

GWINNETT MEDICAL CENTER-DULUTH
 3620 HOWELL FERRY RD
 DULUTH,GA 30096-3178

PROVIDER NUMBER 000001064A
 PAYMENT DATES 07/01/12 THROUGH 07/23/14
 SERVICE DATES 07/01/12 THROUGH 06/30/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,280,367.00	ADJUSTMENTS	481,318.86
COVERED CHARGES	11,349,365.00	CONTRACTUAL ALLOW	6,826,772.49
NON-COVERD CHARGES	931,002.00	TOTAL MEDICAID LIAB	4,522,592.51
		LESS: COB	75,378.27
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	4,447,214.24

TOTAL NUMBER OF ADMISSIONS 487

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,609		6	1,502,806.00		502,043.00
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	1,609		6	1,502,806.00		502,043.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	648		0	1,383,652.00		0.00
NICU	0		0	0.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	0		0	0.00		0.00
BURN UNIT	0		0	0.00		0.00
HOSPICE	0		0	0.00		0.00
REHAB	0		2	0.00		2,026.00
PRTF	0		0	0.00		0.00
TOTAL SPEC CARE	648		2	1,383,652.00		2,026.00
TOTAL ACCOMODATIONS	2,257		8	2,886,458.00		504,069.00

SUMMARY TYPE I
 INPATIENT PAID CLAIMS

GWINNETT MEDICAL CENTER-DULUTH
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 DULUTH,GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
 SERVICE DATES 07/01/12 THROUGH 06/30/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,028,326.00	0.00	OTHER LAB	116,609.00	0.00
MED/SURG SUPPLY	38,340.00	5,548.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	1,131,743.00	5,368.00	EDUCATION & TRAINING	6,504.00	980.00
RADIOLOGY-DIAGNOSTIC	458,742.00	0.00	OTHER THERAPEUTIC SVC	0.00	2,990.00
CT SCAN	992,898.00	26,106.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	43,771.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	157,800.00	0.00	MRI SERVICES	151,121.00	0.00
IV THERAPY	16,881.00	1,259.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	870,540.00	5,650.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	257,249.00	1,910.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	187,004.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	125,250.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,227,841.00	7,331.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	127,360.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	93,338.00	0.00	INJECTABLE DRUGS	632,649.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,160.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	12,249.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	26,100.00	348,447.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	304.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	213,972.00	0.00
LITHOTRIpsy	20,000.00	0.00	NO CC/INVALID REV CODE	0.00	15,750.00
OTHER IMAGING SERVICE	89,748.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	58,609.00	3,747.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	142,204.00	1,847.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	201,651.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	10,517.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	14,427.00	0.00			
			TOTAL ANCILLARY	8,462,907.00	426,933.00
			TOTAL ACCOMODATIONS	2,886,458.00	504,069.00
			TOTAL CHARGES	11,349,365.00	931,002.00

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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GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
DULUTH,GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
SERVICE DATES 07/01/12 THROUGH 06/30/13
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	2012219037403	07/27/12 - 07/29/12	08/13/12	0.00	2,625.00	0.00	0.00	0.00
615	2013003053225	07/11/12 - 07/25/12	01/07/13	0.00	2,625.00	0.00	0.00	0.00
615	2213052002299	01/12/13 - 01/15/13	02/25/13	0.00	2,625.00	0.00	0.00	0.00
615	2213101008202	02/24/13 - 03/12/13	04/15/13	0.00	2,625.00	0.00	0.00	0.00
615	2013126062438	04/08/13 - 04/13/13	05/13/13	0.00	2,625.00	0.00	0.00	0.00
615	2013168029872	10/29/12 - 11/02/12	06/24/13	0.00	2,625.00	0.00	0.00	0.00
TOTAL				0.00	15,750.00	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

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SUMMARY TYPE II
ZERO PAID INPATIENT PAID CLAIMS

GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
DULUTH,GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES	07/01/12	THROUGH	07/23/14
SERVICE DATES	07/01/12	THROUGH	06/30/13
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

