

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

Run Date: 08/27/2014  
 Run Time: 23:28:45  
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MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 8,736,299.25 | ADJUSTMENTS         | 55,101.35    |
| COVERED CHARGES    | 8,588,347.54 | CONTRACTUAL ALLOW   | 6,132,775.32 |
| NON-COVERD CHARGES | 147,951.71   | TOTAL MEDICAID LIAB | 2,455,572.22 |
|                    |              | LESS: COB           | 21,119.27    |
|                    |              | LESS: COPAYMENT     | 0.00         |
|                    |              | REIMBURSEMENT       | 2,434,452.95 |

TOTAL NUMBER OF ADMISSIONS 310

PART I - ACCOMODATIONS  
 MEDICAID DAYS AND CHARGES

|                       | COVERED | DAYS | NONCOVERED | COVERED    | CHARGES | NONCOVERED |
|-----------------------|---------|------|------------|------------|---------|------------|
| ROUTINE SERVICES      |         |      |            |            |         |            |
| ROUTINE CARE          | 505     |      | 0          | 273,509.12 |         | 5,016.56   |
| ROUTINE NURSERY       | 52      |      | 0          | 13,728.00  |         | 0.00       |
| SWING BED             | 0       |      | 0          | 0.00       |         | 0.00       |
| LEAVE OF ABSENCE      | 0       |      | 0          | 0.00       |         | 0.00       |
| TOTAL ROUTINE         | 557     |      | 0          | 287,237.12 |         | 5,016.56   |
| SPECIAL CARE SERVICES |         |      |            |            |         |            |
| CCU                   | 0       |      | 0          | 0.00       |         | 0.00       |
| ICU                   | 592     |      | 0          | 590,474.70 |         | 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       | 592     |      | 0          | 590,474.70 |         | 0.00       |
| TOTAL ACCOMODATIONS   | 1,149   |      | 0          | 877,711.82 |         | 5,016.56   |

SUMMARY TYPE I  
 INPATIENT PAID CLAIMS

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 1,304,374.28    | 0.00               | OTHER LAB                | 113,947.66      | 0.00               |
| MED/SURG SUPPLY       | 212,110.57      | 136.50             | RECREATIONAL THERAPY     | 0.00            | 0.00               |
| LABORATORY-GENERAL    | 1,490,706.64    | 0.00               | EDUCATION & TRAINING     | 150.00          | 0.00               |
| RADIOLOGY-DIAGNOSTIC  | 267,546.11      | 4,813.64           | OTHER THERAPEUTIC SVC    | 0.00            | 11,771.22          |
| CT SCAN               | 622,521.38      | 0.00               | SPECIAL CHARGES          | 0.00            | 0.00               |
| PHYSICAL THERAPY      | 45,895.89       | 0.00               | FEE SCHEDULE LAB         | 0.00            | 0.00               |
| EKG/ECG               | 136,113.72      | 0.00               | MRI SERVICES             | 123,439.17      | 0.00               |
| IV THERAPY            | 0.00            | 0.00               | PROFESSIONAL FEES        | 0.00            | 0.00               |
| OPERATING ROOM        | 601,801.00      | 0.00               | DURABLE MED. EQUIP.      | 0.00            | 0.00               |
| LABOR/DELIVERY ROOM   | 32,895.27       | 0.00               | REHAB THERAPY            | 0.00            | 0.00               |
| RESPIRATORY SERVICES  | 304,862.18      | 0.00               | FREE STANDING CLINIC     | 0.00            | 0.00               |
| ANESTHESIA            | 561,194.35      | 0.00               | AMBULANCE                | 0.00            | 0.00               |
| GI SERVICES           | 89,029.90       | 0.00               | CAST ROOM                | 0.00            | 0.00               |
| EMERGENCY ROOM        | 727,882.32      | 0.00               | SPECIAL SERVICES         | 0.00            | 0.00               |
| RECOVERY ROOM         | 216,791.52      | 0.00               | DRUG-SPECIFIC/HOME IV    | 0.00            | 0.00               |
| LABORATORY PATHOLOGIC | 15,430.44       | 0.00               | INJECTABLE DRUGS         | 1,693.55        | 0.00               |
| RADIOLOGY THERAPEUTIC | 0.00            | 0.00               | HOME HEALTH SERVICES     | 0.00            | 0.00               |
| OCCUPATIONAL THERAPY  | 28,776.61       | 0.00               | HOSPICE SERVICES         | 0.00            | 0.00               |
| SPEECH PATHOLOGY      | 27,069.37       | 0.00               | ACTIVITIES OF DAILY LIFE | 0.00            | 0.00               |
| RENAL DIALYSIS        | 2,086.71        | 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 | 187,297.86      | 0.00               |
| LITHOTRIPSY           | 0.00            | 0.00               | NO CC/INVALID REV CODE   | 0.00            | 82,014.25          |
| OTHER IMAGING SERVICE | 73,398.42       | 0.00               |                          |                 |                    |
| BLOOD                 | 0.00            | 0.00               |                          |                 |                    |
| BLOOD STORAGE & PRO.  | 45,266.19       | 31,088.53          |                          |                 |                    |
| ONCOLOGY              | 0.00            | 0.00               |                          |                 |                    |
| NUCLEAR MEDICINE      | 61,842.99       | 13,111.01          |                          |                 |                    |
| AUDIOLOGY             | 3,960.24        | 0.00               |                          |                 |                    |
| CARDIOLOGY            | 393,881.17      | 0.00               |                          |                 |                    |
| AMBULATORY SURGERY    | 0.00            | 0.00               |                          |                 |                    |
| OSTEOPATHIC SERVICES  | 0.00            | 0.00               |                          |                 |                    |
| E E G                 | 7,219.59        | 0.00               |                          |                 |                    |
| ORGAN ACQUISITION     | 0.00            | 0.00               |                          |                 |                    |
| TREATMENT/OBSERV. RM  | 11,450.62       | 0.00               |                          |                 |                    |
|                       |                 |                    | TOTAL ANCILLARY          | 7,710,635.72    | 142,935.15         |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 877,711.82      | 5,016.56           |
|                       |                 |                    | TOTAL CHARGES            | 8,588,347.54    | 147,951.71         |

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

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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 III NO COST CENTER OR INVALID REVENUE CODE FOR PAID CLAIMS

| REV. CD | CLAIM ICN     | FROM-TO SVC DATES   | PAYMENT DATE | COVERED CHARGES | NON-COVERED CHARGES | COPAY | COB      | PAYMENT |
|---------|---------------|---------------------|--------------|-----------------|---------------------|-------|----------|---------|
| 615     | 2012297075688 | 10/11/12 - 10/16/12 | 10/29/12     | 0.00            | 4,706.60            | 0.00  | 0.00     | 0.00    |
| 615     | 9113091010967 | 11/02/12 - 11/02/12 | 05/06/13     | 0.00            | 4,706.60            | 0.00  | 1,442.02 | 0.00    |
| 615     | 2013124003210 | 04/28/13 - 05/01/13 | 05/13/13     | 0.00            | 8,586.26            | 0.00  | 0.00     | 0.00    |
| 615     | 2213150002609 | 01/20/13 - 01/29/13 | 06/03/13     | 0.00            | 4,706.60            | 0.00  | 0.00     | 0.00    |
| 615     | 9113122004306 | 02/21/13 - 02/21/13 | 06/10/13     | 0.00            | 4,706.60            | 0.00  | 3,519.36 | 0.00    |
| 615     | 2013175012882 | 06/18/13 - 06/21/13 | 07/01/13     | 0.00            | 3,879.66            | 0.00  | 0.00     | 0.00    |
| 615     | 2213177012101 | 12/10/12 - 12/12/12 | 07/01/13     | 0.00            | 4,706.60            | 0.00  | 0.00     | 0.00    |
| 618     | 2013191056915 | 07/01/13 - 07/03/13 | 07/15/13     | 0.00            | 3,897.01            | 0.00  | 0.00     | 0.00    |
| 615     | 2013200028446 | 07/11/13 - 07/16/13 | 07/22/13     | 0.00            | 4,706.60            | 0.00  | 0.00     | 0.00    |
| 618     | 2013266018013 | 06/07/13 - 06/11/13 | 09/30/13     | 0.00            | 3,897.01            | 0.00  | 0.00     | 0.00    |
| 616     | 2213275001072 | 01/29/13 - 02/09/13 | 10/07/13     | 0.00            | 4,265.41            | 0.00  | 0.00     | 0.00    |
| 618     | 2213275001072 | 01/29/13 - 02/09/13 | 10/07/13     | 0.00            | 7,794.02            | 0.00  | 0.00     | 0.00    |
| 616     | 2013324042077 | 03/29/13 - 04/05/13 | 11/25/13     | 0.00            | 4,265.41            | 0.00  | 0.00     | 0.00    |
| 618     | 2013324042077 | 03/29/13 - 04/05/13 | 11/25/13     | 0.00            | 3,897.01            | 0.00  | 0.00     | 0.00    |
| 615     | 2013324042153 | 12/02/12 - 12/05/12 | 11/25/13     | 0.00            | 8,586.26            | 0.00  | 0.00     | 0.00    |
| 615     | 9114022004333 | 08/16/13 - 08/18/13 | 03/10/14     | 0.00            | 4,706.60            | 0.00  | 1,324.79 | 0.00    |
| TOTAL   |               |                     |              | 0.00            | 82,014.25           | 0.00  | 6,286.17 | 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

MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

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 \*\*

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

Run Date: 08/27/2014  
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MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

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      | 12,090,684.74 | ADJUSTMENTS         | 387,880.00   |
| COVERED CHARGES    | 10,183,867.15 | CONTRACTUAL ALLOW   | 8,146,520.26 |
| NON-COVERD CHARGES | 1,906,817.59  | TOTAL MEDICAID LIAB | 2,037,346.89 |
|                    |               | LESS: COB           | 5,820.42     |
|                    |               | LESS: COPAYMENT     | 3,363.10     |
|                    |               | REIMBURSEMENT       | 2,028,163.37 |
|                    |               | ALL OTHER           | 1,923,757.32 |
|                    |               | FEE SCHEDULE-LAB    | 93,405.55    |
|                    |               | INJECTABLE DRUGS    | 11,000.50    |

TOTAL NUMBER OF CLAIMS 3,589

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 440.16          | 261,659.62         | OTHER LAB                | 204,861.97      | 4,996.46           |
| MED/SURG SUPPLY       | 128,691.42      | 20,880.42          | RECREATIONAL THERAPY     | 0.00            | 0.00               |
| LABORATORY-GENERAL    | 0.00            | 262.05             | EDUCATION & TRAINING     | 0.00            | 0.00               |
| RADIOLOGY-DIAGNOSTIC  | 478,177.52      | 14,383.95          | OTHER THERAPEUTIC SVC    | 0.00            | 97,894.76          |
| CT SCAN               | 972,543.80      | 695,733.35         | SPECIAL CHARGES          | 0.00            | 0.00               |
| PHYSICAL THERAPY      | 1,980.00        | 3,464.32           | FEE SCHEDULE LAB         | 1,298,734.97    | 349,459.34         |
| EKG/ECG               | 188,442.36      | 6,859.57           | MRI SERVICES             | 400,037.96      | 19,754.24          |
| IV THERAPY            | 19,222.47       | 1,584.87           | PROFESSIONAL FEES        | 0.00            | 0.00               |
| OPERATING ROOM        | 420,543.49      | 153,323.57         | DURABLE MED. EQUIP.      | 0.00            | 0.00               |
| LABOR/DELIVERY ROOM   | 0.00            | 0.00               | REHAB THERAPY            | 0.00            | 0.00               |
| RESPIRATORY SERVICES  | 26,118.79       | 15,516.83          | FREE STANDING CLINIC     | 0.00            | 0.00               |
| ANESTHESIA            | 470,373.13      | 0.00               | AMBULANCE                | 0.00            | 0.00               |
| GI SERVICES           | 250,474.32      | 31,139.57          | CAST ROOM                | 0.00            | 0.00               |
| EMERGENCY ROOM        | 3,771,190.67    | 35,114.59          | SPECIAL SERVICES         | 0.00            | 0.00               |
| RECOVERY ROOM         | 360,407.70      | 0.00               | DRUG-SPECIFIC/HOME IV    | 0.00            | 0.00               |
| LABORATORY PATHOLOGIC | 0.00            | 0.00               | INJECTABLE DRUGS         | 242,301.09      | 100,035.53         |
| 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            | 2,485.82           | 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            | 1,241.48           | TRAUMA RESPONSE          | 0.00            | 0.00               |
| PSYCHIATRIC SERVICES  | 0.00            | 0.00               | IMPL DEV CHARGE PATIENTS | 2,108.54        | 52,973.13          |
| LITHOTRIPSY           | 0.00            | 0.00               | NO CC/INVALID REV CODE   | 0.00            | 0.00               |
| OTHER IMAGING SERVICE | 403,014.09      | 7,988.52           |                          |                 |                    |
| BLOOD                 | 0.00            | 0.00               |                          |                 |                    |
| BLOOD STORAGE & PRO.  | 4,320.08        | 3,509.37           |                          |                 |                    |
| ONCOLOGY              | 0.00            | 0.00               |                          |                 |                    |
| NUCLEAR MEDICINE      | 155,918.62      | 24,344.92          |                          |                 |                    |
| AUDIOLOGY             | 0.00            | 0.00               |                          |                 |                    |
| CARDIOLOGY            | 181,841.45      | 0.00               |                          |                 |                    |
| AMBULATORY SURGERY    | 0.00            | 0.00               |                          |                 |                    |
| OSTEOPATHIC SERVICES  | 0.00            | 0.00               |                          |                 |                    |
| E E G                 | 3,493.35        | 0.00               |                          |                 |                    |
| ORGAN ACQUISITION     | 0.00            | 0.00               |                          |                 |                    |
| TREATMENT/OBSERV. RM  | 198,629.20      | 2,211.31           |                          |                 |                    |
|                       |                 |                    | TOTAL ANCILLARY          | 10,183,867.15   | 1,906,817.59       |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 0.00            | 0.00               |
|                       |                 |                    | TOTAL CHARGES            | 10,183,867.15   | 1,906,817.59       |

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: 08/27/2014  
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

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      | 34,036.05 | ADJUSTMENTS         | 0.00      |
| COVERED CHARGES    | 17,604.10 | CONTRACTUAL ALLOW   | 6,125.66  |
| NON-COVERD CHARGES | 16,431.95 | TOTAL MEDICAID LIAB | 11,478.44 |
|                    |           | LESS: COB           | 11,469.44 |
|                    |           | LESS: COPAYMENT     | 9.00      |
|                    |           | REIMBURSEMENT       | 0.00      |
|                    |           | ALL OTHER           | 0.00      |
|                    |           | FEE SCHEDULE-LAB    | 0.00      |
|                    |           | INJECTABLE DRUGS    | 0.00      |

TOTAL NUMBER OF CLAIMS 12

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

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 0.00            | 725.06             | 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  | 801.67          | 0.00               | OTHER THERAPEUTIC SVC    | 0.00            | 0.00               |
| CT SCAN               | 0.00            | 15,684.77          | SPECIAL CHARGES          | 0.00            | 0.00               |
| PHYSICAL THERAPY      | 0.00            | 0.00               | FEE SCHEDULE LAB         | 1,094.67        | 22.12              |
| EKG/ECG               | 472.67          | 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        | 12,763.44       | 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         | 511.37          | 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 | 1,960.28        | 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          | 17,604.10       | 16,431.95          |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 0.00            | 0.00               |
|                       |                 |                    | TOTAL CHARGES            | 17,604.10       | 16,431.95          |



Report : CLM-0808-0  
Process : CLMJ0800  
Location: CLMP8000

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

Run Date: 08/27/2014  
Run Time: 23:34:55  
Page: 9

MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

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      | 1,183,720.55 | ADJUSTMENTS            | 2,303.40     |
| COVERED CHARGES    | 1,053,207.58 | CONTRACTUAL ALLOW      | 1,010,917.01 |
| NON-COVERD CHARGES | 130,512.97   | TOTAL MEDICAID LIAB    | 42,290.57    |
|                    |              | LESS: COB              | 0.00         |
|                    |              | LESS: COPAYMENT        | 1,404.15     |
|                    |              | REIMBURSEMENT          | 40,886.42    |
|                    |              | TOTAL NUMBER OF CLAIMS | 756          |

SUMMARY TYPE V  
 OUTPATIENT PAID CLAIMS - FIXED FEE

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 186.14          | 16,809.11          | OTHER LAB                | 5,499.56        | 0.00               |
| MED/SURG SUPPLY       | 529.34          | 0.00               | RECREATIONAL THERAPY     | 0.00            | 0.00               |
| LABORATORY-GENERAL    | 0.00            | 0.00               | EDUCATION & TRAINING     | 0.00            | 0.00               |
| RADIOLOGY-DIAGNOSTIC  | 57,631.02       | 0.00               | OTHER THERAPEUTIC SVC    | 0.00            | 3,830.42           |
| CT SCAN               | 34,033.53       | 70,415.53          | SPECIAL CHARGES          | 0.00            | 0.00               |
| PHYSICAL THERAPY      | 0.00            | 0.00               | FEE SCHEDULE LAB         | 126,007.78      | 30,188.01          |
| EKG/ECG               | 21,766.24       | 472.67             | MRI SERVICES             | 0.00            | 0.00               |
| IV THERAPY            | 1,506.00        | 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  | 4,548.76        | 2,439.30           | 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        | 746,045.27      | 723.94             | 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         | 30,648.48       | 5,633.99           |
| 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 | 21,744.22       | 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  | 3,061.24        | 0.00               |                          |                 |                    |
|                       |                 |                    | TOTAL ANCILLARY          | 1,053,207.58    | 130,512.97         |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 0.00            | 0.00               |
|                       |                 |                    | TOTAL CHARGES            | 1,053,207.58    | 130,512.97         |



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

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

Run Date: 08/27/2014  
 Run Time: 23:35:31  
 Page: 12

SUMMARY TYPE VI

ZERO PAID OUTPATIENT PAID CLAIMS - FIXED FEE

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 0.00            | 0.00               | OTHER LAB                | 0.00            | 0.00               |
| MED/SURG SUPPLY       | 0.00            | 0.00               | RECREATIONAL THERAPY     | 0.00            | 0.00               |
| LABORATORY-GENERAL    | 0.00            | 0.00               | EDUCATION & TRAINING     | 0.00            | 0.00               |
| RADIOLOGY-DIAGNOSTIC  | 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        | 793.89          | 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         | 263.49          | 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          | 1,057.38        | 0.00               |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 0.00            | 0.00               |
|                       |                 |                    | TOTAL CHARGES            | 1,057.38        | 0.00               |

Report : CLM-0812-0  
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: 23:35:32  
Page: 13

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

MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

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      | 1,259,655.11 | ADJUSTMENTS            | 63,914.76  |
| COVERED CHARGES    | 1,124,851.35 | CONTRACTUAL ALLOW      | 972,346.23 |
| NON-COVERD CHARGES | 134,803.76   | TOTAL MEDICAID LIAB    | 152,505.12 |
|                    |              | LESS: COB              | 0.00       |
|                    |              | LESS: COPAYMENT        | 120.00     |
|                    |              | REIMBURSEMENT          | 152,385.12 |
|                    |              | TOTAL NUMBER OF CLAIMS | 31         |

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

MONROE HMA INC  
 2151 W SPRING ST  
 MONROE,GA 30655-3115

PROVIDER NUMBER  
 000020677A

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      | 0.00            | 15,847.53          | OTHER LAB                | 859.05          | 0.00               |
| MED/SURG SUPPLY       | 64,210.61       | 739.36             | RECREATIONAL THERAPY     | 0.00            | 0.00               |
| LABORATORY-GENERAL    | 0.00            | 0.00               | EDUCATION & TRAINING     | 0.00            | 0.00               |
| RADIOLOGY-DIAGNOSTIC  | 3,849.71        | 0.00               | OTHER THERAPEUTIC SVC    | 0.00            | 1,614.87           |
| CT SCAN               | 2,905.54        | 0.00               | SPECIAL CHARGES          | 0.00            | 0.00               |
| PHYSICAL THERAPY      | 0.00            | 344.52             | FEE SCHEDULE LAB         | 17,841.60       | 2,256.64           |
| EKG/ECG               | 2,720.78        | 0.00               | MRI SERVICES             | 0.00            | 0.00               |
| IV THERAPY            | 0.00            | 0.00               | PROFESSIONAL FEES        | 0.00            | 0.00               |
| OPERATING ROOM        | 424,856.15      | 74,305.26          | DURABLE MED. EQUIP.      | 0.00            | 0.00               |
| LABOR/DELIVERY ROOM   | 0.00            | 0.00               | REHAB THERAPY            | 0.00            | 0.00               |
| RESPIRATORY SERVICES  | 1,260.30        | 503.71             | FREE STANDING CLINIC     | 0.00            | 0.00               |
| ANESTHESIA            | 252,445.99      | 0.00               | AMBULANCE                | 0.00            | 0.00               |
| GI SERVICES           | 7,532.36        | 4,587.67           | CAST ROOM                | 0.00            | 0.00               |
| EMERGENCY ROOM        | 4,996.98        | 678.83             | SPECIAL SERVICES         | 0.00            | 0.00               |
| RECOVERY ROOM         | 112,752.75      | 0.00               | DRUG-SPECIFIC/HOME IV    | 0.00            | 0.00               |
| LABORATORY PATHOLOGIC | 0.00            | 0.00               | INJECTABLE DRUGS         | 22,973.64       | 11,587.62          |
| 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 | 24,313.51       | 22,337.75          |
| LITHOTRIPSY           | 168,649.60      | 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             | 173.02          | 0.00               |                          |                 |                    |
| CARDIOLOGY            | 5,603.39        | 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  | 6,906.37        | 0.00               |                          |                 |                    |
|                       |                 |                    | TOTAL ANCILLARY          | 1,124,851.35    | 134,803.76         |
|                       |                 |                    | TOTAL ACCOMODATIONS      | 0.00            | 0.00               |
|                       |                 |                    | TOTAL CHARGES            | 1,124,851.35    | 134,803.76         |

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: 08/27/2014  
Run Time: 23:35:36  
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

MONROE HMA INC  
2151 W SPRING ST  
MONROE,GA 30655-3115

PROVIDER NUMBER  
000020677A

|                 |          |         |          |
|-----------------|----------|---------|----------|
| 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 \*\*