

Report : CLM-0800-0
 Process : CLMJ0800
 Location: CLMP8000

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

Run Date: 08/27/2014
 Run Time: 23:17:15
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SUMMARY TYPE I
 INPATIENT PAID CLAIMS

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER 000000767A
 PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	31,331,109.96	ADJUSTMENTS	2,253,149.57
COVERED CHARGES	30,311,284.96	CONTRACTUAL ALLOW	23,764,745.60
NON-COVERD CHARGES	1,019,825.00	TOTAL MEDICAID LIAB	6,546,539.36
		LESS: COB	68,825.61
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	6,477,713.75

TOTAL NUMBER OF ADMISSIONS 1,062

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	DAYS		CHARGES	
	COVERED	NONCOVERED	COVERED	NONCOVERED
ROUTINE SERVICES				
ROUTINE CARE	3,403	5	3,248,487.00	414,253.00
ROUTINE NURSERY	1,060	32	975,001.00	278,302.00
SWING BED	0	0	0.00	0.00
LEAVE OF ABSENCE	0	0	0.00	0.00
TOTAL ROUTINE	4,463	37	4,223,488.00	692,555.00
SPECIAL CARE SERVICES				
CCU	0	0	0.00	0.00
ICU	496	0	1,630,333.00	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	496	0	1,630,333.00	0.00
TOTAL ACCOMODATIONS	4,959	37	5,853,821.00	692,555.00

SUMMARY TYPE I
 INPATIENT PAID CLAIMS

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	2,468,844.92	18,026.00	OTHER LAB	70,294.00	1,023.00
MED/SURG SUPPLY	1,611,864.00	15,173.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	3,534,514.04	33,423.00	EDUCATION & TRAINING	1,352.00	0.00
RADIOLOGY-DIAGNOSTIC	632,347.00	0.00	OTHER THERAPEUTIC SVC	0.00	7,479.00
CT SCAN	792,708.00	2,780.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	215,816.00	4,783.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	147,209.00	0.00	MRI SERVICES	282,574.00	0.00
IV THERAPY	51,983.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,313,744.00	33,684.00	DURABLE MED. EQUIP.	0.00	691.00
LABOR/DELIVERY ROOM	1,029,012.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,130,687.00	792.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	293,849.00	822.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	690,380.00	7,556.00	SPECIAL SERVICES	0.00	25,340.00
RECOVERY ROOM	245,141.00	224.00	DRUG-SPECIFIC/HOME IV	0.00	25,165.50
LABORATORY PATHOLOGIC	243,659.00	0.00	INJECTABLE DRUGS	6,209,590.00	20,693.50
RADIOLOGY THERAPEUTIC	102,294.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	66,345.00	375.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	52,025.00	1,092.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	154,756.00	45,405.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	128.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	555,403.00	0.00
LITHOTRIPSY	18,296.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	183,182.00	63,437.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	523,610.00	14,166.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	120,766.00	5,140.00			
AUDIOLOGY	105,453.00	0.00			
CARDIOLOGY	576,421.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	8,242.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	24,975.00	0.00			
			TOTAL ANCILLARY	24,457,463.96	327,270.00
			TOTAL ACCOMODATIONS	5,853,821.00	692,555.00
			TOTAL CHARGES	30,311,284.96	1,019,825.00

SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER 000000767A
 PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	645,391.12	ADJUSTMENTS	0.00
COVERED CHARGES	588,484.12	CONTRACTUAL ALLOW	263,126.47
NON-COVERD CHARGES	56,907.00	TOTAL MEDICAID LIAB	325,357.65
		LESS: COB	325,357.65
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	0.00

TOTAL NUMBER OF ADMISSIONS 11

PART I - ACCOMODATIONS
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	22		0	20,724.00		2,940.00
ROUTINE NURSERY	90		0	301,404.00		49,646.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	112		0	322,128.00		52,586.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	0		0	0.00		0.00
NICU	0		0	0.00		0.00
PED ICU	0		0	0.00		0.00
NEURO ICU	0		0	0.00		0.00
SHOCK TRAUMA	0		0	0.00		0.00
BURN UNIT	0		0	0.00		0.00
HOSPICE	0		0	0.00		0.00
REHAB	0		0	0.00		0.00
PRTF	0		0	0.00		0.00
TOTAL SPEC CARE	0		0	0.00		0.00
TOTAL ACCOMODATIONS	112		0	322,128.00		52,586.00

SUMMARY TYPE II
 ZERO PAID INPATIENT PAID CLAIMS

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

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PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	26,389.17	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	28,342.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	46,269.95	0.00	EDUCATION & TRAINING	282.00	0.00
RADIOLOGY-DIAGNOSTIC	9,960.00	0.00	OTHER THERAPEUTIC SVC	0.00	1,251.00
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	271.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	834.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,207.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	24,498.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,361.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,715.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	4,746.00	0.00	SPECIAL SERVICES	0.00	3,070.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	484.00	0.00	INJECTABLE DRUGS	92,720.00	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	3,775.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	2,216.00	0.00			
CARDIOLOGY	9,286.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	0.00	0.00			
			TOTAL ANCILLARY	266,356.12	4,321.00
			TOTAL ACCOMODATIONS	322,128.00	52,586.00
			TOTAL CHARGES	588,484.12	56,907.00

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

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

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NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
SERVICE DATES 10/01/12 THROUGH 09/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	13,379,568.60	ADJUSTMENTS	691,125.15
COVERED CHARGES	11,997,947.49	CONTRACTUAL ALLOW	9,688,361.58
NON-COVERD CHARGES	1,381,621.11	TOTAL MEDICAID LIAB	2,309,585.91
		LESS: COB	6,218.04
		LESS: COPAYMENT	5,267.33
		REIMBURSEMENT	2,298,100.54
		ALL OTHER	2,016,215.57
		FEE SCHEDULE-LAB	98,649.22
		INJECTABLE DRUGS	183,235.75

TOTAL NUMBER OF CLAIMS 3,574

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	544,317.84	8,673.95	OTHER LAB	145,693.00	1,972.00
MED/SURG SUPPLY	337,107.00	16,579.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	547.00	248.00
RADIOLOGY-DIAGNOSTIC	426,347.00	13,230.00	OTHER THERAPEUTIC SVC	0.00	15,300.00
CT SCAN	1,232,832.00	61,165.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	44,573.00	12,249.00	FEE SCHEDULE LAB	1,566,999.44	330,287.00
EKG/ECG	91,056.00	10,569.00	MRI SERVICES	358,287.00	20,458.00
IV THERAPY	475,748.00	139,813.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	871,959.00	128,887.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	54,445.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	83,775.00	4,655.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	147,844.00	14,100.00	AMBULANCE	0.00	0.00
GI SERVICES	3,755.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,290,466.00	101,937.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	141,688.00	880.00	DRUG-SPECIFIC/HOME IV	0.00	3,459.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	1,308,960.07	328,584.16
RADIOLOGY THERAPEUTIC	442,672.00	2,882.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	1,370.00	1,730.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	273.00	2,700.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	16,120.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	3,323.00	832.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	98,492.00	10,852.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	656,223.00	79,088.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	57,409.00	3,148.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	159,132.00	7,156.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	187,893.00	43,775.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	1,902.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	262,859.14	292.00			
			TOTAL ANCILLARY	11,997,947.49	1,381,621.11
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	11,997,947.49	1,381,621.11

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

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
SERVICE DATES 10/01/12 THROUGH 09/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	366,707.24	ADJUSTMENTS	0.00
COVERED CHARGES	298,876.14	CONTRACTUAL ALLOW	162,712.88
NON-COVERD CHARGES	67,831.10	TOTAL MEDICAID LIAB	136,163.26
		LESS: COB	136,095.66
		LESS: COPAYMENT	67.60
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 138

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

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	10,785.84	618.00	OTHER LAB	10,281.00	0.00
MED/SURG SUPPLY	9,494.00	57.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	9,316.00	0.00	OTHER THERAPEUTIC SVC	0.00	153.00
CT SCAN	6,531.00	16,662.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	1,360.00	340.00	FEE SCHEDULE LAB	50,177.80	8,523.60
EKG/ECG	1,897.00	0.00	MRI SERVICES	3,596.00	0.00
IV THERAPY	3,726.00	1,850.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	18,612.00	18,103.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	10,369.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	930.00	2,042.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	4,269.00	567.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	100,738.00	2,258.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,471.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	13,342.50	6,899.50
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	0.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	4,177.00	0.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	30,595.00	9,758.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,208.00	0.00			
			TOTAL ANCILLARY	298,876.14	67,831.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	298,876.14	67,831.10

Report : CLM-0808-0
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GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
HOSPITAL STATISTICAL AND REIMBURSEMENT REPORT
SUMMARY TYPE V
OUTPATIENT PAID CLAIMS - FIXED FEE

Run Date: 08/27/2014
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NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
SERVICE DATES 10/01/12 THROUGH 09/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	517,050.00	ADJUSTMENTS	1,185.65
COVERED CHARGES	476,778.50	CONTRACTUAL ALLOW	458,542.11
NON-COVERD CHARGES	40,271.50	TOTAL MEDICAID LIAB	18,236.39
		LESS: COB	0.00
		LESS: COPAYMENT	477.01
		REIMBURSEMENT	17,759.38
		TOTAL NUMBER OF CLAIMS	326

SUMMARY TYPE V
 OUTPATIENT PAID CLAIMS - FIXED FEE

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	15,505.50	677.00	OTHER LAB	2,480.00	0.00
MED/SURG SUPPLY	9,584.00	68.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	27,422.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	30,514.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	355.00	FEE SCHEDULE LAB	60,499.00	10,585.00
EKG/ECG	4,607.00	271.00	MRI SERVICES	15,210.00	0.00
IV THERAPY	13,217.00	3,623.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	0.00	4,595.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	3,100.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,353.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	239,900.00	3,738.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	725.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	18,722.00	8,861.50
RADIOLOGY THERAPEUTIC	10,455.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	752.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	0.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	64.00	TRAUMA 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	19,815.00	2,948.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	0.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	0.00	0.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	3,670.00	3,734.00			
			TOTAL ANCILLARY	476,778.50	40,271.50
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	476,778.50	40,271.50

Report : CLM-0810-0
Process : CLMJ0800
Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM
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SUMMARY TYPE VI
ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
SERVICE DATES 10/01/12 THROUGH 09/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	8,398.50	ADJUSTMENTS	0.00
COVERED CHARGES	8,306.50	CONTRACTUAL ALLOW	4,698.42
NON-COVERD CHARGES	92.00	TOTAL MEDICAID LIAB	3,608.08
		LESS: COB	3,596.08
		LESS: COPAYMENT	12.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF CLAIMS	8

Report : CLM-0810-0
 Process : CLMJ0800
 Location: CLMP8000

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

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SUMMARY TYPE VI

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	474.50	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	101.00	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	332.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	0.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	1,001.00	92.00
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	465.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	5,404.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	529.00	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	8,306.50	92.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	8,306.50	92.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
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SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
SERVICE DATES 10/01/12 THROUGH 09/30/13
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,304,057.67	ADJUSTMENTS	150,443.64
COVERED CHARGES	1,958,442.57	CONTRACTUAL ALLOW	1,646,802.33
NON-COVERD CHARGES	345,615.10	TOTAL MEDICAID LIAB	311,640.24
		LESS: COB	0.00
		LESS: COPAYMENT	402.00
		REIMBURSEMENT	311,238.24

TOTAL NUMBER OF CLAIMS 56

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

NORTHSIDE HOSPITAL FORSYTH
 1200 NORTHSIDE FORSYTH DR
 CUMMING,GA 30041-7659

PROVIDER NUMBER
 000000767A

PAYMENT DATES 10/01/12 THROUGH 07/23/14
 SERVICE DATES 10/01/12 THROUGH 09/30/13
 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	142,710.00	201.00	OTHER LAB	3,322.00	0.00
MED/SURG SUPPLY	130,077.50	7,590.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	22,234.00	6,064.00	OTHER THERAPEUTIC SVC	0.00	4,896.00
CT SCAN	31,350.00	10,499.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	1,803.00	FEE SCHEDULE LAB	118,277.07	20,664.60
EKG/ECG	5,691.00	2,981.00	MRI SERVICES	20,458.00	8,018.00
IV THERAPY	81,507.00	5,535.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	261,648.00	110,624.00	DURABLE MED. EQUIP.	0.00	452.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	5,221.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	53,916.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	30,872.00	3,701.00	SPECIAL SERVICES	0.00	56.00
RECOVERY ROOM	17,459.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	562.50
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	481,768.00	50,071.00
RADIOLOGY THERAPEUTIC	170,980.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	1,000.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	0.00	2,073.00	ACTIVITIES OF DAILY LIFE	0.00	0.00
RENAL DIALYSIS	0.00	2,015.00	PATIENT CONVENIENCE	0.00	0.00
OUTPATIENT SERVICES	0.00	0.00	O/P SPECIAL RESIDENCE	0.00	0.00
CLINIC SERVICES	0.00	32.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	IMPL DEV CHARGE PATIENTS	202,830.00	56,980.00
LITHOTRIPSY	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
OTHER IMAGING SERVICE	4,780.00	375.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	10,338.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	20,841.00	3,333.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	87,777.00	46,089.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	0.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	54,386.00	0.00			
			TOTAL ANCILLARY	1,958,442.57	345,615.10
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,958,442.57	345,615.10

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

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

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

NORTHSIDE HOSPITAL FORSYTH
1200 NORTHSIDE FORSYTH DR
CUMMING,GA 30041-7659

PROVIDER NUMBER
000000767A

PAYMENT DATES	10/01/12	THROUGH	07/23/14
SERVICE DATES	10/01/12	THROUGH	09/30/13
ADMISSION DATES	00/00/00	THROUGH	00/00/00

** NO DATA **

** END OF REPORT **