

SUMMARY TYPE I
 INPATIENT PAID CLAIMS

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS,GA 30606-3712

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	7,602,261.15	ADJUSTMENTS	527,095.98
COVERED CHARGES	6,806,856.69	CONTRACTUAL ALLOW	4,447,406.63
NON-COVERD CHARGES	795,404.46	TOTAL MEDICAID LIAB	2,359,450.06
		LESS: COB	7,559.93
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	2,351,890.13

TOTAL NUMBER OF ADMISSIONS 220

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	519		0	337,350.00		177,498.00
ROUTINE NURSERY	39		0	25,350.00		777.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	558		0	362,700.00		178,275.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	476		0	850,632.00		18,568.00
NICU	0		0	0.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	0		0	0.00		0.00
BURN UNIT	0		0	0.00		0.00
HOSPICE	0		0	0.00		0.00
REHAB	0		210	0.00		204,740.00
PRTF	0		0	0.00		0.00
TOTAL SPEC CARE	476		210	850,632.00		223,308.00
TOTAL ACCOMODATIONS	1,034		210	1,213,332.00		401,583.00

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PAYMENT DATES 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	1,441,770.18	46,254.46	OTHER LAB	55,400.00	0.00
MED/SURG SUPPLY	233,916.92	3,639.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	419,855.00	15,061.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	162,326.00	3,466.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	239,253.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	121,295.00	9,715.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	39,683.00	0.00	MRI SERVICES	99,663.00	2,930.00
IV THERAPY	123,198.96	10,104.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	611,551.00	10,386.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	63,719.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	379,210.00	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	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	88,638.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	21,221.00	0.00	INJECTABLE DRUGS	1,782.63	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	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	0.00	IMPL DEV CHARGE PATIENTS	575,221.00	0.00
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			
BLOOD STORAGE & PRO.	77,611.00	3,231.00			
ONCOLOGY	0.00	0.00			
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			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	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 ACCOMODATIONS	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

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SUMMARY TYPE I
INPATIENT PAID CLAIMS

ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS,GA 30606-3712

PROVIDER NUMBER
000001823A

PAYMENT DATES 01/01/13 THROUGH 07/23/14
SERVICE DATES 01/01/13 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
780	5214113000136	03/03/13 - 03/27/13	04/28/14	0.00	4,698.00	0.00	0.00	0.00
TOTAL				0.00	4,698.00	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

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ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS,GA 30606-3712

PROVIDER NUMBER
 000001823A

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	4,327.76	ADJUSTMENTS	0.00
COVERED CHARGES	4,045.76	CONTRACTUAL ALLOW	510.07
NON-COVERD CHARGES	282.00	TOTAL MEDICAID LIAB	3,535.69
		LESS: COB	3,535.69
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 1

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	0		0	0.00		0.00
ROUTINE NURSERY	0		0	0.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	0		0	0.00		0.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	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	0		0	0.00		0.00
BURN UNIT	0		0	0.00		0.00
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	1,984.00		0.00
TOTAL ACCOMODATIONS	1		0	1,984.00		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

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS,GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	305.76	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	1,756.00	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	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA 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	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
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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 MARY'S HOSPITAL
1230 BAXTER ST
ATHENS,GA 30606-3712

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	5,335,595.97	ADJUSTMENTS	220,714.13
COVERED CHARGES	4,732,570.34	CONTRACTUAL ALLOW	3,641,901.94
NON-COVERD CHARGES	603,025.63	TOTAL MEDICAID LIAB	1,090,668.40
		LESS: COB	16,131.03
		LESS: COPAYMENT	2,601.00
		REIMBURSEMENT	1,071,936.37
		ALL OTHER	938,340.17
		FEE SCHEDULE-LAB	75,714.79
		INJECTABLE DRUGS	57,881.41
		TOTAL NUMBER OF CLAIMS	2,447

Report : CLM-0804-0
 Process : CLMJ0800
 Location: CLMP8000

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

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ST MARY'S HOSPITAL
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 ATHENS,GA 30606-3712

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PAYMENT DATES 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	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			
E E G	82,099.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
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

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ST MARY'S HOSPITAL
1230 BAXTER ST
ATHENS,GA 30606-3712

PROVIDER NUMBER
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SERVICE DATES 01/01/13 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
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-0806-0
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 MARY'S HOSPITAL
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PAYMENT DATES 01/01/13 THROUGH 07/23/14
SERVICE DATES 01/01/13 THROUGH 06/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	69,203.48	ADJUSTMENTS	0.00
COVERED CHARGES	53,940.98	CONTRACTUAL ALLOW	30,932.79
NON-COVERD CHARGES	15,262.50	TOTAL MEDICAID LIAB	23,008.19
		LESS: COB	22,993.19
		LESS: COPAYMENT	15.00
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 41

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

ST MARY'S HOSPITAL
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 SERVICE DATES 01/01/13 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	594.73	134.00	OTHER LAB	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			
E E G	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

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

Run Date: 08/28/2014
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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 01/01/13 THROUGH 07/23/14
SERVICE DATES 01/01/13 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
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 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 01/01/13 THROUGH 07/23/14
SERVICE DATES 01/01/13 THROUGH 06/30/13
ADMISSION DATES 00/00/00 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 MEDICAID LIAB	16,614.17
		LESS: COB	0.00
		LESS: COPAYMENT	579.04
		REIMBURSEMENT	16,035.13
		TOTAL NUMBER OF CLAIMS	297

SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS,GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	6,000.26	0.00	OTHER LAB	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			
E E G	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 HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	1,631.79	ADJUSTMENTS	0.00
COVERED CHARGES	1,631.79	CONTRACTUAL ALLOW	738.53
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	893.26
		LESS: COB	890.26
		LESS: COPAYMENT	3.00
		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

Run Date: 08/28/2014
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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 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	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	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	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	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	1,583.00	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	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA 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	1,631.79	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,631.79	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

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	706,182.81	ADJUSTMENTS	27,034.60
COVERED CHARGES	458,636.61	CONTRACTUAL ALLOW	399,054.89
NON-COVERD CHARGES	247,546.20	TOTAL MEDICAID LIAB	59,581.72
		LESS: COB	0.00
		LESS: COPAYMENT	74.46
		REIMBURSEMENT	59,507.26
		TOTAL NUMBER OF CLAIMS	11

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

ST MARY'S HOSPITAL
 1230 BAXTER ST
 ATHENS,GA 30606-3712

PROVIDER NUMBER
 000001823A

PAYMENT DATES 01/01/13 THROUGH 07/23/14
 SERVICE DATES 01/01/13 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	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			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
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 REPORT
SUMMARY TYPE VIII

Run Date: 08/28/2014
Run Time: 19:17:12
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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	01/01/13	THROUGH	07/23/14
SERVICE DATES	01/01/13	THROUGH	06/30/13
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **