



2023 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, 2023 through December 31, 2023.

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@ctca-hope.com

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
City of Hope	Not for Profit	02/01/2022

C. Facility Operator

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

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	NA	

E. Management Contractor

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

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	NA	

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.

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.

2009047

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	184	412	232
Colon and Rectal Cancers	296	634	344
Lymphoma Cancers	131	320	187
Melanoma Cancers	74	227	149
Esophageal Cancers	31	69	39
Head and Neck Cancers	142	342	200
Breast Cancers	406	1,171	755
Other Cancers	461	1,012	556
Total	1,725	4,187	2,462

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	0	0
Total	0	0

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

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	0	0
Total	0	0

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	783
Medicaid	15
Third-Party	926
Self-Pay	1
Total	1,725

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
28,778,261	20,397,395

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
287,895	24

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)?

6,873

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	3
Asian	4
Black/African American	621
Hispanic/Latino	12
Pacific Islander/Hawaiian	1
White	989
Multi-Racial	95
Total	1,725

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	320	638
Ages 65-74	248	279
Ages 75-85	94	115
Ages 85 and Up	16	15
Total	678	1,047

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: 6:30 am until 5:30 pm

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
248

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 loacation 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	243	Alabama
Southeastern Regional Medical Center. LLC	Coweta	5	Baldwin
Southeastern Regional Medical Center. LLC	Coweta	2	Banks
Southeastern Regional Medical Center. LLC	Coweta	3	Barrow
Southeastern Regional Medical Center. LLC	Coweta	6	Bartow
Southeastern Regional Medical Center. LLC	Coweta	1	Ben Hill
Southeastern Regional Medical Center. LLC	Coweta	3	Berrien
Southeastern Regional Medical Center. LLC	Coweta	9	Bibb
Southeastern Regional Medical Center. LLC	Coweta	4	Bleckley
Southeastern Regional Medical Center. LLC	Coweta	1	Bryan
Southeastern Regional Medical Center. LLC	Coweta	1	Burke
Southeastern Regional Medical Center. LLC	Coweta	12	Butts
Southeastern Regional Medical Center. LLC	Coweta	2	Calhoun
Southeastern Regional Medical Center. LLC	Coweta	50	Carroll
Southeastern Regional Medical Center. LLC	Coweta	1	Catoosa
Southeastern Regional Medical Center. LLC	Coweta	3	Chatham
Southeastern Regional Medical Center. LLC	Coweta	1	Chattahoochee
Southeastern Regional Medical Center. LLC	Coweta	2	Chattooga
Southeastern Regional Medical Center. LLC	Coweta	17	Cherokee
Southeastern Regional Medical Center. LLC	Coweta	2	Clarke
Southeastern Regional Medical Center. LLC	Coweta	30	Clayton
Southeastern Regional Medical Center. LLC	Coweta	40	Cobb
Southeastern Regional Medical Center. LLC	Coweta	2	Coffee
Southeastern Regional Medical Center. LLC	Coweta	4	Colquitt
Southeastern Regional Medical Center. LLC	Coweta	6	Columbia
Southeastern Regional Medical Center. LLC	Coweta	111	Coweta
Southeastern Regional Medical Center. LLC	Coweta	2	Crisp
Southeastern Regional Medical Center. LLC	Coweta	1	Dade
Southeastern Regional Medical Center. LLC	Coweta	1	Dawson
Southeastern Regional Medical Center. LLC	Coweta	48	DeKalb
Southeastern Regional Medical Center. LLC	Coweta	3	Dodge
Southeastern Regional Medical Center. LLC	Coweta	6	Dougherty
Southeastern Regional Medical Center. LLC	Coweta	25	Douglas
Southeastern Regional Medical Center. LLC	Coweta	1	Effingham
Southeastern Regional Medical Center. LLC	Coweta	2	Emanuel
Southeastern Regional Medical Center. LLC	Coweta	2	Fannin
Southeastern Regional Medical Center. LLC	Coweta	50	Fayette

Southeastern Regional Medical Center. LLC	Coweta	72	Florida
Southeastern Regional Medical Center. LLC	Coweta	9	Floyd
Southeastern Regional Medical Center. LLC	Coweta	9	Forsyth
Southeastern Regional Medical Center. LLC	Coweta	2	Franklin
Southeastern Regional Medical Center. LLC	Coweta	76	Fulton
Southeastern Regional Medical Center. LLC	Coweta	2	Gilmer
Southeastern Regional Medical Center. LLC	Coweta	2	Glynn
Southeastern Regional Medical Center. LLC	Coweta	1	Gordon
Southeastern Regional Medical Center. LLC	Coweta	1	Grady
Southeastern Regional Medical Center. LLC	Coweta	1	Greene
Southeastern Regional Medical Center. LLC	Coweta	36	Gwinnett
Southeastern Regional Medical Center. LLC	Coweta	3	Habersham
Southeastern Regional Medical Center. LLC	Coweta	4	Hall
Southeastern Regional Medical Center. LLC	Coweta	5	Haralson
Southeastern Regional Medical Center. LLC	Coweta	17	Harris
Southeastern Regional Medical Center. LLC	Coweta	1	Hart
Southeastern Regional Medical Center. LLC	Coweta	3	Heard
Southeastern Regional Medical Center. LLC	Coweta	70	Henry
Southeastern Regional Medical Center. LLC	Coweta	15	Houston
Southeastern Regional Medical Center. LLC	Coweta	1	Jackson
Southeastern Regional Medical Center. LLC	Coweta	2	Jasper
Southeastern Regional Medical Center. LLC	Coweta	1	Jeff Davis
Southeastern Regional Medical Center. LLC	Coweta	7	Jones
Southeastern Regional Medical Center. LLC	Coweta	6	Lamar
Southeastern Regional Medical Center. LLC	Coweta	5	Laurens
Southeastern Regional Medical Center. LLC	Coweta	3	Lowndes
Southeastern Regional Medical Center. LLC	Coweta	2	Macon
Southeastern Regional Medical Center. LLC	Coweta	2	Madison
Southeastern Regional Medical Center. LLC	Coweta	1	Marion
Southeastern Regional Medical Center. LLC	Coweta	13	Meriwether
Southeastern Regional Medical Center. LLC	Coweta	5	Monroe
Southeastern Regional Medical Center. LLC	Coweta	2	Murray
Southeastern Regional Medical Center. LLC	Coweta	31	Muscogee
Southeastern Regional Medical Center. LLC	Coweta	14	Newton
Southeastern Regional Medical Center. LLC	Coweta	82	North Carolina
Southeastern Regional Medical Center. LLC	Coweta	1	Oglethorpe
Southeastern Regional Medical Center. LLC	Coweta	201	Other Out of State
Southeastern Regional Medical Center. LLC	Coweta	12	Paulding
Southeastern Regional Medical Center. LLC	Coweta	5	Peach
Southeastern Regional Medical Center. LLC	Coweta	12	Pike
Southeastern Regional Medical Center. LLC	Coweta	3	Polk
Southeastern Regional Medical Center. LLC	Coweta	1	Putnam
Southeastern Regional Medical Center. LLC	Coweta	2	Rabun
Southeastern Regional Medical Center. LLC	Coweta	3	Richmond

Southeastern Regional Medical Center. LLC	Coweta	7	Rockdale
Southeastern Regional Medical Center. LLC	Coweta	1	Seminole
Southeastern Regional Medical Center. LLC	Coweta	78	South Carolina
Southeastern Regional Medical Center. LLC	Coweta	22	Spalding
Southeastern Regional Medical Center. LLC	Coweta	1	Stewart
Southeastern Regional Medical Center. LLC	Coweta	2	Sumter
Southeastern Regional Medical Center. LLC	Coweta	3	Talbot
Southeastern Regional Medical Center. LLC	Coweta	2	Telfair
Southeastern Regional Medical Center. LLC	Coweta	48	Tennessee
Southeastern Regional Medical Center. LLC	Coweta	1	Terrell
Southeastern Regional Medical Center. LLC	Coweta	2	Thomas
Southeastern Regional Medical Center. LLC	Coweta	11	Tift
Southeastern Regional Medical Center. LLC	Coweta	3	Toombs
Southeastern Regional Medical Center. LLC	Coweta	39	Troup
Southeastern Regional Medical Center. LLC	Coweta	2	Turner
Southeastern Regional Medical Center. LLC	Coweta	3	Union
Southeastern Regional Medical Center. LLC	Coweta	26	Upson
Southeastern Regional Medical Center. LLC	Coweta	1	Walker
Southeastern Regional Medical Center. LLC	Coweta	12	Walton
Southeastern Regional Medical Center. LLC	Coweta	1	Ware
Southeastern Regional Medical Center. LLC	Coweta	4	Washington
Southeastern Regional Medical Center. LLC	Coweta	4	White
Southeastern Regional Medical Center. LLC	Coweta	2	Whitfield
Southeastern Regional Medical Center. LLC	Coweta	1	Wilcox
Southeastern Regional Medical Center. LLC	Coweta	1	Wilkinson
Total		1,725	

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: Jonathan E. Watkins

Date: 05/03/2024

Title: Chief Executive Officer

Comments: