

SUMMARY TYPE I
 INPATIENT PAID CLAIMS

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER 000001416A
 PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,680,048.89	ADJUSTMENTS	584,143.11
COVERED CHARGES	8,176,255.89	CONTRACTUAL ALLOW	5,538,972.46
NON-COVERD CHARGES	503,793.00	TOTAL MEDICAID LIAB	2,637,283.43
		LESS: COB	511.64
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	2,636,771.79

TOTAL NUMBER OF ADMISSIONS 318

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	1,545		0	743,627.00		4,909.00
ROUTINE NURSERY	5		0	1,170.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	1,550		0	744,797.00		4,909.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	331		0	436,920.00		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		361	0.00		183,388.00
PRTF	0		0	0.00		0.00
TOTAL SPEC CARE	331		361	436,920.00		183,388.00
TOTAL ACCOMODATIONS	1,881		361	1,181,717.00		188,297.00

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PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 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	2,340,599.89	346.00	OTHER LAB	60,689.00	0.00
MED/SURG SUPPLY	299,437.00	3,265.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	944,873.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	194,352.00	0.00	OTHER THERAPEUTIC SVC	0.00	808.00
CT SCAN	353,740.00	1,523.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	222,646.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	44,454.00	0.00	MRI SERVICES	40,662.00	0.00
IV THERAPY	13,391.00	264.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	385,511.00	12,639.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	333,194.00	420.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	108,093.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	46,400.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	334,442.00	1,700.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	66,710.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	249,360.00
LABORATORY PATHOLOGIC	28,394.00	0.00	INJECTABLE DRUGS	435,737.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	183,803.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	61,873.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	89,152.00	27,064.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	4,884.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	76,230.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	2,171.00
OTHER IMAGING SERVICE	52,173.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	85,208.00	12,558.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	54,247.00	3,253.00			
AUDIOLOGY	350.00	125.00			
CARDIOLOGY	121,228.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	3,948.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	8,118.00	0.00			
			TOTAL ANCILLARY	6,994,538.89	315,496.00
			TOTAL ACCOMODATIONS	1,181,717.00	188,297.00
			TOTAL CHARGES	8,176,255.89	503,793.00

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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
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	2013219074913	12/06/12 - 12/27/12	08/12/13	0.00	2,171.00	0.00	0.00	0.00
TOTAL				0.00	2,171.00	0.00	0.00	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

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	08/01/12	THROUGH	07/23/14
SERVICE DATES	08/01/12	THROUGH	07/31/13
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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,282,934.16	ADJUSTMENTS	161,031.43
COVERED CHARGES	6,850,841.16	CONTRACTUAL ALLOW	5,456,179.24
NON-COVERD CHARGES	432,093.00	TOTAL MEDICAID LIAB	1,394,661.92
		LESS: COB	350.02
		LESS: COPAYMENT	1,314.62
		REIMBURSEMENT	1,392,997.28
		ALL OTHER	1,272,339.34
		FEE SCHEDULE-LAB	72,439.62
		INJECTABLE DRUGS	48,218.32
		TOTAL NUMBER OF CLAIMS	3,267

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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	425,535.46	777.00	OTHER LAB	29,860.00	0.00
MED/SURG SUPPLY	179,055.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	368.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	436,961.00	8,371.00	OTHER THERAPEUTIC SVC	0.00	1,616.00
CT SCAN	712,717.00	31,186.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,104.00	1,195.00	FEE SCHEDULE LAB	705,152.80	76,754.40
EKG/ECG	82,261.00	2,604.00	MRI SERVICES	17,543.00	2,658.00
IV THERAPY	59,874.00	2,606.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	853,422.00	118,680.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	65,198.00	1,725.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	233,274.50	0.00	AMBULANCE	0.00	0.00
GI SERVICES	9,300.00	15,520.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,010,750.00	54,221.00	SPECIAL SERVICES	0.00	1,109.00
RECOVERY ROOM	303,975.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	450,954.65	80,274.60
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	4,191.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	796.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	326.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,329.00	160.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	62,365.00	4,356.00
LITHOTRIPSY	100,308.00	0.00	NO CC/INVALID REV CODE	0.00	388.00
OTHER IMAGING SERVICE	60,216.00	16,647.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	4,817.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	15,305.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	6,912.00	5,322.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	2,632.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	17,693.75	0.00			
			TOTAL ANCILLARY	6,850,841.16	431,525.00
			TOTAL ACCOMODATIONS	0.00	568.00
			TOTAL CHARGES	6,850,841.16	432,093.00

Report : CLM-0804-0
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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
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SERVICE DATES 08/01/12 THROUGH 07/31/13
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
3010	2213107014389	10/14/12 - 10/14/12	04/22/13	0.00	70.00	0.00	0.00	0.00
6360	2213110000115	10/12/12 - 10/12/12	04/29/13	0.00	23.00	0.00	0.00	0.00
35	2213133006168	12/29/12 - 12/29/12	05/20/13	0.00	83.00	0.00	0.00	0.00
30	1113154005310	09/14/12 - 09/14/12	06/10/13	0.00	121.00	0.00	0.00	0.00
-1	9114022002185	08/21/12 - 08/21/12	03/17/14	0.00	91.00	0.00	0.00	0.00
TOTAL				0.00	388.00	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

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	44,164.00	ADJUSTMENTS	0.00
COVERED CHARGES	31,509.00	CONTRACTUAL ALLOW	14,741.39
NON-COVERD CHARGES	12,655.00	TOTAL MEDICAID LIAB	16,767.61
		LESS: COB	16,753.51
		LESS: COPAYMENT	14.10
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 26

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

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
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PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 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	561.00	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	303.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,456.00	548.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	2,497.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	8,606.00	608.00
EKG/ECG	372.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	132.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	652.00	2,593.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	168.00	743.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	863.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	11,911.00	2,637.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,511.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	785.00	3,641.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	177.00	0.00	TRAUMA 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	515.00	1,885.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	31,509.00	12,655.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	31,509.00	12,655.00

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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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	803,348.50	ADJUSTMENTS	1,418.40
COVERED CHARGES	783,162.50	CONTRACTUAL ALLOW	736,955.00
NON-COVERD CHARGES	20,186.00	TOTAL MEDICAID LIAB	46,207.50
		LESS: COB	0.00
		LESS: COPAYMENT	1,605.10
		REIMBURSEMENT	44,602.40
		TOTAL NUMBER OF CLAIMS	827

SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 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	35,435.00	0.00	OTHER LAB	3,459.00	0.00
MED/SURG SUPPLY	1,134.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	39,129.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	25,057.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	78,059.00	11,564.00
EKG/ECG	5,766.00	186.00	MRI SERVICES	0.00	0.00
IV THERAPY	4,308.00	274.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	4,029.00	84.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	533,521.00	2,063.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	45,794.50	1,535.00
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	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	7,471.00	4,480.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	783,162.50	20,186.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	783,162.50	20,186.00

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

Run Date: 09/02/2014
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PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
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PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,605.00	ADJUSTMENTS	0.00
COVERED CHARGES	6,011.00	CONTRACTUAL ALLOW	1,910.14
NON-COVERD CHARGES	1,594.00	TOTAL MEDICAID LIAB	4,100.86
		LESS: COB	4,097.86
		LESS: COPAYMENT	3.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF CLAIMS	5

SUMMARY TYPE VI
 ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 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	675.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	1,403.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,307.00	191.00
EKG/ECG	372.00	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	3,540.00	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	117.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA 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	6,011.00	1,594.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	6,011.00	1,594.00

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

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
SERVICE DATES 08/01/12 THROUGH 07/31/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	436,670.50	ADJUSTMENTS	27,014.35
COVERED CHARGES	421,443.50	CONTRACTUAL ALLOW	345,794.92
NON-COVERD CHARGES	15,227.00	TOTAL MEDICAID LIAB	75,648.58
		LESS: COB	0.00
		LESS: COPAYMENT	57.00
		REIMBURSEMENT	75,591.58
		TOTAL NUMBER OF CLAIMS	14

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

PHOEBE NORTH
 2000 PALMYRA RD
 ALBANY,GA 31701-1528

PROVIDER NUMBER
 000001416A

PAYMENT DATES 08/01/12 THROUGH 07/23/14
 SERVICE DATES 08/01/12 THROUGH 07/31/13
 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	22,466.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	22,887.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	11,467.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,482.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	395.00	FEE SCHEDULE LAB	4,374.00	83.00
EKG/ECG	1,116.00	186.00	MRI SERVICES	0.00	0.00
IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	94,968.00	13,191.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	339.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	28,400.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	617.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	31,029.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,547.00	1,372.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	102.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	131,787.00	0.00
LITHOTRIPSY	54,100.00	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	5,762.00	0.00			
			TOTAL ANCILLARY	421,443.50	15,227.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	421,443.50	15,227.00

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

PHOEBE NORTH
2000 PALMYRA RD
ALBANY,GA 31701-1528

PROVIDER NUMBER
000001416A

PAYMENT DATES	08/01/12	THROUGH	07/23/14
SERVICE DATES	08/01/12	THROUGH	07/31/13
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **