

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: 08/23/2012  
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UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER 000001977A  
 PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	43,087,790.93	ADJUSTMENTS	2,246,673.23
COVERED CHARGES	42,786,659.66	CONTRACTUAL ALLOW	29,879,739.66
NON-COVERD CHARGES	301,131.27	TOTAL MEDICAID LIAB	12,906,920.00
		LESS: COB	225,386.70
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	12,681,533.30

TOTAL NUMBER OF ADMISSIONS 1,269

PART I - ACCOMODATIONS  
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	5,118		0	2,090,564.00		55,916.00
ROUTINE NURSERY	742		0	672,089.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	5,860		0	2,762,653.00		55,916.00
SPECIAL CARE SERVICES						
CCU	325		0	510,250.00		0.00
ICU	3,425		0	3,556,560.00		4,560.00
NICU	435		0	682,950.00		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	4,185		0	4,749,760.00		4,560.00
TOTAL ACCOMODATIONS	10,045		0	7,512,413.00		60,476.00

SUMMARY TYPE I  
 INPATIENT PAID CLAIMS

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 AUGUSTA,GA 30901-2612

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PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	7,621,070.15	15,562.95	OTHER LAB	213,109.00	0.00
MED/SURG SUPPLY	6,974,735.19	102,332.44	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	4,764,620.82	7,827.00	EDUCATION & TRAINING	2,245.00	0.00
RADIOLOGY-DIAGNOSTIC	1,227,442.00	11,914.00	OTHER THERAPEUTIC SVC	113,569.42	2,548.00
CT SCAN	1,280,759.00	2,377.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	268,036.00	0.00	FEE SCHEDULE LAB	0.00	0.00
EKG/ECG	277,429.00	229.00	MRI SERVICES	402,014.00	0.00
IV THERAPY	253,365.00	8,882.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	2,202,328.00	14,748.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	288,843.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,801,265.00	9,334.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	162,744.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	233,359.00	0.00	CAST ROOM	386.00	0.00
EMERGENCY ROOM	756,045.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	148,975.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	193,280.00	0.00	INJECTABLE DRUGS	3,490,713.58	1,209.88
RADIOLOGY THERAPEUTIC	6,000.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	79,605.00	0.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	115,555.00	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	165.00	4,454.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	250,245.00	52,087.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	375,820.50	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	140,727.00	0.00			
AUDIOLOGY	21,777.00	228.00			
CARDIOLOGY	1,305,904.00	1,998.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	23,295.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	278,820.00	4,924.00			
			TOTAL ANCILLARY	35,274,246.66	240,655.27
			TOTAL ACCOMODATIONS	7,512,413.00	60,476.00
			TOTAL CHARGES	42,786,659.66	301,131.27

Report : CLM-0802-0  
 Process : CLMJ0800  
 Location: CLMP8000

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

Run Date: 08/23/2012  
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SUMMARY TYPE II  
 ZERO PAID INPATIENT PAID CLAIMS

UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
 AUGUSTA, GA 30901-2612

PROVIDER NUMBER  
 000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	238,634.07	ADJUSTMENTS	0.00
COVERED CHARGES	231,951.41	CONTRACTUAL ALLOW	113,455.65
NON-COVERD CHARGES	6,682.66	TOTAL MEDICAID LIAB	118,495.76
		LESS: COB	118,495.76
		LESS: COPAYMENT	0.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF ADMISSIONS	16

PART I - ACCOMODATIONS  
 MEDICAID DAYS AND CHARGES

	COVERED	DAYS	NONCOVERED	COVERED	CHARGES	NONCOVERED
ROUTINE SERVICES						
ROUTINE CARE	44		0	23,104.00		1,536.00
ROUTINE NURSERY	3		0	3,471.00		0.00
SWING BED	0		0	0.00		0.00
LEAVE OF ABSENCE	0		0	0.00		0.00
TOTAL ROUTINE	47		0	26,575.00		1,536.00
SPECIAL CARE SERVICES						
CCU	0		0	0.00		0.00
ICU	3		0	2,820.00		0.00
NICU	4		0	6,280.00		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	7		0	9,100.00		0.00
TOTAL ACCOMODATIONS	54		0	35,675.00		1,536.00

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 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	45,269.45	637.66	OTHER LAB	552.00	0.00
MED/SURG SUPPLY	47,078.02	1,440.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	27,773.00	389.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	234.00	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	2,177.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	15,822.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	31,233.00	2,418.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	0.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	2,448.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	947.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	2,419.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	1,804.00	262.00	INJECTABLE DRUGS	15,441.94	0.00
RADIOLOGY THERAPEUTIC	0.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	519.00	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	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIPSY	0.00	0.00			
OTHER IMAGING SERVICE	1,096.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	468.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	266.00	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	729.00	0.00			
			TOTAL ANCILLARY	196,276.41	5,146.66
			TOTAL ACCOMODATIONS	35,675.00	1,536.00
			TOTAL CHARGES	231,951.41	6,682.66

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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UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	12,888,454.90	ADJUSTMENTS	602,145.73
COVERED CHARGES	12,032,951.03	CONTRACTUAL ALLOW	9,253,529.04
NON-COVERD CHARGES	855,503.87	TOTAL MEDICAID LIAB	2,779,421.99
		LESS: COB	12,024.08
		LESS: COPAYMENT	10,663.57
		REIMBURSEMENT	2,756,734.34
		ALL OTHER	2,352,520.46
		FEE SCHEDULE-LAB	310,553.28
		INJECTABLE DRUGS	93,660.60

TOTAL NUMBER OF CLAIMS 9,402

UNIVERSITY HOSPITAL  
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 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	753,465.37	1,980.29	OTHER LAB	178,794.00	0.00
MED/SURG SUPPLY	1,505,476.68	5,491.68	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	32.00	EDUCATION & TRAINING	0.00	2,873.00
RADIOLOGY-DIAGNOSTIC	657,253.00	9,288.00	OTHER THERAPEUTIC SVC	17.00	0.00
CT SCAN	1,206,283.00	47,915.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	4,368.00	2,851.00	FEE SCHEDULE LAB	1,766,931.07	403,611.30
EKG/ECG	224,156.00	0.00	MRI SERVICES	303,610.00	8,799.00
IV THERAPY	259,113.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	568,221.84	88,052.16	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	66,347.00	0.00	REHAB THERAPY	50.00	170.00
RESPIRATORY SERVICES	173,222.00	27,951.00	FREE STANDING CLINIC	352.00	0.00
ANESTHESIA	70,134.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	131,300.00	11,328.00	CAST ROOM	4,842.00	0.00
EMERGENCY ROOM	1,819,657.00	1,869.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	112,492.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	595,177.07	123,864.44
RADIOLOGY THERAPEUTIC	7,414.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	9,407.00	1,702.00	HOSPICE SERVICES	0.00	0.00
SPEECH PATHOLOGY	966.00	2,898.00	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	180,371.00	14,687.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	172.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	273,579.00	8,530.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	22,490.00	576.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	184,350.00	0.00			
AUDIOLOGY	1,718.00	0.00			
CARDIOLOGY	346,062.00	88,588.00			
AMBULATORY SURGERY	0.00	0.00			
OSTEOPATHIC SERVICES	0.00	0.00			
E E G	14,529.00	0.00			
ORGAN ACQUISITION	0.00	0.00			
TREATMENT/OBSERV. RM	590,803.00	2,275.00			
			TOTAL ANCILLARY	12,032,951.03	855,503.87
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	12,032,951.03	855,503.87

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: 08/23/2012  
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UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
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PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
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
8294	5911285000830	03/08/11 - 03/08/11	10/17/11	0.00	32.00	0.00	0.00	0.00
9921	5912110001092	12/15/11 - 12/15/11	04/23/12	0.00	140.00	0.00	0.00	0.00
TOTAL				0.00	172.00	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

Run Date: 08/23/2012  
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ZERO PAID OUTPATIENT PAID CLAIMS - % OF CHARGES

UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

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000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	118,125.09	ADJUSTMENTS	0.00
COVERED CHARGES	96,170.04	CONTRACTUAL ALLOW	60,007.17
NON-COVERD CHARGES	21,955.05	TOTAL MEDICAID LIAB	36,162.87
		LESS: COB	36,093.24
		LESS: COPAYMENT	69.63
		REIMBURSEMENT	0.00
		ALL OTHER	0.00
		FEE SCHEDULE-LAB	0.00
		INJECTABLE DRUGS	0.00

TOTAL NUMBER OF CLAIMS 77



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

UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
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 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	6,985.02	288.74	OTHER LAB	750.00	0.00
MED/SURG SUPPLY	13,571.81	0.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	157.00
RADIOLOGY-DIAGNOSTIC	7,163.00	0.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	3,407.00	8,050.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	352.00	FEE SCHEDULE LAB	16,859.00	3,728.00
EKG/ECG	1,832.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	1,860.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	9,076.00	5,838.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	1,356.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	131.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	1,602.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	16,675.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	3,238.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	2,063.21	2,598.31
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	792.00	0.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	1,616.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,268.00	0.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	0.00	0.00			
AUDIOLOGY	0.00	943.00			
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	5,925.00	0.00			
			TOTAL ANCILLARY	96,170.04	21,955.05
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	96,170.04	21,955.05

Report : CLM-0808-0  
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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: 08/23/2012  
Run Time: 19:39:43  
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UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

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PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	410,415.34	ADJUSTMENTS	1,164.67
COVERED CHARGES	395,488.77	CONTRACTUAL ALLOW	360,358.45
NON-COVERD CHARGES	14,926.57	TOTAL MEDICAID LIAB	35,130.32
		LESS: COB	36.00
		LESS: COPAYMENT	1,380.11
		REIMBURSEMENT	33,714.21
		TOTAL NUMBER OF CLAIMS	628

SUMMARY TYPE V  
 OUTPATIENT PAID CLAIMS - FIXED FEE

UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
 AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
 000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	12,479.28	106.78	OTHER LAB	870.00	0.00
MED/SURG SUPPLY	26,544.32	239.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	0.00	EDUCATION & TRAINING	0.00	628.00
RADIOLOGY-DIAGNOSTIC	24,258.00	570.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	16,879.00	1,496.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	0.00	FEE SCHEDULE LAB	36,764.80	10,220.60
EKG/ECG	5,496.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	6,033.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	1,398.00	0.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	1,167.00	106.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	132.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	0.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	205,571.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	465.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	23,602.37	611.19
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	388.00	949.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	520.00	0.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	1,056.00	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	31,865.00	0.00			
			TOTAL ANCILLARY	395,488.77	14,926.57
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	395,488.77	14,926.57

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

UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	605.52	ADJUSTMENTS	0.00
COVERED CHARGES	605.52	CONTRACTUAL ALLOW	602.52
NON-COVERD CHARGES	0.00	TOTAL MEDICAID LIAB	3.00
		LESS: COB	0.00
		LESS: COPAYMENT	3.00
		REIMBURSEMENT	0.00
		TOTAL NUMBER OF CLAIMS	1

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

UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
 AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
 000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	345.00	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	95.52	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	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	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	165.00	0.00			
			TOTAL ANCILLARY	605.52	0.00
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	605.52	0.00

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

GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
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SUMMARY TYPE VII  
OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
SERVICE DATES 01/01/11 THROUGH 12/31/11  
ADMISSION DATES 00/00/00 THROUGH 00/00/00

-----CHARGES-----		-----PAYMENTS-----	
TOTAL CHARGES	2,093,799.71	ADJUSTMENTS	153,069.79
COVERED CHARGES	1,882,877.15	CONTRACTUAL ALLOW	1,613,521.57
NON-COVERD CHARGES	210,922.56	TOTAL MEDICAID LIAB	269,355.58
		LESS: COB	0.00
		LESS: COPAYMENT	225.65
		REIMBURSEMENT	269,129.93

TOTAL NUMBER OF CLAIMS 51

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

UNIVERSITY HOSPITAL  
 1350 WALTON WAY  
 AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
 000001977A

PAYMENT DATES 01/01/11 THROUGH 08/14/12  
 SERVICE DATES 01/01/11 THROUGH 12/31/11  
 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	55,263.18	0.00	OTHER LAB	399.00	0.00
MED/SURG SUPPLY	808,961.15	4,568.00	RECREATIONAL THERAPY	0.00	0.00
LABORATORY-GENERAL	0.00	129.00	EDUCATION & TRAINING	0.00	0.00
RADIOLOGY-DIAGNOSTIC	50,747.00	7,809.00	OTHER THERAPEUTIC SVC	0.00	0.00
CT SCAN	9,210.00	3,628.00	SPECIAL CHARGES	0.00	0.00
PHYSICAL THERAPY	0.00	686.00	FEE SCHEDULE LAB	27,882.90	7,831.60
EKG/ECG	13,511.00	0.00	MRI SERVICES	0.00	0.00
IV THERAPY	10,183.00	0.00	PROFESSIONAL FEES	0.00	0.00
OPERATING ROOM	310,312.00	63,643.00	DURABLE MED. EQUIP.	0.00	0.00
LABOR/DELIVERY ROOM	0.00	0.00	REHAB THERAPY	0.00	0.00
RESPIRATORY SERVICES	55.00	0.00	FREE STANDING CLINIC	0.00	0.00
ANESTHESIA	6,570.00	0.00	AMBULANCE	0.00	0.00
GI SERVICES	825.00	0.00	CAST ROOM	0.00	0.00
EMERGENCY ROOM	2,841.00	0.00	SPECIAL SERVICES	0.00	0.00
RECOVERY ROOM	5,095.00	0.00	DRUG-SPECIFIC/HOME IV	0.00	0.00
LABORATORY PATHOLOGIC	0.00	0.00	INJECTABLE DRUGS	175,586.92	46,132.96
RADIOLOGY THERAPEUTIC	1,579.00	0.00	HOME HEALTH SERVICES	0.00	0.00
OCCUPATIONAL THERAPY	0.00	222.00	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	495.00	TRAUMA RESPONSE	0.00	0.00
PSYCHIATRIC SERVICES	0.00	0.00	NO CC/INVALID REV CODE	0.00	0.00
LITHOTRIpsy	0.00	0.00			
OTHER IMAGING SERVICE	2,650.00	4,844.00			
BLOOD	0.00	0.00			
BLOOD STORAGE & PRO.	468.00	588.00			
ONCOLOGY	0.00	0.00			
NUCLEAR MEDICINE	4,216.00	0.00			
AUDIOLOGY	0.00	0.00			
CARDIOLOGY	365,388.00	68,717.00			
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	31,134.00	1,629.00			
			TOTAL ANCILLARY	1,882,877.15	210,922.56
			TOTAL ACCOMODATIONS	0.00	0.00
			TOTAL CHARGES	1,882,877.15	210,922.56

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: 08/23/2012  
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ZERO PAID OUTPATIENT PAID CLAIMS - LIMITED TO PER CASE RATE

UNIVERSITY HOSPITAL  
1350 WALTON WAY  
AUGUSTA,GA 30901-2612

PROVIDER NUMBER  
000001977A

PAYMENT DATES	01/01/11	THROUGH	08/14/12
SERVICE DATES	01/01/11	THROUGH	12/31/11
ADMISSION DATES	00/00/00	THROUGH	00/00/00

\*\* NO DATA \*\*

\*\* END OF REPORT \*\*