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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GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
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PROVIDER NUMBER
000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
SERVICE DATES 07/01/12 THROUGH 06/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	6,890,733.00	ADJUSTMENTS	118,895.36
COVERED CHARGES	5,533,549.70	CONTRACTUAL ALLOW	4,410,958.34
NON-COVERD CHARGES	1,357,183.30	TOTAL MEDICAID LIAB	1,122,591.36
		LESS: COB	560.64
		LESS: COPAYMENT	2,417.26
		REIMBURSEMENT	1,119,613.46
		ALL OTHER	998,620.57
		FEE SCHEDULE-LAB	76,931.09
		INJECTABLE DRUGS	44,061.80

TOTAL NUMBER OF CLAIMS 2,482

GWINNETT MEDICAL CENTER-DULUTH
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 ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	176,137.00	5,930.00	OTHER LAB	62,472.00	9,040.00
MED/SURG SUPPLY	26,916.00	15,771.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	790.00	EDUCATION & TRAINING	0.00	288.00
RADIOLOGY-DIAGNOSTIC	405,141.00	7,479.00	OTHER THERAPEUTIC SVC	0.00	4,420.00
CT SCAN	532,731.00	508,044.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	208.00	351.00	FEE SCHEDULE LAB	789,252.70	93,434.30
EKG/ECG	89,644.00	3,900.00	MRI SERVICES	237,328.00	80,466.00
IV THERAPY	92,277.00	10,867.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	306,471.00	324,574.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	9,265.00	9,010.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	142,499.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	166,388.00	18,612.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,603,268.00	44,694.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	142,674.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	271,660.00	78,033.00
RADIOLOGY THERAPEUTIC	2,286.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	104.00	408.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	584.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	8,100.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	304.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	16,804.00	46,440.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	10,500.00
OTHER IMAGING SERVICE	261,815.00	20,325.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	6,176.00	6,999.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	100,451.00	18,877.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	52,132.00	27,743.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	39,450.00	1,200.00			
			TOTAL ANCILLARY	5,533,549.70	1,357,183.30
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,533,549.70	1,357,183.30

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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GWINNETT MEDICAL CENTER-DULUTH
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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	2212235012597	07/27/12 - 07/27/12	08/27/12	0.00	2,625.00	0.00	0.00	0.00
615	2012311041244	08/03/12 - 08/03/12	11/12/12	0.00	2,625.00	0.00	0.00	0.00
615	2213056000749	01/13/13 - 01/13/13	03/04/13	0.00	2,625.00	0.00	0.00	0.00
618	2213205006668	06/27/13 - 06/27/13	07/29/13	0.00	2,625.00	0.00	0.00	0.00
TOTAL				0.00	10,500.00	0.00	0.00	0.00

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

WINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
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PAYMENT DATES 07/01/12 THROUGH 07/23/14
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ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	67,059.00	ADJUSTMENTS	0.00
COVERED CHARGES	45,093.00	CONTRACTUAL ALLOW	29,302.31
NON-COVERD CHARGES	21,966.00	TOTAL MEDICAID LIAB	15,790.69
		LESS: COB	15,781.69
		LESS: COPAYMENT	9.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 13

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

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PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,575.00	40.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	237.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	28.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,315.00	338.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	4,320.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	2,465.00	447.00
EKG/ECG	300.00	600.00	MRI SERVICES	3,014.00	0.00
IV THERAPY	2,285.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	14,573.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	579.00	599.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,095.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	7,816.00	664.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,530.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,635.00	1,130.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	400.00	960.00
LITHOTRIpsy	0.00	0.00	NO CC/INVALID REV CODE	0.00	2,205.00
OTHER IMAGING SERVICE	527.00	382.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	45,093.00	21,966.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	45,093.00	21,966.00

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

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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	2013256042425	12/07/12 - 12/07/12	09/23/13	0.00	2,205.00	0.00	0.00	0.00
TOTAL				0.00	2,205.00	0.00	0.00	0.00

Report : CLM-0808-0
Process : CLMJ0800
Location: CLMP8000

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

Run Date: 09/02/2014
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GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
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PAYMENT DATES 07/01/12 THROUGH 07/23/14
SERVICE DATES 07/01/12 THROUGH 06/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	332,271.00	ADJUSTMENTS	108.88
COVERED CHARGES	306,375.00	CONTRACTUAL ALLOW	289,145.48
NON-COVERD CHARGES	25,896.00	TOTAL MEDICAID LIAB	17,229.52
		LESS: COB	0.00
		LESS: COPAYMENT	432.02
		REIMBURSEMENT	16,797.50
		TOTAL NUMBER OF CLAIMS	308

SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

GWINNETT MEDICAL CENTER-DULUTH
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PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	7,675.00	320.00	OTHER LAB	8,925.00	2,260.00
MED/SURG SUPPLY	143.00	198.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	81.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	24,490.00	0.00	OTHER THERAPEUTIC SVC	0.00	260.00
CT SCAN	6,898.00	8,640.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	171.00	FEE SCHEDULE LAB	43,903.00	5,396.00
EKG/ECG	4,200.00	300.00	MRI SERVICES	3,045.00	3,014.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	502.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	330.00	66.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	199,540.00	1,750.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,417.00	2,837.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	76.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	4,307.00	527.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	306,375.00	25,896.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	306,375.00	25,896.00

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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GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
DULUTH,GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
SERVICE DATES 07/01/12 THROUGH 06/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,562.00	ADJUSTMENTS	0.00
COVERED CHARGES	5,262.00	CONTRACTUAL ALLOW	4,466.08
NON-COVERD CHARGES	300.00	TOTAL MEDICAID LIAB	795.92
		LESS: COB	789.92
		LESS: COPAYMENT	6.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF CLAIMS 3

SUMMARY TYPE VI
 ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

GWINNETT MEDICAL CENTER-DULUTH
 3620 HOWELL FERRY RD
 DULUTH,GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
 SERVICE DATES 07/01/12 THROUGH 06/30/13
 ADMISSION DATES 00/00/00 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	417.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,155.00	0.00
EKG/ECG	300.00	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	3,270.00	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	120.00	300.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	0.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	5,262.00	300.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	5,262.00	300.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
DULUTH,GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
SERVICE DATES 07/01/12 THROUGH 06/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	151,953.00	ADJUSTMENTS	0.00
COVERED CHARGES	141,138.00	CONTRACTUAL ALLOW	118,148.84
NON-COVERD CHARGES	10,815.00	TOTAL MEDICAID LIAB	22,989.16
		LESS: COB	0.00
		LESS: COPAYMENT	39.00
		REIMBURSEMENT	22,950.16
		TOTAL NUMBER OF CLAIMS	4

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

GWINNETT MEDICAL CENTER-DULUTH
 3620 HOWELL FERRY RD
 DULUTH,GA 30096-3178

PROVIDER NUMBER
 000001064A

PAYMENT DATES 07/01/12 THROUGH 07/23/14
 SERVICE DATES 07/01/12 THROUGH 06/30/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,966.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	105.00	313.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	445.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,606.00	FEE SCHEDULE LAB	3,478.00	81.00
EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	3,603.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	35,323.00	1.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	330.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	7,548.00	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	4,920.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	74,619.00	186.00
RADIOLOGY THERAPEUTIC	1,185.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	228.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	80.00	8,400.00
LITHOTRIpsy	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	0.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	2,536.00	0.00			
			TOTAL ANCILLARY	141,138.00	10,815.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	141,138.00	10,815.00

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

GWINNETT MEDICAL CENTER-DULUTH
3620 HOWELL FERRY RD
DULUTH,GA 30096-3178

PROVIDER NUMBER
000001064A

PAYMENT DATES	07/01/12	THROUGH	07/23/14
SERVICE DATES	07/01/12	THROUGH	06/30/13
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **