



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2022 Positron Emission Tomography (PET) Services Survey**

**Part A : General Information**

**1. Identification**

**UID:HOSP916**

**Facility Name:** Southeastern Regional Medical Center, Inc.

**County:** Coweta

**Street Address:** 600 Celebrate Life Parkway

**City:** Newnan

**Zip:** 30265

**Mailing Address:** 600 Celebrate Life Parkway

**Mailing City:** Newnan

**Mailing Zip:** 30265

**Medicaid Provider Number:** 003136026A

**Medicare Provider Number:** 11-0233

**2. Report Period**

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year. ☐

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

**Part B : Survey Contact Information**

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Jonathan E. Watkins

**Contact Title:** Chief Executive Officer

**Phone:** 770-400-6689

**Fax:** 470-241-7284

**E-mail:** jonathan.watkins@coh.org

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

#### A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southeastern Regional Medical Center, Inc	Not for Profit	10/01/2022

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

### 2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period. ☒

If checked, please explain in the box below and include effective dates.

Effective 2/1/2022, City of Hope Hold Co. acquired the ownership interest of Southeastern Regional Medical Center, Inc.

#### 3a. Type of PET Authorization (Select one only.)

Fixed-Based PET CON

#### 3b. Certificate of Need Project Number

Please enter the Certificate of Need project number.

**3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)****Part D : PET Imaging Services Technology and volume by Diagnostic Type****1. Manufacturer and Model**

Please document the manufacturer and model of PET equipment and select PET only or PET/CT Hybrid Unit. NOTE: IF you have more than one scanner, please complete one survey for each machine.

PET / CT Hybrid Unit

GE Discovery 600 Siemens Biograph mCT

**2. Patients and Scans for PET Imaging Services**

Please report the patients and scans for PET imaging services during the reporting period by the patient's primary diagnostic area. Please provide unduplicated patient counts within each of the three subgroups. The sum total of all patients for all three diagnostic areas (automatically calculated by the web page) may include some duplication.

Oncology Patients	Number of Patients	Total Number of Scans	Follow Up Scans
Lung and Bronchus Cancers	136	309	173
Colon and Rectal Cancers	251	557	306
Lymphoma Cancers	90	258	168
Melanoma Cancers	40	136	96
Esophageal Cancers	23	62	39
Head and Neck Cancers	132	341	209
Breast Cancers	406	1,211	805
Other Cancers	388	935	547
<b>Total</b>	<b>1,466</b>	<b>3,809</b>	<b>2,343</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## Part E : PET Services Financial Summary and Patient Demographics

### **1. Patients by Primary Payment Source**

Please report the total number of patients (unduplicated) receiving PET services by primary payment source.

Primary Payment Source	Number of Patients (unduplicated)
Medicare	607
Medicaid	29
Third-Party	829
Self-Pay	1
<b>Total</b>	<b>1,466</b>

### **2. Total Charges and Adjusted Gross Revenue**

Please report the total charges and adjusted gross revenues for PET services.

Total Charges	Adjusted Gross Revenue
24,944,341	19,152,860

### **3. Total Uncompensated Charges and I/C Patients**

Please report the total amount of uncompensated PET services charges that can be attributed to persons who are indigent or eligible for charity care. Also provide the number of I/C patients in the PET program.

Total Uncompensated Charges	I/C Patients
202,077	129

### **4. Average Treatment Charge**

What is your program's average treatment charge for a PET scan or study (one patient visit regardless of number of images)?

6,549

### **5. Patients by Race/Ethnicity**

Please report the number of patient served during the entire report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	2
Black/African American	547
Hispanic/Latino	0
Pacific Islander/Hawaiian	2
White	839
Multi-Racial	76
<b>Total</b>	<b>1,466</b>

### **6. Patients by Age Group and Gender**

Please report the number of patients served during the entire report period by the gender and age

grouping below.

Age Group	Male	Female
Ages 0-14	0	0
Ages 15-64	285	664
Ages 65-74	145	233
Ages 75-85	53	68
Ages 85 and Up	4	14
<b>Total</b>	<b>487</b>	<b>979</b>

## 7. Participation in Reporting

Does your facility/service participate in and report to the Georgia Comprehensive Cancer Registry? (check box for YES, leave unchecked for NO) ☒

## 8. Days and Hours of Operation

Please indicate the days and hours of operation for your program's PET services.

Mon Tue Wed Thurs Fri Sat Sun  
☒ ☒ ☒ ☒ ☒ ☐ ☐

**Hours of Operation:** 7:00 until 5:00

## 9. Total Number of Days that PET Scans Were Offered

Please report the total number of days that PET scans were offered during the report period.

Total Days PET Scans Offered
255

## Part F : Mobile PET Services

### 1. Mobile PET Services- (For mobile vendors holding a CON to provide PET services.)

Please report each location served during the reporting period and the number of days of services provided at each location for each month. If your PET service is fixed-based, or your facility holds a CON for mobile PET services under contract, continue with Part G.

Site Name	Site County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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## Part G : Patient Origin Table (Must be completed by all providers)

### 1. Patient Origin by County

Please report the county of origin for patients served by your PET program during the report period. Note to Mobile PET Providers who hold a CON: You must complete this section for every site visit location. Please select from the list of site visit locations(s) provided above.

Name	County	Patients Served	Patient County
Southeastern Regional Medical Center. LLC	Coweta	215	Alabama
Southeastern Regional Medical Center. LLC	Coweta	3	Baldwin
Southeastern Regional Medical Center. LLC	Coweta	2	Barrow
Southeastern Regional Medical Center. LLC	Coweta	4	Bartow
Southeastern Regional Medical Center. LLC	Coweta	3	Ben Hill
Southeastern Regional Medical Center. LLC	Coweta	1	Berrien
Southeastern Regional Medical Center. LLC	Coweta	7	Bibb
Southeastern Regional Medical Center. LLC	Coweta	1	Bleckley
Southeastern Regional Medical Center. LLC	Coweta	1	Bryan
Southeastern Regional Medical Center. LLC	Coweta	1	Burke
Southeastern Regional Medical Center. LLC	Coweta	5	Butts
Southeastern Regional Medical Center. LLC	Coweta	1	Calhoun
Southeastern Regional Medical Center. LLC	Coweta	38	Carroll
Southeastern Regional Medical Center. LLC	Coweta	2	Chatham
Southeastern Regional Medical Center. LLC	Coweta	1	Chattooga
Southeastern Regional Medical Center. LLC	Coweta	8	Cherokee
Southeastern Regional Medical Center. LLC	Coweta	18	Clayton
Southeastern Regional Medical Center. LLC	Coweta	41	Cobb
Southeastern Regional Medical Center. LLC	Coweta	1	Coffee
Southeastern Regional Medical Center. LLC	Coweta	1	Colquitt
Southeastern Regional Medical Center. LLC	Coweta	4	Columbia
Southeastern Regional Medical Center. LLC	Coweta	72	Coweta
Southeastern Regional Medical Center. LLC	Coweta	1	Crisp
Southeastern Regional Medical Center. LLC	Coweta	1	Dade
Southeastern Regional Medical Center. LLC	Coweta	3	Dawson
Southeastern Regional Medical Center. LLC	Coweta	39	DeKalb
Southeastern Regional Medical Center. LLC	Coweta	5	Dodge
Southeastern Regional Medical Center. LLC	Coweta	1	Dooly
Southeastern Regional Medical Center. LLC	Coweta	4	Dougherty
Southeastern Regional Medical Center. LLC	Coweta	21	Douglas
Southeastern Regional Medical Center. LLC	Coweta	1	Early
Southeastern Regional Medical Center. LLC	Coweta	2	Effingham
Southeastern Regional Medical Center. LLC	Coweta	1	Elbert
Southeastern Regional Medical Center. LLC	Coweta	1	Emanuel
Southeastern Regional Medical Center. LLC	Coweta	1	Evans
Southeastern Regional Medical Center. LLC	Coweta	29	Fayette
Southeastern Regional Medical Center. LLC	Coweta	80	Florida

Southeastern Regional Medical Center. LLC	Coweta	6	Floyd
Southeastern Regional Medical Center. LLC	Coweta	9	Forsyth
Southeastern Regional Medical Center. LLC	Coweta	1	Franklin
Southeastern Regional Medical Center. LLC	Coweta	57	Fulton
Southeastern Regional Medical Center. LLC	Coweta	2	Gordon
Southeastern Regional Medical Center. LLC	Coweta	2	Greene
Southeastern Regional Medical Center. LLC	Coweta	35	Gwinnett
Southeastern Regional Medical Center. LLC	Coweta	2	Habersham
Southeastern Regional Medical Center. LLC	Coweta	11	Hall
Southeastern Regional Medical Center. LLC	Coweta	3	Hancock
Southeastern Regional Medical Center. LLC	Coweta	4	Haralson
Southeastern Regional Medical Center. LLC	Coweta	12	Harris
Southeastern Regional Medical Center. LLC	Coweta	3	Hart
Southeastern Regional Medical Center. LLC	Coweta	4	Heard
Southeastern Regional Medical Center. LLC	Coweta	59	Henry
Southeastern Regional Medical Center. LLC	Coweta	23	Houston
Southeastern Regional Medical Center. LLC	Coweta	1	Irwin
Southeastern Regional Medical Center. LLC	Coweta	3	Jackson
Southeastern Regional Medical Center. LLC	Coweta	2	Jeff Davis
Southeastern Regional Medical Center. LLC	Coweta	1	Johnson
Southeastern Regional Medical Center. LLC	Coweta	4	Jones
Southeastern Regional Medical Center. LLC	Coweta	5	Lamar
Southeastern Regional Medical Center. LLC	Coweta	2	Laurens
Southeastern Regional Medical Center. LLC	Coweta	1	Lumpkin
Southeastern Regional Medical Center. LLC	Coweta	1	Macon
Southeastern Regional Medical Center. LLC	Coweta	3	Madison
Southeastern Regional Medical Center. LLC	Coweta	8	Meriwether
Southeastern Regional Medical Center. LLC	Coweta	2	Mitchell
Southeastern Regional Medical Center. LLC	Coweta	1	Monroe
Southeastern Regional Medical Center. LLC	Coweta	1	Montgomery
Southeastern Regional Medical Center. LLC	Coweta	1	Morgan
Southeastern Regional Medical Center. LLC	Coweta	1	Murray
Southeastern Regional Medical Center. LLC	Coweta	24	Muscogee
Southeastern Regional Medical Center. LLC	Coweta	14	Newton
Southeastern Regional Medical Center. LLC	Coweta	59	North Carolina
Southeastern Regional Medical Center. LLC	Coweta	1	Oglethorpe
Southeastern Regional Medical Center. LLC	Coweta	208	Other Out of State
Southeastern Regional Medical Center. LLC	Coweta	7	Paulding
Southeastern Regional Medical Center. LLC	Coweta	3	Peach
Southeastern Regional Medical Center. LLC	Coweta	1	Pickens
Southeastern Regional Medical Center. LLC	Coweta	9	Pike
Southeastern Regional Medical Center. LLC	Coweta	6	Polk
Southeastern Regional Medical Center. LLC	Coweta	2	Pulaski
Southeastern Regional Medical Center. LLC	Coweta	1	Putnam

Southeastern Regional Medical Center. LLC	Coweta	1	Randolph
Southeastern Regional Medical Center. LLC	Coweta	4	Richmond
Southeastern Regional Medical Center. LLC	Coweta	12	Rockdale
Southeastern Regional Medical Center. LLC	Coweta	57	South Carolina
Southeastern Regional Medical Center. LLC	Coweta	30	Spalding
Southeastern Regional Medical Center. LLC	Coweta	2	Talbot
Southeastern Regional Medical Center. LLC	Coweta	2	Tattnall
Southeastern Regional Medical Center. LLC	Coweta	1	Taylor
Southeastern Regional Medical Center. LLC	Coweta	3	Telfair
Southeastern Regional Medical Center. LLC	Coweta	48	Tennessee
Southeastern Regional Medical Center. LLC	Coweta	2	Thomas
Southeastern Regional Medical Center. LLC	Coweta	2	Tift
Southeastern Regional Medical Center. LLC	Coweta	1	Toombs
Southeastern Regional Medical Center. LLC	Coweta	1	Treutlen
Southeastern Regional Medical Center. LLC	Coweta	28	Troup
Southeastern Regional Medical Center. LLC	Coweta	1	Turner
Southeastern Regional Medical Center. LLC	Coweta	1	Union
Southeastern Regional Medical Center. LLC	Coweta	21	Upson
Southeastern Regional Medical Center. LLC	Coweta	4	Walker
Southeastern Regional Medical Center. LLC	Coweta	11	Walton
Southeastern Regional Medical Center. LLC	Coweta	4	Washington
Southeastern Regional Medical Center. LLC	Coweta	2	White
Southeastern Regional Medical Center. LLC	Coweta	3	Wilcox
<b>Total</b>		<b>1,466</b>	



## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

*I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.*

**Authorized Signature:**

**Date:** 05/05/2023

**Title:**

**Comments:**