Report : CLM-0800-0 Process : CLMJ0800 Location: CLMP8000		GEORGIA DEPARTMENT OF COMMUN MEDICAID MANAGEMENT INFORMAT HOSPITAL STATISTICAL AND REIN SUMMARY TYPE I INPATIENT PAID CLAIN	n Date: 08/28/2014 n Time: 19:14:02 Page: 1		
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712		PROVIDER NUMBER 000001823A		PAYMENT DATES01/01/13SERVICE DATES01/01/13MISSION DATES00/00/00	THROUGH 06/30/13
		CHARGES TOTAL CHARGES COVERED CHARGES NON-COVERD CHARGES	7,602,261.15 6,806,856.69	PAYMENTS- ADJUSTMENTS CONTRACTUAL ALLOW TOTAL MEDICAID LIAB LESS: COB LESS: COPAYMENT	527,095.98 4,447,406.63 2,359,450.06 7,559.93
				REIMBURSEMENT	2,351,890.13
			TOTAL	NUMBER OF ADMISSIONS	220
		PART I - ACCOMO MEDICAID DAYS ANI			
	COVERED	DAYS NONCOVERED		CHARGES COVERED	NONCOVERED
ROUTINE SERVICES	COVERED	NONCOVERED		CONTRACT	
ROUTINE CARE ROUTINE NURSERY SWING BED LEAVE OF ABSENCE TOTAL ROUTINE	519 39 0 0 558	0 0 0 0 0		337,350.00 25,350.00 0.00 0.00 362,700.00	177,498.00 777.00 0.00 0.00 178,275.00
SPECIAL CARE SERVICES					
CCU ICU NICU PED ICU NEURO ICU SHOCK TRAUMA BURN UNIT HOSPICE REHAB PRTF TOTAL SPEC CARE	$ \begin{array}{c} 0 \\ 476 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 476 \\ \end{array} $	0 0 0 0 0 0 0 0 210 0 210		0.00 850,632.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	$\begin{array}{c} 0.00\\ 18,568.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 0.00\\ 204,740.00\\ 0.00\\ 223,308.00\end{array}$
TOTAL ACCOMODATIONS	1,034	210		1,213,332.00	401,583.00

Report : CLM-0800-0GEORGIA DEPARTMENT OF COMMUNITY HEALTHRun Date: 08/28/2014Process : CLMJ0800MEDICAID MANAGEMENT INFORMATION SYSTEMRun Time: 19:14:02Location: CLMP8000HOSPITAL STATISTICAL AND REIMBURSEMENT REPORTPage: 2SUMMARY TYPE ISUMMARY TYPE I

INPATIENT PAID CLAIMS

ST MARY'S HOSPITAL

ATHENS, GA 30606-3712

1230 BAXTER ST

PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
000001823A	SERVICE DATES	01/01/13	THROUGH 06/30/13
	ADMISSION DATES	00/00/00	THROUGH 00/00/00

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,441,770.18	46,254.46		/	
MED/SURG SUPPLY	233,916.92	3,639.00	OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV	55,400.00	0.00
LABORATORY-GENERAL	419,855.00	15,061.00	RECREATIONAL INERAPI FDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	419,000.00	3,466.00	OTUED TUEDADEUTIC CUC	0.00	0.00
CT SCAN	102,320.00	239,253.00	CDECINI CUNDCES	0.00	0.00
PHYSICAL THERAPY	121,295.00	239,253.00 9,715.00	SPECIAL CHARGES	0.00	0.00
	39,683.00	9,715.00	FLE SCHEDULE LAD	0.00	
EKG/ECG IV THERAPY	39,003.00 102 100 06	10,104.00	MRI SERVICES	99,003.00	2,930.00 0.00
			PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM		10,386.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM		0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3/9,210.00	22,877.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	141,388.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	35,637.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	205,115.00 88,638.00 21,221.00	0.00 0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	88,638.00	0.00		1 800 60	
LABORATORY PATHOLOGIC	21,221.00	0.00	INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE	0.00 1,782.63 0.00 0.00	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	100,993.00	7,861.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	74,044.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	108,314.00	3,494.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES		0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	90.00	527.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES		0.00	IMPL DEV CHARGE PATIENTS	•	
LITHOTRIPSY	16,361.00	0.00	NO CC/INVALID REV CODE	0.00	4,698.00
OTHER IMAGING SERVICE	50,466.00	0.00			
BLOOD	0.00	0.00 3,231.00			
BLOOD BLOOD STORAGE & PRO. ONCOLOGY	77,611.00	3,231.00			
ONCOLOGY		0.00 10,325.00			
NUCLEAR MEDICINE	28,862.00	10,325.00			
AUDIOLOGY	1,968.00	0.00			
CARDIOLOGY	297,530.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
AMBULATORY SURGERY OSTEOPATHIC SERVICES	0.00	0.00			
E E G ORGAN ACQUISITION	16,326.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	369.00	0.00			

TOTAL ANCILLARY	5,593,524.69	393,821.46
TOTAL ACCOMODATIC	NS 1,213,332.00	401,583.00
TOTAL CHARGES	6,806,856.69	795,404.46

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						Date: 08/28/2014 Time: 19:14:02 Page: 3
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712		PROVIDER NUM 000001823A	BER	A	PAYMENT DATES SERVICE DATES DMISSION DATES	01/01/13 01/01/13 00/00/00	THROUGH 07/23/14 THROUGH 06/30/13 THROUGH 00/00/00
	PART III NO COST	CENTER OR INVALID	REVENUE COD	DE FOR PAID CL	AIMS		
REV. CD CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COI	B PAYMENT
780 5214113000136	03/03/13 - 03/27/13	04/28/14	0.00	4,698.00	0.00	0.0	0.00
TOTAL			0.00	4,698.00	0.00	0.0	0.00

Report : CLM-0802-0 Process : CLMJ0800 Location: CLMP8000		GEORGIA DEPARTMENT OF COMMUNITY MEDICAID MANAGEMENT INFORMATION HOSPITAL STATISTICAL AND REIMBURS SUMMARY TYPE II ZERO PAID INPATIENT PAID CLAJ	n Date: 08/28/2014 n Time: 19:14:49 Page: 4		
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712		PROVIDER NUMBER 000001823A	S	PAYMENT DATES01/01/13DATES01/01/13DATES00/00/00	THROUGH 06/30/13
		CHARGES TOTAL CHARGES COVERED CHARGES NON-COVERD CHARGES	4,327.76	PAYMENTS- ADJUSTMENTS CONTRACTUAL ALLOW TOTAL MEDICAID LIAB LESS: COB LESS: COPAYMENT	0.00 510.07 3,535.69 3,535.69
				REIMBURSEMENT	0.00
			TOTAL N	UMBER OF ADMISSIONS	1
		PART I - ACCOMODATI MEDICAID DAYS AND CHA			
		DAYS		CHARGES	NONCOLUDED
ROUTINE SERVICES	COVERED	NONCOVERED		COVERED	NONCOVERED
ROUTINE CARE ROUTINE NURSERY	0	0 0		0.00 0.00	0.00 0.00
SWING BED	0	0		0.00	0.00
LEAVE OF ABSENCE	0	0		0.00	0.00
TOTAL ROUTINE	0	0		0.00	0.00
SPECIAL CARE SERVICES					
CCU	0	0		0.00	0.00
ICU	1	0		1,984.00	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 BURN UNIT	U	U		0.00 0.00	0.00 0.00
HOSPICE	0			0.00	0.00
REHAB	0	0		0.00	0.00
PRTF	Ō	Ō		0.00	0.00
TOTAL SPEC CARE	1	0		1,984.00	0.00

0

1,984.00

0.00

TOTAL ACCOMODATIONS

1

Report : CLM-0802-0GEORGIA DEPARTMENT OF COMMUNITY HEALTHRun Date: 08/28/2014Process : CLMJ0800MEDICAID MANAGEMENT INFORMATION SYSTEMRun Time: 19:14:49Location: CLMP8000HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE IIPage: 5ZERO PAID INPATIENT PAID CLAIMSZERO PAID CLAIMS

ST MARY'S HOSPITAL

ATHENS, GA 30606-3712

1230 BAXTER ST

PROVIDER NUMBERPAYMENT DATES01/01/13THROUGH07/23/14000001823ASERVICE DATES01/01/13THROUGH06/30/13ADMISSION DATES00/00/00THROUGH00/00/00

PHARMACT-GENERAL 305.76 0.00 OTHER LAB 0.00 0.00 DEMOSINGS UPELY 0.00 0.00 EDUCATION 4. TAINING 0.00 0.00 LABORATORY-GENERAL 0.00 0.00 EDUCATION 4. TAINING 0.00 0.00 CT SCAN 0.00 0.00 OTHER THERAPEDITIC SVC 0.00 0.00 PHYSINGS (TATHERAPY 0.00 0.00 OTHER TAINING 0.00 0.00 PHYSINGS (TATHERAPY 0.00 0.00 PHYSINGS (TATHERAPY 0.00 0.00 0.00 IV THERAPY 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 OPREATING ROM 0.00 0.00 READ TREARY 0.00 0.00 LABOR/DELIVERY ROM 0.00 0.00 READ TREARY 0.00 0.00 CI SERVICES 0.00 0.00 READ TREARY 0.00 0.00 LABOR/DELIVERY ROM 0.00 0.00 READ TREARY 0.00 0.00 CI SERVICES 0.00 0.00 READ TREARY	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
MED/SURG SUPPLY 0.00 0.00 RCCREATIONAL THERAPY 0.00 0.00 HABORATORY-GENERAL 0.00 0.00 0.00 0.00 0.00 RADIOLOGY-DIAGNOSTIC 0.00 0.00 0.00 0.00 0.00 CT SCAN 0.00 0.00 0.00 SPECIAL CHARGES 0.00 0.00 CT SCAN 0.00 0.00 SPECIAL CHARGES 0.00 0.00 EKG/EGG 0.00 0.00 PRE SCHRUULE LAB 0.00 0.00 DYT THERAPY 0.00 0.00 PRESSIONAL FEES 0.00 0.00 LABOR/BELIVERY ROOM 0.00 0.00 RESTRATORY SERVICES 0.00 0.00 0.00 LABOR/BELIVERY ROOM 0.00 0.00 RESTRATORY SERVICES 0.00 0.00 0.00 ANESTHESIA 0.00 0.00 RESTRATORY SERVICES 0.00 0.00 0.00 I SERVICES 0.00 0.00 RESCREATION COMM 0.00 0.00 0.00 ANESTHESIA 0.00 <td>PHARMACY-GENERAL</td> <td>305.76</td> <td>0.00</td> <td>OTHER LAB</td> <td>0.00</td> <td>0.00</td>	PHARMACY-GENERAL	305.76	0.00	OTHER LAB	0.00	0.00
LABORATORY-GENERAL 0.00 0.00 0.00 0.00 0.00 PADIDLOGY-DIARNOSTIC 0.00 0.00 SPECIAL CHARGES 0.00 0.00 CT SCAN 0.00 0.00 SPECIAL CHARGES 0.00 0.00 PHISILAL THERAPY 0.00 0.00 RESCREDUE LAB 0.00 0.00 CT SCAN 0.00 0.00 RESCREDUE LAB 0.00 0.00 PHISILAL THERAPY 0.00 0.00 PROCESSIONAL FEES 0.00 0.00 OPERATING ROOM 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 0.00 ARSTHESIA 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 0.00 0.00 ARSTHESIA 0.00 0.00 CAST ROOM 0.00 0.00 0.00 BREERENY ROM 1,755.00 0.00 CAST ROOM 0.00 0.00 0.00 RECORNY PATHOLOGY 0.00 0.00 DUGUE-SPECIAL SERVICES 0.00 0.00 RENERENEY PATHOLOGY	MED/SURG SUPPLY	0.00	0.00	RECREATIONAL THERAPY	0.00	0.00
RADIOLOGY-DIAGNOSTIC 0.00 0.00 OTHER THERAPEYTIC SVC 0.00 0.00 CT SCAN 0.00 0.00 SPECIAL CHARGES 0.00 0.00 PHYSICAL THERAPY 0.00 0.00 PECIAL CHARGES 0.00 0.00 EKG/ECG 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 DYTHERAPY 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 DABSTHESING 0.00 0.00 DURABLE MED. RQUP. 0.00 0.00 ADSTIFUENTORY SERVICES 0.00 0.00 READ THERAPY 0.00 0.00 ADSTIFUENTORY SERVICES 0.00 0.00 READ THERAPY 0.00 0.00 MISTHESIA 0.00 0.00 RABIT HERAPY 0.00 0.00 0.00 RECOVERY ROOM 1.756.00 0.00 RABIT HERAPY 0.00 0.00 0.00 RECOVERY ROOM 0.00 0.00 RABUACY PATHOLOGY 0.00 0.00 0.00 RECOVERY ROOM 0.00 0.00	LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
CT SCAN 0.00 0.00 SPECIAL CHARGES 0.00 0.00 PHYSICAL THERAPY 0.00 0.00 PER SCHEDULE LAB 0.00 0.00 IV THERAPY 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 OPERATING RCOM 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 LABOR/DELIVERY ROW 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 AMESTIESIA 0.00 0.00 RESCIPARTORY SERVICES 0.00 0.00 IMBREGENCY RCOM 1,756.00 0.00 RECOVERY ROOM 0.00 0.00 0.00 RECOVERY ROOM 0.00 0.00 RECOVERY ROOM 0.00 0.00 0.00 0.00 RECOVERY ROOM 0.00 0.00 RECOVERY ROOM 0.00 0.00 0.00 0.00 RECOVERY PATHOLOGIC 0.00 0.00 RECOVERY CES 0.00 0.00 0.00 RECOVERY PATHOLOGIC 0.00 0.00 REVERISES 0.00 0	RADIOLOGY-DIAGNOSTIC	0.00	0.00	OTHER THERAPEUTIC SVC	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 UT THERAPY 0.00 0.00 PROFESSIONAL FEES 0.00 0.00 DOPERATING ROOM 0.00 0.00 DURABLE MED. EQUIP. 0.00 0.00 LABOR/DELVERY ROOM 0.00 0.00 REHAB THERAPY 0.00 0.00 ANESTHESIA 0.00 0.00 AMESTHESIA 0.00 0.00 ANESTHESIA 0.00 0.00 CAST ROOM 0.00 0.00 ENCOVERY ROOM 1,755.00 0.00 DENG-SERVICES 0.00 0.00 LABORATORY PATHOLOGIC 0.00 0.00 INSCRIBE DRUGS 0.00 0.00 COUCUPATIONAL THERAPY 0.00 0.00 INSCRIPTICH/HERAPY 0.00 0.00 COUCUPATIONAL THERAPY 0.00 0.00 INSCRIPTICH/HERAPY 0.00 0.00 COUCUPATIONAL THERAPY 0.00 0.00 ACTIVITIES OF DALIY LIFE	CT SCAN	0.00	0.00	SPECIAL CHARGES	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 LABOR/DELIVERY ROOM 0.00 0.00 REAR THERAPY 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 REMERAPY 0.00 0.00 ANESTHESIA 0.00 0.00 REMERAPY 0.00 0.00 CI SERVICES 0.00 0.00 ANESTHESIA 0.00 0.00 CI SERVICES 0.00 0.00 SPECIAL SERVICES 0.00 0.00 IABORATORY PATHOLOGIC 0.00 0.00 RECOVERY ROOM 1,756.00 0.00 RECOVERY ROOM 0.00 0.00 IABORATORIAL THERAPY 0.00 0.00 DUNCASTRES 0.00 0.00 CACUPTERY PATHOLOGIC 0.00 0.00 RECOVERY ROOM 0.00 0.00 0.00 REDIDLOGY THERAPEUTIC 0.00 0.00 RENALDIAL SERVICES 0.00 0.00 0.00 0.00 0.00	PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
IV THERAPY 0.00 0.00 PROESSIONAL FEES 0.00 0.00 OPERATING ROM 0.00 0.00 DURABLE MED. EQUIP. 0.00 0.00 LABOR/DELIVERY ROM 0.00 0.00 REAB THERAPY 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 AMESTHESSIONAL FEES 0.00 0.00 AMESTHESIA 0.00 0.00 AMEULANCE 0.00 0.00 ENERGENCY ROM 1,756.00 0.00 SPECIAL SERVICES 0.00 0.00 ENCOVERY ROM 0.00 0.00 DURA-SECIFIC/HOME IV 0.00 0.00 RECOVERY ROM 0.00 0.00 INDEGASES 0.00 0.00 RECOVERY ROM 0.00 0.00 INDEGASES 0.00 0.00 RECOVERY ROM 0.00 0.00 INDEGASES 0.00 0.00 CADDATORY PATHOLOGIC 0.00 0.00 INDEGASES 0.00 0.00 CADDATORY PATHOLOGIC 0.00 0.00 INDEGASES 0.00 0.00 SPECIAL THERAPUTIC 0.00 0.00 AMEDILINES 0.00	EKG/ECG	0.00	0.00	MRI SERVICES	0.00	0.00
OPERATING ROM 0.00 0.00 DURALE MED. EQUIP. 0.00 0.00 LABOR/DELIVERY ROM 0.00 0.00 REHAB THERAPY 0.00 0.00 RESDIRATORY SERVICES 0.00 0.00 REHAB THERAPY 0.00 0.00 AMESTHESIA 0.00 0.00 REC STANDING CLINIC 0.00 0.00 GI SERVICES 0.00 0.00 CAST ROOM 0.00 0.00 RECOVERY ROOM 1.756.00 0.00 SPECIAL SERVICES 0.00 0.00 RECOVERY ROOM 0.00 0.00 NUSCRABLE DRUGS 0.00 0.00 RECOVERY ROOM 0.00 0.00 NUSCRABLE DRUGS 0.00 0.00 RADIOLOGY THERAPEUTIC 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 SPEECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DALLY LIFE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA RESPONSE	IV THERAPY	0.00	0.00	PROFESSIONAL FEES	0.00	0.00
LABOR/DELIVERY ROOM 0.00 0.00 REHAB 'HERAPY 0.00 0.00 RESPIRATORY SERVICES 0.00 0.00 FREE STANDING CLINIC 0.00 0.00 AMESTHESIA 0.00 0.00 AMEULANCE 0.00 0.00 GI SERVICES 0.00 0.00 CAST ROOM 0.00 0.00 EMERGENCY ROOM 1.756.00 0.00 DRUG-SPECIFIC/HOME IV 0.00 0.00 RADOLOGY THERAPEUTIC 0.00 0.00 DRUG-SPECIFIC/HOME IV 0.00 0.00 CCCUPATIONAL THERAPY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 CCCUPATIONAL THERAPY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 CCUPATIONAL THERAPY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 CUCUPATIONAL THERAPY 0.00 0.00 ACTIVITIES OF DAILY LIFE 0.00 0.00 SPECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DAILY LIFE 0.00 0.00 CLINC SERVICES 0.00 0.0	OPERATING ROOM	0.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
RESPIRATORY SERVICES 0.00 0.00 PERE STANDING CLINIC 0.00 0.00 ANESTHESIA 0.00 0.00 AMBULANCE 0.00 0.00 GI SERVICES 0.00 0.00 CAST ROOM 0.00 222.00 RECOVERY ROOM 1,755.00 0.00 DR0G-SPECIFIC/HOME IV 0.00 0.00 LABORATORY PATHOLOGIC 0.00 0.00 INJECTABLE DRUGS 0.00 0.00 CCUPARIONAL THERAPENTIC 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 OCCUPARITORAL THERAPEN 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 OCCUPARITORAL THERAPEN 0.00 0.00 ACTIVITIES OF DAILY LIFE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 CLINIC SERVICES 0.00 0.00 NO CC/INVALID REV CODE 0.00 0.00 DIADD DO 0.00 0.00	LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
AMESTHESIA 0.00 0.00 AMEULANCE 0.00 0.00 GI SERVICES 0.00 0.00 CAST ROOM 0.00 0.00 BMERGENCY ROOM 1.756.00 0.00 SPECIAL SERVICES 0.00 282.00 RECOVERY ROOM 0.00 0.00 BRG-SPECIFIC/HOME IV 0.00 282.00 RADIOLOGY THERAPEUTIC 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 OCCUPATIONAL THERAPY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 SPEECH PATHOLOGY 0.00 0.00 PATIENT CONVENTIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENTIENCE 0.00 0.00 OTTATIENT SERVICES 0.00 0.00 O/P SPECIAL RESIDENCE 0.00 0.00 DITHOTIENT SERVICES 0.00 0.00 INPUENCE 0.00 0.00 LINC SERVICES 0.00 0.00 INPUENCE 0.00 0.00 LINDOR SERVICE 0.00 0.00 0.00 <td< td=""><td>RESPIRATORY SERVICES</td><td>0.00</td><td>0.00</td><td>FREE STANDING CLINIC</td><td>0.00</td><td>0.00</td></td<>	RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
GI SERVICES 0.00 0.00 CAST ROOM 0.00 0.00 EMERGENCY ROOM 1,756.00 0.00 SPECIAL SERVICES 0.00 282.00 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 HOME HEALTH SERVICES 0.00 0.00 SPEECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DALLY LIFE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENTENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 DEVCHIATRIC SERVICES 0.00 0.00 IMEL DEV CHARGE PATIENTS 0.00 0.00 DEVOD 0.00 0.00 IMEL DEV CHARGE PATIENTS 0.00 0.00 DEVOD 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD	ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
EMERGENCY ROOM 1,756.00 0.00 SPECIAL SERVICES 0.00 282.00 RECOVERY ROOM 0.00 0.00 DRG-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 HOME HEALTH SERVICES 0.00 0.00 SPECEL PATHOLOGY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 SPECEL PATHOLOGY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 SPECEL PATHOLOGY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 CLINIC SERVICES 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 IMPL DEV CHARGE PATIENTS 0.00 0.00 DELOOD 0.00 0.00 0.00 0.00 0.00 0.00 ONCOLOGY 0.00 0.	GI SERVICES	0.00	0.00	CAST ROOM	0.00	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 RADICLOGY THERAPEVUTIC 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 OCCUPATIONAL THERAPY 0.00 0.00 HOME HEALTH SERVICES 0.00 0.00 SPECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DAILY LIFE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 O/P SPECIAL RESIDENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 IMEL DEV CHARGE PATIENTS 0.00 0.00 CLINIC SERVICES 0.00 0.00 IMEL DEV CHARGE PATIENTS 0.00 0.00 DIADD 0.00 0.00 0.00 0.00 0.00 0.00 OTHER IMAGING SERVICE 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD <	EMERGENCY ROOM	1,756.00	0.00	SPECIAL SERVICES	0.00	282.00
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 HOME HEALTH SERVICES 0.00 0.00 SPEECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DALLY LIFE 0.00 0.00 RENAL DIALYSIS 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 DSYCHATRIC SERVICES 0.00 0.00 NOCC/INVALID REV CODE 0.00 0.00 LITHOTRIPSY 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 <td< td=""><td>RECOVERY ROOM</td><td>0.00</td><td>0.00</td><td>DRUG-SPECIFIC/HOME IV</td><td>0.00</td><td>0.00</td></td<>	RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	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 ACTIVITIES OF DAILY LIFE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 O/P SPECIAL RESIDENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 0.00 PSYCHIARTIC 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 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 </td <td>LABORATORY PATHOLOGIC</td> <td>0.00</td> <td>0.00</td> <td>INJECTABLE DRUGS</td> <td>0.00</td> <td>0.00</td>	LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	0.00	0.00
OCCUPATIONAL THERAPY 0.00 0.00 HOSPICE SERVICES 0.00 0.00 SPECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DALLY LIFE 0.00 0.00 RENAL DIALYSIS 0.00 0.00 PATTENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 0.00 PSPECIA RESIDENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 PSYCHIATRIC SERVICES 0.00 0.00 NO CC/INVALID REV CODE 0.00 0.00 LITHOTRIPSY 0.00 0.00 NO CC/INVALID REV CODE 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 0.00 AUDIOLOGY 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
SPEECH PATHOLOGY 0.00 0.00 ACTIVITIES OF DAILY LIFE 0.00 0.00 RENAL DIALYSIS 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 O/O 0/O 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA 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 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 AUDIOLOGY 0.00 </td <td>OCCUPATIONAL THERAPY</td> <td>0.00</td> <td>0.00</td> <td>HOSPICE SERVICES</td> <td>0.00</td> <td>0.00</td>	OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
RENAL DIALYSIS 0.00 0.00 PATIENT CONVENIENCE 0.00 0.00 OUTPATIENT SERVICES 0.00 0.00 0/P SPECIAL RESIDENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 0.00 TRAUMA RESPONSE 0.00 0.00 PSYCHIATRIC SERVICES 0.00 0.00 0.00 MML RESPONSE 0.00 0.00 LITHOTRIPSY 0.00 0.00 0.00 0.00 0.00 0.00 OTHER IMAGING SERVICE 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD STORAGE & PRO. 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 <td< td=""><td>SPEECH PATHOLOGY</td><td>0.00</td><td>0.00</td><td>ACTIVITIES OF DAILY LIFE</td><td>0.00</td><td>0.00</td></td<>	SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
OUTPATIENT SERVICES 0.00 0.00 0/P SPECIAL RESIDENCE 0.00 0.00 CLINIC SERVICES 0.00 0.00 TRAUMA 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 0.00 0.00 0.00 BLODD 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 AUDIOLOGY 0.00 0.00 0.00 0.00 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 0.00 0.00 0.00 0.00 E E G 0.00 0.00 0.00 0.00 0.00 0.00 0.00 TRAUMA NESPONSE 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
CLINIC SERVICES 0.00 0.00 TRAUMA 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 NO CC/INVALID REV CODE 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 AUDIOLOGY 0.00 0.00 0.00 0.00 0.00 0.00 0.00 AMBULATORY SURGERY 0.00	OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	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 0.00 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 0.00 0.00 BLOOD STORAGE & PRO. 0.00 0.00 0.00 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 0.00 0.00 0.00 AUDIOLOGY 0.00	CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
LITHOTRIPSY 0.00 0.00 0.00 0.00 0.00 OTHER IMAGING SERVICE 0.00 0.00 0.00 0.00 BLOOD 0.00 0.00 0.00 0.00 BLOOD STORAGE & PRO. 0.00 0.00 0.00 ONCOLOGY 0.00 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 0.00 AUDIOLOGY 0.00 0.00 0.00 AUDIOLOGY 0.00 0.00 0.00 ABULATORY SURGERY 0.00 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00 0.00	PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	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	LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
BLOOD 0.00 0.00 BLOOD STORAGE & PRO. 0.00 0.00 ONCOLOGY 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 AUDIOLOGY 0.00 0.00 AUDIOLOGY 0.00 0.00 AUDIOLOGY 0.00 0.00 CARDIOLOGY 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	OTHER IMAGING SERVICE	0.00	0.00			
BLOOD STORAGE & PRO. 0.00 0.00 ONCOLOGY 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 AUDIOLOGY 0.00 0.00 AUDIOLOGY 0.00 0.00 AWBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	BLOOD	0.00	0.00			
ONCOLOGY 0.00 0.00 NUCLEAR MEDICINE 0.00 0.00 AUDIOLOGY 0.00 0.00 CARDIOLOGY 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	BLOOD STORAGE & PRO.	0.00	0.00			
NUCLEAR MEDICINE 0.00 0.00 AUDIOLOGY 0.00 0.00 CARDIOLOGY 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	ONCOLOGY	0.00	0.00			
AUDIOLOGY 0.00 0.00 CARDIOLOGY 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	NUCLEAR MEDICINE	0.00	0.00			
CARDIOLOGY 0.00 0.00 AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	AUDIOLOGY	0.00	0.00			
AMBULATORY SURGERY 0.00 0.00 OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	CARDIOLOGY	0.00	0.00			
OSTEOPATHIC SERVICES 0.00 0.00 E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	AMBULATORY SURGERY	0.00	0.00			
E E G 0.00 0.00 ORGAN ACQUISITION 0.00 0.00 TREATMENT/OBSERV. RM 0.00 0.00	OSTEOPATHIC SERVICES	0.00	0.00			
ORGAN ACQUISITION0.000.00TREATMENT/OBSERV. RM0.000.00	EEG	0.00	0.00			
TREATMENT/OBSERV. RM 0.00 0.00	ORGAN ACQUISITION	0.00	0.00			
	TREATMENT/OBSERV. RM	0.00	0.00			

TOTAL	ANCILLARY	2,061.76	282.00
TOTAL	ACCOMODATIONS	1,984.00	0.00
TOTAL	CHARGES	4,045.76	282.00

Report : CLM-0804-0 Process : CLMJ0800 Location: CLMP8000	GEORGIA DEPARTMENT OF COMMUN MEDICAID MANAGEMENT INFORMAT HOSPITAL STATISTICAL AND REIM SUMMARY TYPE III OUTPATIENT PAID CLAIMS - % C		Date: 08/28/2014 Time: 19:14:50 Page: 6		
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PROVIDER NUMBER 000001823A	AD	PAYMENT DATES SERVICE DATES MISSION DATES	01/01/13 01/01/13 00/00/00	THROUGH 06/30/13 THROUGH 00/00/00
	CHARGES- TOTAL CHARGES COVERED CHARGES NON-COVERD CHARGES	5,335,595.97	ADJUSTMENTS CONTRACTUAL TOTAL MEDIC LESS: C	ALLOW AID LIAB	220,714.13 3,641,901.94 1,090,668.40 16,131.03 2,601.00
		TOT		R DULE-LAB LE DRUGS	1,071,936.37 938,340.17 75,714.79 57,881.41 2,447

 Report : CLM-0804-0
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 Run Date: 08/28/2014

 Process : CLMJ0800
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 Run Time: 19:14:50

 Location: CLMP8000
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 Page: 7

 SUMMARY TYPE III
 OUTPATIENT PAID CLAIMS - % OF CHARGES

ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712 PROVIDER NUMBERPAYMENT DATES01/01/13THROUGH 07/23/14000001823ASERVICE DATES01/01/13THROUGH 06/30/13ADMISSION DATES00/00/00THROUGH 00/00/00

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES PSYCHIATRIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD	137,427.30	0.00	OTHER LAB	34,131.00	683.00
MED/SURG SUPPLY	54,367.00	43,875.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	200.00	EDUCATION & TRAINING	428.00	0.00
RADIOLOGY-DIAGNOSTIC	310,501.00	9,531.00	OTHER THERAPEUTIC SVC	0.00	10,776.00
CT SCAN	334,286.00	23,128.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	37,199.00	3,744.00	FEE SCHEDULE LAB	318,733.20	73,353.00
EKG/ECG	59,535.00	5,852.00	MRI SERVICES	181,153.00	9,905.00
IV THERAPY	345,940.87	34,056.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	549,788.00	62,165.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	34,926.00	12,883.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	207,815.00	514.00	AMBULANCE	0.00	0.00
GI SERVICES	16,392.00	3,722.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	825,002.80	26,071.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	250,185.00	741.24	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	308,236.17	102,224.59
RADIOLOGY THERAPEUTIC	6,729.00	0.00	HOME HEALTH SERVICES	0.00	5,835.00
OCCUPATIONAL THERAPY	2,512.00	1,323.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	6,578.00	2,756.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	53,568.00	1,692.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	8,500.00	1,700.00	IMPL DEV CHARGE PATIENTS	0.00	32,321.00
LITHOTRIPSY	32,722.00	0.00	NO CC/INVALID REV CODE	0.00	169.80
OTHER IMAGING SERVICE	106,400.00	9,988.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	23,464.00	17,869.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	98,157.00	24,368.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	239,744.00	78,838.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
EEG	82,099.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY CARDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	66,051.00	2,052.00			

TOTAL ANCILLARY	4,732,570.34	602,335.63
TOTAL ACCOMODATIONS	0.00	690.00
TOTAL CHARGES	4,732,570.34	603,025.63

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						Date: 08/28/2014 Time: 19:14:50 Page: 8
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PART III NO COST (PROVIDER NUME 000001823A CENTER OR INVALID		SEI ADMI:	YMENT DATES RVICE DATES SSION DATES S	01/01/13 T	CHROUGH 07/23/14 CHROUGH 06/30/13 CHROUGH 00/00/00
					-		
REV. CD CLAIM ICN	FROM-TO SVC DATES	PAYMENT DATE	COVERED CHARGES	NON-COVERED CHARGES	COPAY	COB	PAYMENT
30 2213133006776	01/21/13 - 01/21/13	05/20/13	0.00	134.00	0.00	0.00	0.00
616 1113148006413	04/10/13 - 04/10/13	06/24/13	0.00	35.80	0.00	0.00	0.00
TOTAL			0.00	169.80	0.00	0.00	0.00

Report : CLM-0806-0GEORGIA DEPARTMENT OF COMMUNITY HEALTHProcess : CLMJ0800MEDICAID MANAGEMENT INFORMATION SYSTEMLocation: CLMP8000HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT SUMMARY TYPE IVZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES		Date: 08/28/2014 Time: 19:16:58 Page: 9
1230 BAXTER ST 000001823A SI	SERVICE DATES 01/01/13	0.00

TOTAL NUMBER OF CLAIMS

41

Report : CLM-0806-0	GEORGIA DEPARTMENT OF COMMUNITY HEALTH	Run Date: 08/28/2014
Process : CLMJ0800	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 19:16:58
Location: CLMP8000	HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT	Page: 10
	SUMMARY TYPE IV	
	ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES	

ST MARY'S HOSPITAL	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1230 BAXTER ST	000001823A	SERVICE DATES	01/01/13	THROUGH 06/30/13
ATHENS,GA 30606-3712		ADMISSION DATES	00/00/00	THROUGH 00/00/00

PART II ANCILLARY SERVICES

ST MARY'S HOSPITAL 1230 BAXTER ST

COST CENTER PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES PSYCHIATRIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	594.73	134.00	OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	0.00	0.00
MED/SURG SUPPLY	1,434.00	556.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	200.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	3,164.00	349.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	6,127.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	4,558.00	1,364.00
EKG/ECG	758.00	0.00	MRI SERVICES	0.00	188.00
IV THERAPY	4,974.00	2,123.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	7,118.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	2,177.00	157.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,038.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	15,573.00	719.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	986.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,252.25	2,578.50
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	1,012.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	949.00	0.00	TRAUMA 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	188.00
OTHER IMAGING SERVICE	2,264.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	205.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	1,492.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
EEG	1,882.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	715.00	0.00			

TOTAL ANCILLARY	53,940.98	14,888.50
TOTAL ACCOMODATIONS	0.00	374.00
TOTAL CHARGES	53,940.98	15,262.50

Report : CLM-0806-0 Process : CLMJ0800 Location: CLMP8000	MEDICAID MANAGEM HOSPITAL STATISTI	NT OF COMMUNITY HEA ENT INFORMATION SYS CAL AND REIMBURSEME RY TYPE IV PAID CLAIMS - % OF	TEM NT REPORT	Run Date: Run Time: Page:	
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PROVIDER N 000001823A	JMBER	PAYMENT DATES SERVICE DATES ADMISSION DATES	01/01/13 THROU	JGH 07/23/14 JGH 06/30/13 JGH 00/00/00
	PART III NO COST CENTER OR INVAL	ID REVENUE CODE FOR	PAID CLAIMS		
REV. CD CLAIM ICN	FROM-TO SVC DATES PAYMENT DATE	••••	I-COVERED COPAY IARGES	COB	PAYMENT
30 2213163000806	05/03/13 - 05/03/13 06/17/13	0.00	188.00 0.00	345.97	0.00
TOTAL		0.00	188.00 0.00	345.97	0.00

Report : CLM-0808-0 Process : CLMJ0800 Location: CLMP8000	GEORGIA DEPARTMENT OF COMMUNIT MEDICAID MANAGEMENT INFORMATIO HOSPITAL STATISTICAL AND REIMBU SUMMARY TYPE V OUTPATIENT PAID CLAIMS - FIXE	N SYSTEM RSEMENT REPORT			Date: 08/28/2014 Time: 19:17:01 Page: 12
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PROVIDER NUMBER 000001823A	S		01/01/13	THROUGH 07/23/14 THROUGH 06/30/13 THROUGH 00/00/00
	CHARGES			-PAYMENTS-	
	TOTAL CHARGES	234,638.07	ADJUSTMENTS		1,241.61
	COVERED CHARGES	224,757.22	CONTRACTUAL	ALLOW	208,143.05
	NON-COVERD CHARGES	9,880.85	TOTAL MEDIC	AID LIAB	16,614.17
			LESS: C	OB	0.00
			LESS: C	OPAYMENT	579.04
			REIMBURSEME	NT	16,035.13

TOTAL NUMBER OF CLAIMS

297

 Report : CLM-0808-0
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH
 Run Date: 08/28/2014

 Process : CLMJ0800
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 Run Time: 19:17:01

 Location: CLMP8000
 HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
 Page: 13

 SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

ST MARY'S HOSPITAL

ATHENS, GA 30606-3712

1230 BAXTER ST

PROVIDER NUMBERPAYMENT DATES01/01/13THROUGH07/23/14000001823ASERVICE DATES01/01/13THROUGH06/30/13ADMISSION DATES00/00/00THROUGH00/00/00

COST CENTER PHARMACY-GENERAL MED/SURG SUPPLY LABORATORY-GENERAL RADIOLOGY-DIAGNOSTIC CT SCAN PHYSICAL THERAPY EKG/ECG IV THERAPY OPERATING ROOM LABOR/DELIVERY ROOM RESPIRATORY SERVICES ANESTHESIA GI SERVICES EMERGENCY ROOM LABORATORY PATHOLOGIC RADIOLOGY THERAPEUTIC OCCUPATIONAL THERAPY SPEECH PATHOLOGY RENAL DIALYSIS OUTPATIENT SERVICES CLINIC SERVICES PSYCHIATRIC SERVICES LITHOTRIPSY OTHER IMAGING SERVICE BLOOD BLOOD STORAGE & PRO. ONCOLOGY NUCLEAR MEDICINE AUDIOLOGY CARDIOLOGY AMBULATORY SURGERY OSTEOPATHIC SERVICES E E G ORGAN ACQUISITION TREATMENT/OBSERV. RM	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	6,000.26	0.00	OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	0.00	0.00
MED/SURG SUPPLY	0.00	254.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	29,086.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,753.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	11,170.00	3,578.00
EKG/ECG	1,350.00	225.00	MRI SERVICES	0.00	2,719.00
IV THERAPY	17,604.00	533.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	5,185.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,227.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	132,196.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	4,121.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	8,510.96	2,231.85
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	340.00	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	4,554.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
EEG	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			

TOTAL ANCILLARY	224,757.22	9,880.85
TOTAL ACCOMODATIONS	0.00	0.00
TOTAL CHARGES	224,757.22	9,880.85

Report : CLM-0810-0 Process : CLMJ0800 Location: CLMP8000	GEORGIA DEPARTMENT OF COMMUNITY MEDICAID MANAGEMENT INFORMATION HOSPITAL STATISTICAL AND REIMBURS SUMMARY TYPE VI ZERO PAID OUTPATIENT PAID CLAIMS -	SYSTEM SEMENT REPORT			Date: 08/28/2014 Time: 19:17:10 Page: 14
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PROVIDER NUMBER 000001823A CHARGES TOTAL CHARGES	SI ADM: 	ERVICE DATES ISSION DATES	01/01/13 00/00/00 -PAYMENTS-	THROUGH 07/23/14 THROUGH 06/30/13 THROUGH 00/00/00
	COVERED CHARGES NON-COVERD CHARGES	1,631.79 0.00	CONTRACTUAL TOTAL MEDIC LESS: C LESS: C REIMBURSEME	AID LIAB OB OPAYMENT	738.53 893.26 890.26 3.00 0.00
		TOTAI	L NUMBER OF C	LAIMS	3

Report : CLM-0810-0	GEORGIA DEPARTMENT OF COMMUNITY HEALTH	Run Date: 08/28/2014
Process : CLMJ0800	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: 19:17:10
Location: CLMP8000	HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT	Page: 15
	SUMMARY TYPE VI	
	ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE	

PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
000001823A	SERVICE DATES	01/01/13	THROUGH 06/30/13
	ADMISSION DATES	00/00/00	THROUGH 00/00/00

PART II ANCILLARY SERVICES

ST MARY'S HOSPITAL 1230 BAXTER ST

ATHENS, GA 30606-3712

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	4.79	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	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB	44.00	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	MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	FREE STANDING CLINIC AMBULANCE CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,583.00	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	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
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA 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			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
EEG	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			

TOTAL ANCILLARY	1,631.79	0.00
TOTAL ACCOMODATIONS	0.00	0.00
TOTAL CHARGES	1,631.79	0.00

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				Date: 08/28/2014 Time: 19:17:10 Page: 16
ST MARY'S HOSPITAL 1230 BAXTER ST ATHENS,GA 30606-3712	PROVIDER NUMBER 000001823A	:	PAYMENT DATES SERVICE DATES MISSION DATES	01/01/13 01/01/13 00/00/00	THROUGH 07/23/14 THROUGH 06/30/13 THROUGH 00/00/00
	TOTAL CHARGES COVERED CHARGES	706,182.81 458,636.61	ADJUSTMENTS CONTRACTUAL	ALLOW	27,034.60 399,054.89
	NON-COVERD CHARGES	247,546.20		AID LIAB OB OPAYMENT	59,581.72 0.00 74.46

- REIMBURSEMENT 59,507.26
- 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 OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

Run Date: 08/28/2014 Run Time: 19:17:10 Page: 17

ST MARY'S HOSPITAL	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1230 BAXTER ST	000001823A	SERVICE DATES	01/01/13	THROUGH 06/30/13
ATHENS,GA 30606-3712		ADMISSION DATES	00/00/00	THROUGH 00/00/00

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER OTHER LAB RECREATIONAL THERAPY EDUCATION & TRAINING OTHER THERAPEUTIC SVC SPECIAL CHARGES FEE SCHEDULE LAB MRI SERVICES PROFESSIONAL FEES DURABLE MED. EQUIP. REHAB THERAPY FREE STANDING CLINIC AMBULANCE CAST ROOM SPECIAL SERVICES DRUG-SPECIFIC/HOME IV INJECTABLE DRUGS HOME HEALTH SERVICES HOSPICE SERVICES ACTIVITIES OF DAILY LIFE PATIENT CONVENIENCE O/P SPECIAL RESIDENCE TRAUMA RESPONSE IMPL DEV CHARGE PATIENTS NO CC/INVALID REV CODE	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	9,773.77	0.00	OTHER LAB	0.00	3,487.00
MED/SURG SUPPLY	39,076.00	3,015.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	4,622.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	2,653.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	676.00	FEE SCHEDULE LAB	3,870.00	245.00
EKG/ECG	1,350.00	450.00	MRI SERVICES	0.00	2,719.00
IV THERAPY	30,161.00	10,496.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	250,997.00	40,983.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	256.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	21,813.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,771.00	111.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	16,383.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	41,321.84	4,739.20
RADIOLOGY THERAPEUTIC	2,032.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	8,554.00	176,716.00
LITHOTRIPSY	16,361.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	0.00	1,256.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
EEG	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
$\tilde{TREATMENT}/OBSERV$. RM	9,295.00	0.00			
·	·				

TOTAL ANCILLARY	458,636.61	247,546.20
TOTAL ACCOMODATIONS	0.00	0.00
TOTAL CHARGES	458,636.61	247,546.20

Report : CLM-0814-0 Process : CLMJ0800 Location: CLMP8000	GEORGIA DEPARTMENT OF COMMUNITY HEALTH MEDICAID MANAGEMENT INFORMATION SYSTEM HOSPITAL STATISTICAL AND REIMBURSEMENT R SUMMARY TYPE VIII ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER C		Date: 08/28/2014 Time: 19:17:12 Page: 18	2
ST MARY'S HOSPITAL 1230 BAXTER ST	PROVIDER NUMBER 000001823A		THROUGH 07/23/14 THROUGH 06/30/13	

ST MARY'S HOSPITAL	PROVIDER NUMBER	PAYMENT DATES	01/01/13	THROUGH 07/23/14
1230 BAXTER ST	000001823A	SERVICE DATES	01/01/13	THROUGH 06/30/13
ATHENS,GA 30606-3712		ADMISSION DATES	00/00/00	THROUGH 00/00/00

** NO DATA **

** END OF REPORT **