

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  
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SUMMARY TYPE I  
 INPATIENT PAID CLAIMS

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
 1170 CLEVELAND AVE  
 EAST POINT,GA 30344-3615

PROVIDER NUMBER  
 000001713A

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	360,767.52	ADJUSTMENTS	3,411.20
COVERED CHARGES	334,857.52	CONTRACTUAL ALLOW	266,511.38
NON-COVERD CHARGES	25,910.00	TOTAL MEDICAID LIAB	68,346.14
		LESS: COB	0.00
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	68,346.14

TOTAL NUMBER OF ADMISSIONS 19

PART I - ACCOMODATIONS  
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	85		8	111,265.00		25,910.00
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	85		8	111,265.00		25,910.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	3		0	6,885.00		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	3		0	6,885.00		0.00
TOTAL ACCOMODATIONS	88		8	118,150.00		25,910.00

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SUMMARY TYPE I  
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 1170 CLEVELAND AVE  
 EAST POINT,GA 30344-3615

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PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	84,538.10	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	2,025.42	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	80,962.00	0.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	1,896.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	12,455.00	0.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	2,040.00	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	258.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	0.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	2,711.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,637.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,503.00	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	10,332.00	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	1,350.00	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	216,707.52	0.00
			TOTAL ACCOMODATIONS	118,150.00	25,910.00
			TOTAL CHARGES	334,857.52	25,910.00

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
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SUMMARY TYPE II  
ZERO PAID INPATIENT PAID CLAIMS

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

\*\* NO DATA \*\*

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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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ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	62,125.60	ADJUSTMENTS	4,531.10
COVERED CHARGES	61,836.90	CONTRACTUAL ALLOW	49,343.54
NON-COVERD CHARGES	288.70	TOTAL MEDICAID LIAB	12,493.36
		LESS: COB	0.00
		LESS: COPAYMENT	12.00
		REIMBURSEMENT	12,481.36
		ALL OTHER	12,287.98
		FEE SCHEDULE-LAB	136.65
		INJECTABLE DRUGS	56.73

TOTAL NUMBER OF CLAIMS 5

Report : CLM-0804-0  
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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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ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
 1170 CLEVELAND AVE  
 EAST POINT,GA 30344-3615

PROVIDER NUMBER  
 000001713A

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

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	1,413.56	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	7,017.27	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	2,801.97	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	30,552.63	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	9,494.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	6,478.68	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	4,078.79	288.70
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	61,836.90	288.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	61,836.90	288.70

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
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SUMMARY TYPE IV

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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

\*\* NO DATA \*\*

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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ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

\*\* NO DATA \*\*

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

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

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ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

\*\* NO DATA \*\*



Report : CLM-0812-0  
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Location: CLMP8000

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
MEDICAID MANAGEMENT INFORMATION SYSTEM  
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SUMMARY TYPE VII

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OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	76,255.08	ADJUSTMENTS	0.00
COVERED CHARGES	75,966.38	CONTRACTUAL ALLOW	65,768.12
NON-COVERD CHARGES	288.70	TOTAL MEDICAID LIAB	10,198.26
		LESS: COB	0.00
		LESS: COPAYMENT	9.00
		REIMBURSEMENT	10,189.26

TOTAL NUMBER OF CLAIMS 2

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

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
 1170 CLEVELAND AVE  
 EAST POINT,GA 30344-3615

PROVIDER NUMBER  
 000001713A

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

PART II ANCILLARY SERVICES

COST CENTER	COVERED CHARGES	NONCOVERED CHARGES	COST CENTER	COVERED CHARGES	NONCOVERED CHARGES
PHARMACY-GENERAL	2,575.04	0.00	OTHER LAB	0.00	0.00
MED/SURG SUPPLY	19,102.82	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	4,184.00	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	34,682.00	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	11,558.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	0.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	0.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	3,864.52	288.70
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	75,966.38	288.70
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	75,966.38	288.70

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
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SUMMARY TYPE VIII

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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

ATLANTA MEDICAL CENTER- SOUTH CAMPUS  
1170 CLEVELAND AVE  
EAST POINT,GA 30344-3615

PROVIDER NUMBER  
000001713A

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

\*\* NO DATA \*\*

\*\* END OF REPORT \*\*