3,819.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	19,205.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	74,077.00	6,426.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	25,956.00	36,912.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	6,555.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	160,856.00	30,015.00			
			TOTAL ANCILLARY	7,837,328.20	2,474,790.75
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	7,837,328.20	2,474,790.75

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: 08/06/2023
 Run Time: 18:58:07
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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 07/01/21 THROUGH 09/30/22
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021204075344	07/16/21 - 07/16/21	08/02/21	104.00	0.00	0.00	0.00	20.52
780	2021229067674	08/09/21 - 08/09/21	08/23/21	104.00	0.00	0.00	0.00	20.52
780	2021231108618	08/09/21 - 08/09/21	08/23/21	104.00	0.00	0.00	0.00	20.52
780	2021245104758	08/23/21 - 08/23/21	09/06/21	104.00	0.00	0.00	0.00	20.52
780	2021245104764	08/26/21 - 08/26/21	09/06/21	104.00	0.00	0.00	0.00	20.52
780	2021252018840	08/30/21 - 08/30/21	09/13/21	104.00	0.00	0.00	0.00	20.52
780	2021256044609	09/01/21 - 09/01/21	09/20/21	104.00	0.00	0.00	0.00	20.52
780	2021258069760	09/07/21 - 09/07/21	09/20/21	104.00	0.00	0.00	0.00	20.52
780	2021267067543	09/15/21 - 09/15/21	10/04/21	104.00	0.00	0.00	0.00	20.52
780	2021278062379	09/20/21 - 09/20/21	10/11/21	104.00	0.00	0.00	0.00	20.52
780	2021286068077	09/29/21 - 09/29/21	10/18/21	104.00	0.00	0.00	0.00	20.52
780	2021293041203	10/07/21 - 10/07/21	10/25/21	104.00	0.00	0.00	0.00	20.52
780	2021293076840	10/04/21 - 10/04/21	10/25/21	104.00	0.00	0.00	0.00	20.52
780	2021305053723	10/21/21 - 10/21/21	11/08/21	104.00	0.00	0.00	0.00	20.52
780	2021313069098	10/26/21 - 10/26/21	11/15/21	104.00	0.00	0.00	0.00	20.52
780	2021313069107	10/26/21 - 10/26/21	11/15/21	104.00	0.00	0.00	0.00	20.52
780	2021334051344	11/15/21 - 11/15/21	12/06/21	75.00	0.00	0.00	0.00	20.52
780	2021336104501	11/22/21 - 11/22/21	12/06/21	104.00	0.00	0.00	0.00	20.52
780	2021336104511	11/18/21 - 11/18/21	12/06/21	104.00	0.00	0.00	0.00	20.52
780	5921337001667	10/13/21 - 10/13/21	12/13/21	104.00	0.00	0.00	0.00	20.52
780	2021364126478	12/16/21 - 12/16/21	01/03/22	104.00	0.00	0.00	0.00	20.52
780	2022062095261	08/31/21 - 08/31/21	03/07/22	104.00	0.00	0.00	0.00	20.52
780	2022084090168	03/04/22 - 03/04/22	04/04/22	104.00	0.00	0.00	0.00	20.52
780	2022084090180	03/08/22 - 03/08/22	04/04/22	104.00	0.00	0.00	0.00	20.52
780	5922136000908	03/09/22 - 03/09/22	05/23/22	104.00	0.00	0.00	0.00	20.52
780	5922136000914	03/22/22 - 03/22/22	05/23/22	104.00	0.00	0.00	0.00	20.52
780	2022137065904	04/28/22 - 04/28/22	05/23/22	104.00	0.00	0.00	0.00	20.52
780	2022154086011	05/12/22 - 05/12/22	06/13/22	104.00	0.00	0.00	0.00	20.52
780	2022182090359	06/10/22 - 06/10/22	07/11/22	104.00	0.00	0.00	0.00	20.52
780	2022195028613	06/20/22 - 06/20/22	07/18/22	104.00	0.00	0.00	0.00	20.52
780	2022209024836	01/13/22 - 01/13/22	08/01/22	104.00	0.00	0.00	0.00	20.52
780	2022209103027	01/03/22 - 01/03/22	08/01/22	104.00	0.00	0.00	0.00	20.52
780	5922223004650	06/13/22 - 06/13/22	08/15/22	104.00	0.00	0.00	0.00	20.52
780	2022237094506	08/17/22 - 08/17/22	08/29/22	104.00	0.00	0.00	0.00	20.52
780	5922237008381	07/25/22 - 07/25/22	08/29/22	104.00	0.00	0.00	0.00	20.52
780	2022267019150	09/06/22 - 09/06/22	10/03/22	104.00	0.00	0.00	0.00	20.52
780	2022270068614	09/15/22 - 09/15/22	10/03/22	104.00	0.00	0.00	0.00	20.52
TOTAL				3,819.00	0.00	0.00	0.00	759.24

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: 08/06/2023
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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	07/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	07/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	10,080,590.06	ADJUSTMENTS	492,186.43
COVERED CHARGES	9,586,655.68	CONTRACTUAL ALLOW	8,327,949.40
NON-COVERD CHARGES	493,934.38	TOTAL MEDICAID LIAB	1,258,706.28
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,258,706.28
TOTAL NUMBER OF CLAIMS		156	

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: 08/06/2023
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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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	22,314.02	3,985.04	OTHER LAB	1,748.00	0.00
MED/SURG SUPPLY	39,564.00	2,136.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	150.00
RADIOLOGY-DIAGNOSTIC	2,094.00	19,497.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	110,843.00	90,276.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	856.00	FEE SCHEDULE LAB	158,901.00	1,288.00
EKG/ECG	1,020.00	0.00	MRI SERVICES	34,390.00	83,991.00
IV THERAPY	161,843.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	277,648.84	59,337.17	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	331.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	56,520.00	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	33,200.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	7,337,985.82	56,359.17
RADIOLOGY THERAPEUTIC	1,306,050.00	162,271.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	687.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	10,098.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,897.00	644.00	NO CC/INVALID REV CODE	624.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,830.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	5,894.00	3,363.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	20,860.00	9,094.00			
			TOTAL ANCILLARY	9,586,655.68	493,934.38
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	9,586,655.68	493,934.38

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: 08/06/2023
Run Time: 18:58:07
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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 07/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
780	2021334051353	11/15/21 - 11/15/21	12/06/21	104.00	0.00	0.00	0.00	20.52
780	2022060028338	02/07/22 - 02/07/22	03/07/22	104.00	0.00	0.00	0.00	20.52
780	2022089087512	03/08/22 - 03/08/22	04/04/22	104.00	0.00	0.00	0.00	20.52
780	2022146077898	05/03/22 - 05/03/22	05/30/22	104.00	0.00	0.00	0.00	20.52
780	2022173019019	05/31/22 - 05/31/22	06/27/22	104.00	0.00	0.00	0.00	20.52
780	2022237094455	08/17/22 - 08/17/22	08/29/22	104.00	0.00	0.00	0.00	20.52
TOTAL				624.00	0.00	0.00	0.00	123.12

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

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

Run Date: 08/06/2023
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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	07/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 12:18:52
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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	660,152.14	ADJUSTMENTS	0.00
COVERED CHARGES	657,717.14	CONTRACTUAL ALLOW	389,897.63
NON-COVERD CHARGES	2,435.00	TOTAL MEDICAID LIAB	267,819.51
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	267,819.51

TOTAL NUMBER OF ADMISSIONS 28

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	293		0	322,455.00		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	293		0	322,455.00		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	293		0	322,455.00		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: 08/06/2023
Run Time: 12:18:52
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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 04/01/21 THROUGH 03/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	87,968.08	0.00	OTHER LAB	825.00	0.00
MED/SURG SUPPLY	13,958.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	8,365.06	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,245.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,435.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	94,434.80	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	10,703.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	84,821.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	29,942.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	335,262.14	2,435.00
			TOTAL ACCOMODATIONS	322,455.00	0.00
			TOTAL CHARGES	657,717.14	2,435.00

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,823,609.76	ADJUSTMENTS	56,624.03
COVERED CHARGES	2,818,140.25	CONTRACTUAL ALLOW	1,481,823.14
NON-COVERD CHARGES	5,469.51	TOTAL MEDICAID LIAB	1,336,317.11
		LESS: COB	42,785.94
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,293,531.17

TOTAL NUMBER OF ADMISSIONS 75

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,020		0	957,780.00		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		0.01
TOTAL ROUTINE	1,020		0	957,780.00		0.01
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	1,020		0	957,780.00		0.01

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	114,561.25	0.00	OTHER LAB	9,344.60	0.00
MED/SURG SUPPLY	1,462.48	0.00	RECREATIONAL THERAPY	5,597.10	0.00
LABORATORY-GENERAL	184,863.40	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	7,140.10	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	5,297.37	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	509,462.35	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	20,644.80	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,450.70	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	247,155.70	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	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,519.20	0.00	DRUG-SPECIFIC/HOME IV	0.00	5,469.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	148,491.20	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	498,116.20	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	77,288.75	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	12,587.05	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	22.80	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	486.50	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	2,541.30	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	3,645.15	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	1,682.25	0.00			
			TOTAL ANCILLARY	1,860,360.25	5,469.50
			TOTAL ACCOMODATIONS	957,780.00	0.01
			TOTAL CHARGES	2,818,140.25	5,469.51

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

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

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

REV. CD	CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
24	2022039033387	01/05/22 - 01/19/22	02/14/22	0.00	0.00	0.00	0.00	0.00
24	2022040063717	01/15/22 - 01/28/22	02/14/22	0.00	0.00	0.00	0.00	0.00
24	2022067052113	02/02/22 - 02/15/22	03/14/22	0.00	0.00	0.00	0.00	0.00
24	2022067052125	02/02/22 - 02/16/22	03/14/22	0.00	0.00	0.00	0.00	0.00
24	2022068045211	01/27/22 - 02/09/22	03/14/22	0.00	0.00	0.00	0.00	0.00
24	2022075047659	01/13/22 - 01/25/22	03/21/22	0.00	0.00	0.00	0.00	0.00
24	2022082042649	02/24/22 - 03/06/22	03/28/22	0.00	0.00	0.00	0.00	0.00
24	2022082042707	02/21/22 - 03/04/22	03/28/22	0.00	0.00	0.00	0.00	0.00
24	2022092021882	03/01/22 - 03/15/22	04/11/22	0.00	0.00	0.00	0.00	0.00
24	2022099018091	03/11/22 - 03/28/22	04/18/22	0.00	0.00	0.00	0.00	0.00
24	2022105050485	03/09/22 - 03/15/22	04/18/22	0.00	0.00	0.00	0.00	0.00
24	2022119070751	01/25/22 - 01/26/22	05/09/22	0.00	0.00	0.00	0.00	0.00
24	2022120026360	03/25/22 - 04/07/22	05/09/22	0.00	0.00	0.00	0.00	0.00
24	2022130037190	03/31/22 - 04/18/22	05/16/22	0.00	0.00	0.00	0.00	0.00
24	2022130071289	04/14/22 - 04/28/22	05/16/22	0.00	0.00	0.00	0.00	0.00
24	2022132065934	03/20/22 - 04/21/22	05/16/22	0.00	0.00	0.00	0.00	0.00
24	2022132066072	04/07/22 - 04/28/22	05/16/22	0.00	0.00	0.00	0.00	0.00
24	2022152033607	04/19/22 - 05/03/22	06/06/22	0.00	0.00	0.00	0.00	0.00
24	2022158053692	04/27/22 - 05/10/22	06/13/22	0.00	0.00	0.00	0.00	0.00
24	2022160056879	05/04/22 - 05/18/22	06/13/22	0.00	0.00	0.00	0.00	0.00
24	2022167052302	05/19/22 - 06/02/22	06/20/22	0.00	0.00	0.00	0.00	0.00
24	2022183023159	05/24/22 - 06/06/22	07/11/22	0.00	0.00	0.00	0.00	0.00
24	2022188081263	06/02/22 - 06/10/22	07/11/22	0.00	0.00	0.00	0.00	0.00
24	2022190010860	06/07/22 - 06/22/22	07/18/22	0.00	0.00	0.00	0.00	0.00
24	2022195075557	06/08/22 - 06/27/22	07/18/22	0.00	0.00	0.00	0.00	0.00
24	2022229048319	07/06/22 - 07/13/22	08/22/22	0.00	0.00	0.00	0.00	0.00
24	2022229048390	06/27/22 - 07/25/22	08/22/22	0.00	0.00	0.00	0.00	0.00
24	2022229048458	07/04/22 - 07/13/22	08/22/22	0.00	0.00	0.00	0.00	0.00
24	2022234032769	06/23/22 - 07/07/22	08/29/22	0.00	0.00	0.00	0.00	0.00
24	2022234032790	06/29/22 - 07/11/22	08/29/22	0.00	0.00	0.00	0.00	0.00
24	2022251048974	07/15/22 - 08/01/22	09/12/22	0.00	0.00	0.00	0.00	0.00
24	2022255045372	07/27/22 - 08/15/22	09/19/22	0.00	0.00	0.00	0.00	0.00
24	2022270059377	08/22/22 - 09/07/22	10/03/22	0.00	0.00	0.00	0.00	0.00
24	5922278000181	06/29/22 - 07/11/22	10/10/22	0.00	0.00	0.00	0.00	0.00
24	2022286076318	09/13/22 - 09/16/22	10/17/22	0.00	0.00	0.00	0.00	0.00
24	2022319065639	09/07/22 - 09/10/22	11/21/22	0.00	0.00	0.00	0.00	0.00
24	2022320040970	10/07/22 - 10/18/22	11/21/22	0.00	0.00	0.00	0.00	0.00
24	2022320041060	10/12/22 - 10/19/22	11/21/22	0.00	0.00	0.00	0.00	0.00
24	2022327088740	09/30/22 - 10/12/22	11/28/22	0.00	0.00	0.00	0.00	0.00
24	2022336059287	11/04/22 - 11/14/22	12/05/22	0.00	0.00	0.00	0.00	0.00
24	2022340036916	11/04/22 - 11/16/22	12/12/22	0.00	0.00	0.00	0.00	0.00
24	2022340061823	11/02/22 - 11/18/22	12/12/22	0.00	0.00	0.00	0.00	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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

24	2022342093573	11/08/22 - 11/26/22	12/12/22	0.00	0.00	0.00	0.00	0.00
24	2022342093597	10/26/22 - 11/21/22	12/12/22	0.00	0.00	0.00	0.00	0.00
24	2022357056621	12/14/22 - 12/17/22	12/26/22	0.00	0.00	0.00	0.00	0.00
24	2022357058922	11/22/22 - 12/09/22	01/02/23	0.00	0.00	0.00	0.00	0.00
24	2022361022534	12/06/22 - 12/20/22	01/02/23	0.00	0.00	0.00	0.00	0.00
24	2022362048308	12/08/22 - 12/21/22	01/02/23	0.00	0.00	0.00	0.00	0.00
24	5922363001645	11/16/22 - 11/19/22	01/02/23	0.00	0.00	0.00	0.00	0.00
24	5922363001791	11/02/22 - 11/14/22	01/02/23	0.00	0.00	0.00	0.00	0.00
24	2023019095184	10/11/22 - 10/21/22	01/23/23	0.00	0.00	0.00	0.00	0.00
24	2023019095197	11/11/22 - 11/23/22	01/23/23	0.00	0.00	0.00	0.00	0.00
24	2023019095264	09/19/22 - 10/04/22	01/23/23	0.00	0.00	0.00	0.00	0.00
24	2023033034778	03/18/22 - 04/07/22	02/06/23	0.00	0.00	0.00	0.00	0.00
24	2023034039568	04/18/22 - 05/02/22	02/06/23	0.00	0.00	0.00	0.00	0.00
24	2023034088581	01/07/22 - 01/27/22	02/13/23	0.00	0.00	0.00	0.00	0.00
24	2023038048407	09/13/22 - 09/23/22	02/13/23	0.00	0.00	0.00	0.00	0.00
24	2023074046493	10/05/22 - 10/13/22	03/20/23	0.00	0.00	0.00	0.00	0.00
24	2023122054677	12/13/22 - 12/26/22	05/08/23	0.00	0.00	0.00	0.00	0.00
24	5923164000755	11/22/22 - 12/15/22	06/19/23	0.00	0.00	0.00	8,881.71	0.00
TOTAL				0.00	0.00	0.00	8,881.71	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: 08/06/2023
Run Time: 18:31:16
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	575,412.20	ADJUSTMENTS	3,663.43
COVERED CHARGES	509,395.10	CONTRACTUAL ALLOW	376,298.53
NON-COVERD CHARGES	66,017.10	TOTAL MEDICAID LIAB	133,096.57
		LESS: COB	238.70
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	132,857.87
		ALL OTHER	132,839.54
		FEE SCHEDULE-LAB	18.33
		INJECTABLE DRUGS	0.00
TOTAL NUMBER OF CLAIMS		484	

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: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 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	1,467.20	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	388,717.65	24,789.15	FEE SCHEDULE LAB	314.05	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	115,060.10	29,803.10	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	4,857.00	9,957.65	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	446.30	0.00			
			TOTAL ANCILLARY	509,395.10	66,017.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	509,395.10	66,017.10

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,697,545.83	ADJUSTMENTS	99,568.73
COVERED CHARGES	4,673,916.83	CONTRACTUAL ALLOW	2,075,959.28
NON-COVERD CHARGES	23,629.00	TOTAL MEDICAID LIAB	2,597,957.55
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	2,597,957.55

TOTAL NUMBER OF ADMISSIONS 171

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,983		0	2,339,982.00		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	1,983		0	2,339,982.00		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	1,983		0	2,339,982.00		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: 08/06/2023
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	703,696.44	0.00	OTHER LAB	12,184.00	0.00
MED/SURG SUPPLY	49,772.00	1,685.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	72,511.59	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,800.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	664,565.40	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	42,003.00	0.00	FREE STANDING CLINIC	0.00	0.00
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	294.00
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	634,241.40	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	80,958.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	44,978.00	21,359.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	1,332.00	291.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	1,398.00	0.00			
BLOOD STORAGE & PRO.	3,495.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	2,333,934.83	23,629.00
			TOTAL ACCOMODATIONS	2,339,982.00	0.00
			TOTAL CHARGES	4,673,916.83	23,629.00

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: 08/06/2023
Run Time: 12:18:43
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 12:18:43
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 12:18:43
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PIEDMONT HEALTHCARE EHRH OF NEWNAN LLC
2101 E. NEWNAN CROSSING BLVD
NEWNAN,GA 30265-2406

PROVIDER NUMBER
003213641A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:31:38
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,748,164.20	ADJUSTMENTS	0.00
COVERED CHARGES	2,748,071.50	CONTRACTUAL ALLOW	1,255,470.36
NON-COVERD CHARGES	92.70	TOTAL MEDICAID LIAB	1,492,601.14
		LESS: COB	7,837.50
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,484,763.64

TOTAL NUMBER OF ADMISSIONS 22

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	707		0	987,452.76		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	707		0	987,452.76		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	707		0	987,452.76		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE I
INPATIENT PAID CLAIMS

Run Date: 08/06/2023
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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 01/01/22 THROUGH 12/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	518,351.96	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	162,166.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	233,086.56	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	48,923.09	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	80,622.22	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	4,882.20	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	6,049.19	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	519,000.49	0.00	FREE STANDING CLINIC	0.00	0.00
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	121,003.37	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	66,532.85	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	92.70			
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	0.00	0.00			
			TOTAL ANCILLARY	1,760,618.74	92.70
			TOTAL ACCOMODATIONS	987,452.76	0.00
			TOTAL CHARGES	2,748,071.50	92.70

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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ROOSEVELT WARM SPRINGS LTAC
6135 ROOSEVELT HIGHWAY
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PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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ROOSEVELT WARM SPRINGS LTAC
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PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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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ROOSEVELT WARM SPRINGS LTAC
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WARM SPRINGS,GA 31830-2757

PROVIDER NUMBER
003214227A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

Report : CLM-0814-O
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

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	01/01/22	THROUGH	12/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
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PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SELECT SPECIALTY HOSPITAL - AUGUSTA, INC.
1537 WALTON WAY
AUGUSTA,GA 30904-3764

PROVIDER NUMBER
003222162A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	04/01/21	THROUGH	03/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 18:31:11
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 11/01/21 THROUGH 10/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,475,940.89	ADJUSTMENTS	127,090.79
COVERED CHARGES	3,419,387.90	CONTRACTUAL ALLOW	2,863,748.20
NON-COVERD CHARGES	56,552.99	TOTAL MEDICAID LIAB	555,639.70
		LESS: COB	12,007.98
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	543,631.72

TOTAL NUMBER OF ADMISSIONS 13

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	326		0	1,723,580.98		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	326		0	1,723,580.98		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	326		0	1,723,580.98		0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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Run Date: 08/06/2023
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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 11/01/21 THROUGH 10/31/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	238,306.56	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	275,269.91	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	202,531.37	0.00	EDUCATION & TRAINING	2,959.28	0.00
RADIOLOGY-DIAGNOSTIC	11,111.88	0.00	OTHER THERAPEUTIC SVC	0.00	42,429.45
CT SCAN	0.00	9,683.82	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	62,668.14	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	173,418.70	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	528,668.85	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	392.92	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	4,439.72
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,089.75	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	51,869.22	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	16,073.70	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	116,688.12	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	2,281.90	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	10,476.62	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,695,806.92	56,552.99
			TOTAL ACCOMODATIONS	1,723,580.98	0.00
			TOTAL CHARGES	3,419,387.90	56,552.99

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: 08/06/2023
Run Time: 18:31:11
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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 18:31:11
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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 18:31:11
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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 18:31:11
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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 18:31:11
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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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
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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	11/01/21	THROUGH	10/31/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 19:22:02
Page: 1

SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,244,599.63	ADJUSTMENTS	0.00
COVERED CHARGES	3,160,282.44	CONTRACTUAL ALLOW	2,563,928.47
NON-COVERD CHARGES	84,317.19	TOTAL MEDICAID LIAB	596,353.97
		LESS: COB	1,172.21
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	595,181.76

TOTAL NUMBER OF ADMISSIONS 10

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	353		0	1,436,666.30		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	353		0	1,436,666.30		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	353		0	1,436,666.30		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: 08/06/2023
Run Time: 19:22:02
Page: 2

SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 05/01/21 THROUGH 04/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	275,214.12	0.00	OTHER LAB	1,180.31	0.00
MED/SURG SUPPLY	149,457.61	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	111,210.71	0.00	EDUCATION & TRAINING	127.55	0.00
RADIOLOGY-DIAGNOSTIC	27,358.60	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	77,425.67	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	26,908.06	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	195,371.42	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	16,661.70	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	780,721.77	0.00	FREE STANDING CLINIC	0.00	0.00
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	6,891.52
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	36,443.19	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	21,022.45	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	78,617.65	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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.	3,321.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	1,723,616.14	84,317.19
			TOTAL ACCOMODATIONS	1,436,666.30	0.00
			TOTAL CHARGES	3,160,282.44	84,317.19

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: 08/06/2023
Run Time: 19:22:02
Page: 3

SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 19:22:02
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SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 19:22:02
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SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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

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

Run Date: 08/06/2023
Run Time: 19:22:02
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SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 19:22:02
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SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

SELECT SPECIALTY HOSPITAL - SAVANNAH, INC.
5353 REYNOLDS ST
SAVANNAH, GA 31405-6015

PROVIDER NUMBER
003229133A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	05/01/21	THROUGH	04/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** 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: 08/06/2023
Run Time: 14:52:41
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,266,521.11	ADJUSTMENTS	13,287.36
COVERED CHARGES	2,266,521.11	CONTRACTUAL ALLOW	1,843,279.44
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	423,241.67
		LESS: COB	4,554.84
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	418,686.83

TOTAL NUMBER OF ADMISSIONS 57

PART I - ACCOMODATIONS
MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	289		0	482,052.00		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	289		0	482,052.00		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	289		0	482,052.00		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: 08/06/2023
Run Time: 14:52:41
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	564,347.00	0.00	OTHER LAB	19,162.00	0.00
MED/SURG SUPPLY	34,280.11	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	358,486.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	20,032.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	248,930.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	19,715.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	23,668.00	0.00	MRI SERVICES	6,166.00	0.00
IV THERAPY	140,118.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,306.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	37,648.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	5,938.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	142,868.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,035.00	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	848.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	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	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	21,120.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	22,263.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	53,351.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	52,789.00	0.00			
			TOTAL ANCILLARY	1,784,469.11	0.00
			TOTAL ACCOMODATIONS	482,052.00	0.00
			TOTAL CHARGES	2,266,521.11	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: 08/06/2023
Run Time: 14:52:41
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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

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: 08/06/2023
Run Time: 14:52:41
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 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	3,337,187.00	ADJUSTMENTS	26,025.03
COVERED CHARGES	2,823,464.00	CONTRACTUAL ALLOW	2,376,554.82
NON-COVERD CHARGES	513,723.00	TOTAL MEDICAID LIAB	446,909.18
		LESS: COB	1,870.73
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	445,038.45
		ALL OTHER	401,254.31
		FEE SCHEDULE-LAB	39,971.73
		INJECTABLE DRUGS	3,812.41
TOTAL NUMBER OF CLAIMS		499	

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

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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	916.00	72,221.00	OTHER LAB	21,846.00	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	110,326.00	4,042.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	840,164.00	58,056.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,070.00	FEE SCHEDULE LAB	472,963.00	92,785.00
EKG/ECG	62,856.00	388.00	MRI SERVICES	0.00	3,464.00
IV THERAPY	292,357.00	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	31,363.00	4,296.00	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	780,859.00	4,491.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	89,895.00	265,282.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	2,248.00	1,463.00	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	31,383.00	1,805.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	23,521.00	724.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	44,385.00	3,636.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,819.00	0.00			
			TOTAL ANCILLARY	2,823,464.00	513,723.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	2,823,464.00	513,723.00

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

ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES	00/00/00	THROUGH	00/00/00
SERVICE DATES	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

-----CHARGES-----	
TOTAL CHARGES	76,623.00
COVERED CHARGES	48,012.00
NON-COVERD CHARGES	28,611.00

-----PAYMENTS-----	
ADJUSTMENTS	0.00
CONTRACTUAL ALLOW	40,764.86
TOTAL MEDICAID LIAB	7,247.14
LESS: COB	7,247.14
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
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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

NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	565.00	OTHER LAB	1,567.00	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	4,245.00	1,678.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	7,093.00	22,948.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,341.00	2,502.00
EKG/ECG	1,164.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,051.00	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	676.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,657.00	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	2,952.00	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	133.00	266.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	1,133.00	0.00			
			TOTAL ANCILLARY	48,012.00	28,611.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	48,012.00	28,611.00

Report : CLM-0808-O
Process : CLMJO800
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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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER 003229414A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	78,851.00	ADJUSTMENTS	156.64
COVERED CHARGES	71,004.00	CONTRACTUAL ALLOW	69,280.96
NON-COVERD CHARGES	7,847.00	TOTAL MEDICAID LIAB	1,723.04
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	1,723.04
TOTAL NUMBER OF CLAIMS		22	

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: 08/06/2023
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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	1,312.00	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	898.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	20,849.00	5,487.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	9,168.00	607.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	5,108.00	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	30,404.00	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	834.00	441.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	133.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	GENE THERAPY DRUGS	0.00	0.00
OTHER IMAGING SERVICE	3,610.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	71,004.00	7,847.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	71,004.00	7,847.00

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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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER 003229414A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,034.00	ADJUSTMENTS	0.00
COVERED CHARGES	762.00	CONTRACTUAL ALLOW	683.68
NON-COVERD CHARGES	272.00	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

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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	272.00	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	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	55.00	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	762.00	272.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	762.00	272.00

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: 08/06/2023
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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER 003229414A
PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	184,188.00	ADJUSTMENTS	0.00
COVERED CHARGES	124,173.00	CONTRACTUAL ALLOW	114,000.40
NON-COVERD CHARGES	60,015.00	TOTAL MEDICAID LIAB	10,172.60
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		ADD: ADDON PYMT	0.00
		REIMBURSEMENT	10,172.60

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

Run Date: 08/06/2023
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NGMC LUMPKIN, LLC
227 MOUNTAIN DR
DAHLONEGA, GA 30533-1606

PROVIDER NUMBER
003229414A

PAYMENT DATES 00/00/00 THROUGH 00/00/00
SERVICE DATES 10/01/21 THROUGH 09/30/22
ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	0.00	8,698.00	OTHER LAB	1,347.00	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	753.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	4,404.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	309.00	3,927.00	FEE SCHEDULE LAB	20,130.00	1,723.00
EKG/ECG	388.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	92,619.00	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	2,419.00	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	3,736.00	39,173.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,275.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	815.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	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	2,472.00	0.00			
			TOTAL ANCILLARY	124,173.00	60,015.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	124,173.00	60,015.00

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

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

Run Date: 08/06/2023
Run Time: 14:52:41
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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	10/01/21	THROUGH	09/30/22
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA FOUND **

** END OF REPORT **