



2024 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, 2024 through December 31, 2024.

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: President

Phone: 770-400-6689

Fax: 470-241-7284

E-mail: jowatkins@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
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	Not Applicable	

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	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.

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	210	665	388
Colon and Rectal Cancers	255	604	399
Lymphoma Cancers	141	390	262
Melanoma Cancers	81	283	157
Esophageal Cancers	26	69	40
Head and Neck Cancers	130	351	245
Breast Cancers	383	1,300	686
Other Cancers	509	1,205	605
Total	1,735	4,867	2,782

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	838
Medicaid	18
Third-Party	868
Self-Pay	11
Total	1,735

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
34,694,489	13,709,464

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
595,927	224

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)?

7,129

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	4
Asian	10
Black/African American	619
Hispanic/Latino	8
Pacific Islander/Hawaiian	2
White	1,002
Multi-Racial	90
Total	1,735

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	349	559
Ages 65-74	267	257
Ages 75-85	121	144
Ages 85 and Up	20	18
Total	757	978

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: 6:30am until 5:30pm

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 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, Inc.	Coweta	263	Alabama
Southeastern Regional Medical Center, Inc.	Coweta	4	Baldwin
Southeastern Regional Medical Center, Inc.	Coweta	5	Barrow
Southeastern Regional Medical Center, Inc.	Coweta	5	Bartow
Southeastern Regional Medical Center, Inc.	Coweta	3	Ben Hill
Southeastern Regional Medical Center, Inc.	Coweta	3	Clarke
Southeastern Regional Medical Center, Inc.	Coweta	37	Clayton
Southeastern Regional Medical Center, Inc.	Coweta	42	Cobb
Southeastern Regional Medical Center, Inc.	Coweta	1	Coffee
Southeastern Regional Medical Center, Inc.	Coweta	2	Colquitt
Southeastern Regional Medical Center, Inc.	Coweta	4	Columbia
Southeastern Regional Medical Center, Inc.	Coweta	132	Coweta
Southeastern Regional Medical Center, Inc.	Coweta	2	Crawford
Southeastern Regional Medical Center, Inc.	Coweta	1	Berrien
Southeastern Regional Medical Center, Inc.	Coweta	13	Bibb
Southeastern Regional Medical Center, Inc.	Coweta	1	Bleckley
Southeastern Regional Medical Center, Inc.	Coweta	2	Bryan
Southeastern Regional Medical Center, Inc.	Coweta	1	Bulloch
Southeastern Regional Medical Center, Inc.	Coweta	2	Burke
Southeastern Regional Medical Center, Inc.	Coweta	10	Butts
Southeastern Regional Medical Center, Inc.	Coweta	2	Calhoun
Southeastern Regional Medical Center, Inc.	Coweta	43	Carroll
Southeastern Regional Medical Center, Inc.	Coweta	1	Candler
Southeastern Regional Medical Center, Inc.	Coweta	13	Cherokee
Southeastern Regional Medical Center, Inc.	Coweta	1	Chattahoochee
Southeastern Regional Medical Center, Inc.	Coweta	2	Chatham
Southeastern Regional Medical Center, Inc.	Coweta	46	DeKalb
Southeastern Regional Medical Center, Inc.	Coweta	4	Dodge
Southeastern Regional Medical Center, Inc.	Coweta	2	Dooly
Southeastern Regional Medical Center, Inc.	Coweta	3	Dougherty
Southeastern Regional Medical Center, Inc.	Coweta	68	Florida
Southeastern Regional Medical Center, Inc.	Coweta	25	Douglas
Southeastern Regional Medical Center, Inc.	Coweta	2	Early
Southeastern Regional Medical Center, Inc.	Coweta	2	Effingham
Southeastern Regional Medical Center, Inc.	Coweta	1	Emanuel
Southeastern Regional Medical Center, Inc.	Coweta	1	Evans
Southeastern Regional Medical Center, Inc.	Coweta	1	Fannin

Southeastern Regional Medical Center, Inc.	Coweta	75	Fayette
Southeastern Regional Medical Center, Inc.	Coweta	13	Floyd
Southeastern Regional Medical Center, Inc.	Coweta	37	Gwinnett
Southeastern Regional Medical Center, Inc.	Coweta	10	Forsyth
Southeastern Regional Medical Center, Inc.	Coweta	2	Franklin
Southeastern Regional Medical Center, Inc.	Coweta	67	Fulton
Southeastern Regional Medical Center, Inc.	Coweta	2	Gilmer
Southeastern Regional Medical Center, Inc.	Coweta	1	Glynn
Southeastern Regional Medical Center, Inc.	Coweta	2	Greene
Southeastern Regional Medical Center, Inc.	Coweta	5	Habersham
Southeastern Regional Medical Center, Inc.	Coweta	8	Hall
Southeastern Regional Medical Center, Inc.	Coweta	1	Hancock
Southeastern Regional Medical Center, Inc.	Coweta	2	Haralson
Southeastern Regional Medical Center, Inc.	Coweta	10	Harris
Southeastern Regional Medical Center, Inc.	Coweta	4	Heard
Southeastern Regional Medical Center, Inc.	Coweta	66	Henry
Southeastern Regional Medical Center, Inc.	Coweta	8	Jones
Southeastern Regional Medical Center, Inc.	Coweta	1	Jeff Davis
Southeastern Regional Medical Center, Inc.	Coweta	21	Houston
Southeastern Regional Medical Center, Inc.	Coweta	1	Jackson
Southeastern Regional Medical Center, Inc.	Coweta	1	Jasper
Southeastern Regional Medical Center, Inc.	Coweta	11	Lamar
Southeastern Regional Medical Center, Inc.	Coweta	3	Laurens
Southeastern Regional Medical Center, Inc.	Coweta	3	Lee
Southeastern Regional Medical Center, Inc.	Coweta	2	Lowndes
Southeastern Regional Medical Center, Inc.	Coweta	2	Macon
Southeastern Regional Medical Center, Inc.	Coweta	1	Madison
Southeastern Regional Medical Center, Inc.	Coweta	1	Marion
Southeastern Regional Medical Center, Inc.	Coweta	19	Meriwether
Southeastern Regional Medical Center, Inc.	Coweta	1	Miller
Southeastern Regional Medical Center, Inc.	Coweta	7	Monroe
Southeastern Regional Medical Center, Inc.	Coweta	2	Morgan
Southeastern Regional Medical Center, Inc.	Coweta	1	Murray
Southeastern Regional Medical Center, Inc.	Coweta	48	Muscogee
Southeastern Regional Medical Center, Inc.	Coweta	2	Putnam
Southeastern Regional Medical Center, Inc.	Coweta	15	Newton
Southeastern Regional Medical Center, Inc.	Coweta	71	North Carolina
Southeastern Regional Medical Center, Inc.	Coweta	1	Oconee
Southeastern Regional Medical Center, Inc.	Coweta	1	Oglethorpe
Southeastern Regional Medical Center, Inc.	Coweta	154	Other Out of State
Southeastern Regional Medical Center, Inc.	Coweta	14	Paulding
Southeastern Regional Medical Center, Inc.	Coweta	8	Peach
Southeastern Regional Medical Center, Inc.	Coweta	11	Pike
Southeastern Regional Medical Center, Inc.	Coweta	5	Polk

Southeastern Regional Medical Center, Inc.	Coweta	4	Pulaski
Southeastern Regional Medical Center, Inc.	Coweta	53	South Carolina
Southeastern Regional Medical Center, Inc.	Coweta	1	Rabun
Southeastern Regional Medical Center, Inc.	Coweta	2	Richmond
Southeastern Regional Medical Center, Inc.	Coweta	11	Rockdale
Southeastern Regional Medical Center, Inc.	Coweta	1	Seminole
Southeastern Regional Medical Center, Inc.	Coweta	29	Spalding
Southeastern Regional Medical Center, Inc.	Coweta	2	Stephens
Southeastern Regional Medical Center, Inc.	Coweta	1	Stewart
Southeastern Regional Medical Center, Inc.	Coweta	1	Sumter
Southeastern Regional Medical Center, Inc.	Coweta	1	Talbot
Southeastern Regional Medical Center, Inc.	Coweta	1	Terrell
Southeastern Regional Medical Center, Inc.	Coweta	54	Tennessee
Southeastern Regional Medical Center, Inc.	Coweta	1	Tattnall
Southeastern Regional Medical Center, Inc.	Coweta	2	Telfair
Southeastern Regional Medical Center, Inc.	Coweta	42	Troup
Southeastern Regional Medical Center, Inc.	Coweta	2	Union
Southeastern Regional Medical Center, Inc.	Coweta	2	Towns
Southeastern Regional Medical Center, Inc.	Coweta	1	Toombs
Southeastern Regional Medical Center, Inc.	Coweta	7	Tift
Southeastern Regional Medical Center, Inc.	Coweta	5	Thomas
Southeastern Regional Medical Center, Inc.	Coweta	24	Upson
Southeastern Regional Medical Center, Inc.	Coweta	1	Walker
Southeastern Regional Medical Center, Inc.	Coweta	10	Walton
Southeastern Regional Medical Center, Inc.	Coweta	4	Washington
Southeastern Regional Medical Center, Inc.	Coweta	2	White
Southeastern Regional Medical Center, Inc.	Coweta	1	Whitfield
Total		1,735	

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: 05/09/2025

Title: President

Comments: