

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
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TENNESSEE DEPARTMENT OF HEALTH
Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-1954 Fax: (615) 253-1688

JOINT ANNUAL REPORT OF OUTPATIENT DIAGNOSTIC CENTERS 2014

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State ID	License Number	Facility Name	Address	City	State	Zip Code	County
09014	57	McKenzie Medical Center	205 Hospital Drive, Suite A	McKenzie	TN	38201	Carroll
19014	3	Premier Radiology Hermitage	5045 Old Hickory Boulevard, Suite 100	Hermitage	TN	37076	Davidson
19024	4	Vanderbilt Imaging Belle Meade	4525 Harding Road, Suite 102	Nashville	TN	37205	Davidson
19044	11	Premier Radiology Nashville	1800 Charlotte Avenue	Nashville	TN	37203	Davidson
19054	13	Hillsboro Imaging	1909 Acklen Avenue	Nashville	TN	37212	Davidson
19064	25	Specialty MRI	2018 Murphy Avenue, Suite 101	Nashville	TN	37203	Davidson
19074	26	Imaging Alliance-Nashville Pet, LLC	52 White Bridge Road	Nashville	TN	37203	Davidson
19084	27	Premier Orthopaedica and Sports Medicine, PLC	394 Harding Place, Suite 101	Nashville	TN	37211	Davidson
19094	1	Premier Radiology Belle Meade	28 White Bridge Road, Suite 111	Nashville	TN	37205	Davidson
19104	38	Outpatient Diagnostic Center of Nashville	337 22nd Avenue North	Nashville	TN	37203	Davidson
19114	45	Next Generation Imaging, LLC	1718 Charlotte Avenue, Suite B	Nashville	TN	37203	Davidson
19124	46	Millennium MRI, LLC	1718 Charlotte Avenue, Suite B	Nashville	TN	37203	Davidson
19134	50	One Hundred Oaks Imaging	719 Thompson Lane, Suite 23300	Nashville	TN	37204	Davidson
19144	61	Premier Radiology at Baptist Hospital	300 20th Avenue North, 202	Nashville	TN	37203	Davidson
19154	62	Premier Radiology Saint Thomas Medical Plaza East Suite 220	4230 Harding Road	Nashville	TN	37205	Davidson
25014	34	Fentress Health Systems, LLC	208 West Central Avenue	Jamestown	TN	38556	Fentress
26014	19	Summit Open MRI, Inc.	144 Hospital Road	Winchester	TN	37398	Franklin
33024	23	Premier Radiology Chattanooga	440 North Holtzclaw Avenue	Chattanooga	TN	37404	Hamilton
33034	33	Chattanooga Outpatient Center	1301 McCallie Avenue	Chattanooga	TN	37404	Hamilton
33054	49	Diagnostic PET/CT of Chattanooga	2205 McCallie Avenue, Suite 400	Chattanooga	TN	37404	Hamilton
47014	16	East Tennessee Diagnostic Center	1415 Old Weisgarber Road, Suite 120	Knoxville	TN	37909	Knox
47024	37	Outpatient Diagnostic Center of Knoxville	601 Hall of Fame Drive	Knoxville	TN	37915	Knox
47034	48	East Tennessee Community Open MRI	1415 Old Weisgarber Road, Suite 150	Knoxville	TN	37909	Knox
60014	28	Spring Hill Imaging Center, LLC	5421 Main Street	Spring Hill	TN	37174	Maury
63014	14	Clarksville Imaging Center	2320 Wilma Rudolph Boulevard	Clarksville	TN	37040	Montgomery
63024	58	Mobile MRI Medical Services	980 Professional Park Drive, Suite E	Clarksville	TN	37040	Montgomery
71014	54	Premier Diagnostic Imaging Center	315 North Washington Avenue	Cookeville	TN	38501	Putnam
75014	10	Middle Tennessee Imaging Smyrna	741 President Place, Suite 100	Smyrna	TN	37167	Rutherford
75024	12	Premier Radiology Murfreesboro	1840 Medical Center Parkway, Suite 101	Murfreesboro	TN	37129	Rutherford
75034	32	The Imaging Center of Murfreesboro	1001 North Highland Avenue	Murfreesboro	TN	37130	Rutherford
75044	52	Tennessee P.E.T. Scan Center, LLC	1840 Medical Center Parkway, Suite 100	Murfreesboro	TN	37129	Rutherford
79014	39	Outpatient Diagnostic Center of Memphis	5130 Stage Road	Memphis	TN	38134	Shelby
79034	55	Imagdent of Memphis, LLC	6800 Poplar Avenue, Atrium #1, Suite 121	Memphis	TN	38119	Shelby
79044	56	East Memphis Pet Imaging, LLC	6005 Park Avenue, Suite 101B	Memphis	TN	38119	Shelby
82014	21	Holston Medical Group @ Meadow View Lane	2033 Meadowview Lane, Suite 100	Kingsport	TN	37660	Sullivan
82024	22	Sapling Grove Diagnostic Center	240 Medical Park Boulevard, Suite 1100	Bristol	TN	37620	Sullivan
82034	24	Holston Valley Imaging Center	013 West Stone Drive	Kingsport	TN	37660	Sullivan
90024	42	Molecular Imaging Alliance	830 Suncrest Drive, Unit 2	Gray	TN	37615	Washington
94014	8	Premier Radiology Cool Springs	3310 Aspen Grove Drive, Suite 101	Franklin	TN	37067	Williamson
94024	18	Cool Springs Imaging	2009 Mallory Lane, Suite 150	Franklin	TN	37067	Williamson
94034	9	Premier Radiology Brentwood	789 Old Hickory Boulevard	Brentwood	TN	37027	Williamson
95014	60	Premier Radiology Mt. Juliet	5002 Crossing Circle, Suite 140	Mt. Juliet	TN	37122	Wilson

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State ID:	19014	Facility Name:	Premier Radiology Hermitage		2014
Out Patient Diagnostic Centers - Schedule A - Identification					
<p>According to the Department of Health Rules and Regulations Section 1200-8-35-.11 "the Joint Annual Report of Outpatient Diagnostic Centers shall be filed with the department." Please read all information carefully before completing your Joint Annual Report with data for the calendar year indicated on the first page. Please complete all items on the Joint Annual Report. Use 0 (zero) when appropriate. Check all computations, especially where a total is required. Please check all checkboxes. Any items which appear to be inconsistent will be queried. Facilities will be reported to the Board for Licensing Health Care Facilities for both failure to file forms and failure to respond to queries. A section for comments relating to the unique aspect of your agency is available at the end of each schedule.</p>					
Facility	State ID	19014			
	ODC Name	Premier Radiology Hermitage			
	Did the facility name change during the reporting period?	Yes/No			No
	If Yes, Prior Name				
	Street Address	5045 Old Hickory Boulevard, Suite 100			
	City	Hermitage	County	Davidson	
	State		Zip Code (5 digit)	37076	
	Phone				
	Mailing Address same as Street Address? If Yes, proceed to next section.	Yes/No			-
	Mailing Address				
	City				
State		Zip Code (5 digit)			
Preparer	Name		Phone		
	Title				
	E-Mail				
Reporting Period	<p>In the event your reporting period differs from that of January 1 through December 31 and/or is less than 365 days, due to new opening or a facility closure, please provide the data along with the beginning and ending dates for the period of time you are reporting.</p>				
	Is the reporting period January 1 - December 31 of the year specified above?			Yes/No	Yes
	If unable to report based on above dates, provide beginning and ending dates (used for all utilization and financial data):		Beginning (mm/dd/yyyy)	01/01/2014	
			Ending (mm/dd/yyyy)	12/31/2014	
Administration	Administrator's Name				
	Medical Director's Name				

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Out Patient Diagnostic Centers - Schedule B - Organization Structure

Owner	Name			
	Street			
	City		Telephone	
	State		Zip Code	

The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed by entering the legal entity's name into a search at the Secretary of State web site:
<http://www.tennesseeanytime.org/soscorp/>.

Owner Type	For Profit	^	Proprietorship - a business owned by one person.		
		^	General Partnership - an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under § 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1.		
		^	Limited Partnership (LP) - a partnership formed by two or more persons under the laws of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2.		
		^	Limited Liability Partnership (LLP) - governed by TCA § 61-1-106 (c). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.		
		^	Limited Liability Company (LLC) - established by the "The Tennessee Limited Liability Company Act" found in the Tennessee Code Annotated, § 48-201-101 through § 48-248-606.		
		^	Corporation - defined by the "Tennessee Business Corporation Act" codified in TCA Title 48 Chapters 11-27.		
	Not for Profit	^	Non-Religious Corporation or Association - defined by the "Tennessee Nonprofit Corporation Act" codified in TCA Title 48 Chapters 51-68.		
		^	Religious Corporation or Association - either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67-102.		
		^	Limited Liability Company (LLC) - a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).		
	Government	^	City		
		^	County		
		^	State		
		^	Federal		
^		Other Government, Specify			

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Out Patient Diagnostic Centers - Schedule B - Organization Structure

Managed by	Management is provided by:		If managed by contract or other, provide information below				
	^	Owner	Name				
	^	Contract with Firm	Street				
	^	Other, Specify	City		Phone		
			State		Zip Code		
Building Owner	Name						
	Street						
	City				Phone		
	State				Zip Code		
Building	Yes/No	-	Do you know the year of the original construction date? If yes:			Year	
	Yes/No	-	Has the building had a major renovation? A major renovation is any project that includes the addition of services or medical equipment. If Yes, provide year.			Year	
Type of Facility	Please check Yes or No in each of the four types to describe your facility and include the information requested for that type.						
	Yes/No	-	Free-Standing				
	Yes/No	-	Hospital Based	Name			
				Street			
				City			
				State		Zip Code	
	Yes/No	-	Doctor's Office	Name			
				Street			
				City			
				State		Zip Code	
Yes/No	-	Other	Specify				
			Name				
			Street				
			City				
			State		Zip Code		
Type of Service	Yes/No	-	Multi-Specialty				
	Yes/No	-	Limited-Purpose				
	Yes/No	-	Cancer Treatment and Radiation Clinic				
	Yes/No	-	Other, specify				

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Out Patient Diagnostic Centers - Schedule C - Licensure, Certifications and Accreditation

Certifications	Yes/No	-	Participation in TennCare	Provider Number	
	Yes/No	-	Participation in Medicare	Provider Number	
Accreditation and Audits	Yes/No	-	Joint Commission on Accreditation of Healthcare Organizations (JCAHO)	Approval Year	
				Expiration Year	
	Yes/No	-	Clinical laboratory Improvement Amendments (CLIA)	Approval Year	
				Expiration Year	
	Yes/No	-	Laboratory Proficiency Testing	Approval Year	
				Expiration Year	
	Yes/No	-	American Association of Blood Banks (AABB)	Approval Year	
				Expiration Year	
	Yes/No	-	American Osteopathic Association (AOA)	Approval Year	
				Expiration Year	
	Yes/No	-	College of American Pathologists (CAP)	Approval Year	
				Expiration Year	
Yes/No	-	American College of Radiology (ACR)	Approval Year		
			Expiration Year		
Yes/No	-	Other (1), specify	Approval Year		
			Expiration Year		
Yes/No	-	Other (2), specify	Approval Year		
			Expiration Year		
Yes/No	-	Other (3), specify	Approval Year		
			Expiration Year		

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Out Patient Diagnostic Centers - Schedule D - Availability and Utilization of Services/Equipment

If "Yes" provide information requested and indicate the number of patients and diagnostic procedures for those services during the reporting period. Number of patients may include duplicates because the same patient may receive several of the services listed. Mobile units are units regularly transported to your facility that are not installed for daily use. Do not report equipment, patients or procedures already reported on a hospital Joint Annual Report.

Do not enter zero. Blank fields will represent zero patients and/or procedures.

Cardio-pulmonary	Type of Service	Yes/No			Patients	Procedures		
		Electroencephalogram (EEG)						
		Electrocardiogram (EKG)	-					
		Holter Monitoring	-					
		Exercise Tolerance Testing	-					
		Cardiac Catheterization	-					
		Percutaneous Transluminal Coronary Angioplasty	-					
Radiology	Type of Service	Yes/No			Patients	Procedures		
		Radiography (Diagnostic and Special Procedures- e.g. Angiography)	-					
		Ultrasound (General/Vascular/Cardiac)	-					
		Nuclear Medicine	-					
		Type of Equipment on Site	Yes/No	Number of Units		If Mobile, number of days per week	Fixed plus Mobile	
				Fixed	Mobile		Patients	Procedures
		Positron Emission Tomography (PET scan)	-					
		Computed Tomography (CT scan)	-					
		Ultrafast CT	-					
		Magnetic Resonance Imaging (MRI)	-					
		Hi-Field MRI and Open MRI	-					
		Megavoltage Radiation Therapy	-					
		Stereotactic Procedure (including breast Biopsy)	-					
	Mammography	-						

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Out Patient Diagnostic Centers - Schedule D - Availability and Utilization of Services/Equipment

If "Yes" provide information requested and indicate the number of patients and diagnostic procedures for those services during the reporting period. Number of patients may include duplicates because the same patient may receive several of the services listed. Mobile units are units regularly transported to your facility that are not installed for daily use. Do not report equipment, patients or procedures already reported on a hospital Joint Annual Report.

Do not enter zero. Blank fields will represent zero patients and/or procedures.

	Type of Service	Yes/No			Patients	Procedures	
	Other	Vascular Embolization	-				
Anesthesia		-					
Ultrasound (ACR Accredited Breast/ Pelvic/OB)		-					
Chemotherapy		-					
Type of Equipment on Site		Yes/No	Number of Units		If Mobile, number of days per week	Fixed plus Mobile	
			Fixed	Mobile		Patients	Procedures
		Lithotripsy	-				
		Bone Densitometry	-				
		Other, Specify	-				
			-				
Total	Total number of patients and diagnostic procedures during this reporting period.				0	0	
	Total Unduplicated Patients: The number of actual individuals served during the reporting period. This may be less than the number of patients and diagnostic procedures reported.						
Rooms	Number of Diagnostic Procedure rooms.						

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Out Patient Diagnostic Centers - Schedule E - Patient Characteristics

Do not enter zero. Blank fields will represent zero patients.

Number of Patients Served By Age, Gender, and Race	Age	Gender		Total Patients Served	Race		
		Male	Female		White	Black	Other
	17 and Under			0			
	18-64			0			
	65-84			0			
	85 and Older			0			
	Total Patients	0	0	0	0	0	0

Total Patients Served should match Total Unduplicated Patients in Schedule D.

Please record the number of Tennessee and Non-Tennessee patients who received services during the reporting period.					
County	Number of Patients	County	Number of Patients	County	Number of Patients
1 Anderson		33 Hamilton		65 Morgan	
2 Bedford		34 Hancock		66 Obion	
3 Benton		35 Hardeman		67 Overton	
4 Bledsoe		36 Hardin		68 Perry	
5 Blount		37 Hawkins		69 Pickett	
6 Bradley		38 Haywood		70 Polk	
7 Campbell		39 Henderson		71 Putnam	
8 Cannon		40 Henry		72 Rhea	
9 Carroll		41 Hickman		73 Roane	
10 Carter		42 Houston		74 Robertson	
11 Cheatham		43 Humphreys		75 Rutherford	
12 Chester		44 Jackson		76 Scott	
13 Claiborne		45 Jefferson		77 Sequatchie	
14 Clay		46 Johnson		78 Sevier	
15 Cocke		47 Knox		79 Shelby	
16 Coffee		48 Lake		80 Smith	
17 Crockett		49 Lauderdale		81 Stewart	
18 Cumberland		50 Lawrence		82 Sullivan	
19 Davidson		51 Lewis		83 Sumner	
20 Decatur		52 Lincoln		84 Tipton	
21 DeKalb		53 Loudon		85 Trousdale	
22 Dickson		54 McMinn		86 Unicoi	
23 Dyer		55 McNairy		87 Union	
24 Fayette		56 Macon		88 Van Buren	
25 Fentress		57 Madison		89 Warren	
26 Franklin		58 Marion		90 Washington	
27 Gibson		59 Marshall		91 Wayne	
28 Giles		60 Maury		92 Weakley	
29 Grainger		61 Meigs		93 White	
30 Greene		62 Monroe		94 Williamson	
31 Grundy		63 Montgomery		95 Wilson	
32 Hamblen		64 Moore		96 Unknown	
Total Tennessee Patients					0

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Out Patient Diagnostic Centers - Schedule E - Patient Characteristics						
Do not enter zero. Blank fields will represent zero patients.						
Number of Patients Served by Patient Origin	State	Number of Patients	State	Number of Patients	State	Number of Patients
	01 Alabama		18 Kentucky		34 North Carolina	
	04 Arkansas		25 Mississippi		47 Virginia	
	11 Georgia		26 Missouri		55 Other State or Country	
	Total Non-Tennessee Patients					0
Out-of-state Patients	Total of Tennessee and Non-Tennessee Patients					0

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Out Patient Diagnostic Centers - Schedule F - Financial Data

Round all figures to the nearest dollar.

		Amount																																																																																																													
Expenses	Payroll - Include salaries for all full-time and part-time personnel who are included in Schedule G.	-																																																																																																													
	Fringe Benefits - Social security, group insurance, retirement benefit, etc.	-																																																																																																													
	Other Operating Expenses - Expenses for all contract staff, professional fees, energy expense (oil, natural gas, electricity, etc.), and all other operating expenses.	-																																																																																																													
	Depreciation Expense.	-																																																																																																													
	Non-Operating Expense - Include all other expenses for interest, taxes, real estate lease expenses, and other non-operating expenses.	-																																																																																																													
	Total	\$0																																																																																																													
Patient Revenue	<p>Gross Patient Charges - The sum of the facility's established rate for all services rendered to patients during the reporting year.</p> <p>Adjustments to Charges - The difference between the gross patient charges and the actual amount of payment received by the facility during the reporting period. Adjustments to previous years revenue, such as Medicare or TennCare prior adjustments, should be reported as non-operating revenue, <u>not as current year adjustments</u>.</p> <p>Net Patient Revenue - The difference obtained by subtracting adjustments to charges from gross patient charges. This difference represents the actual amount of revenue that the facility received.</p>																																																																																																														
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Revenue Source</th> <th style="width: 10%;">Gross Patient Charges</th> <th style="width: 5%;">-</th> <th style="width: 10%;">Adjustment to Charges</th> <th style="width: 5%;">=</th> <th style="width: 10%;">Net Patient Revenue</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Government</td> <td>Medicare</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>TennCare</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>Other Government</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>Total Government</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">-</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Non-Government</td> <td>Self-Pay</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>Insurance</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>Other Non-Government</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">=</td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td>Total Non-Government</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">-</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Patient Revenue: (Total Government plus Total Non-Government)</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">-</td> <td style="text-align: center;">\$0</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$0</td> </tr> <tr> <td colspan="2" style="text-align: right;">All Non-Patient Revenue</td> <td colspan="5"></td> <td style="text-align: center;">-</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Net Revenue: Net Total Patient Revenue plus All Non-Patient Revenue</td> <td colspan="5"></td> <td style="text-align: center;">#VALUE!</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Non-Government Adjustment to Charges Subcategories</td> <td>Bad Debt - Uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay.</td> <td colspan="5"></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Charity Care - Services provided to medically needy persons for which the facility does not expect payment.</td> <td colspan="5"></td> <td style="text-align: center;">-</td> </tr> <tr> <td>Other - Any other adjustments that are not appropriately reported in either Bad Debt or Charity.</td> <td colspan="5"></td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: right;">Total Non-Government Adjustment to Charges Subcategories</td> <td colspan="5"></td> <td style="text-align: center;">\$0</td> </tr> </tbody> </table>		Revenue Source	Gross Patient Charges	-	Adjustment to Charges	=	Net Patient Revenue	Government	Medicare	-	-	-	=	#VALUE!	TennCare	-	-	-	=	#VALUE!	Other Government	-	-	-	=	#VALUE!	Total Government	\$0	-	\$0	=	\$0	Non-Government	Self-Pay	-	-	-	=	#VALUE!	Insurance	-	-	-	=	#VALUE!	Other Non-Government	-	-	-	=	#VALUE!	Total Non-Government	\$0	-	\$0	=	\$0	Total Patient Revenue: (Total Government plus Total Non-Government)		\$0	-	\$0	=	\$0	All Non-Patient Revenue							-	Total Net Revenue: Net Total Patient Revenue plus All Non-Patient Revenue							#VALUE!	Non-Government Adjustment to Charges Subcategories	Bad Debt - Uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay.						-	Charity Care - Services provided to medically needy persons for which the facility does not expect payment.						-	Other - Any other adjustments that are not appropriately reported in either Bad Debt or Charity.						-	Total Non-Government Adjustment to Charges Subcategories						\$0
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Non-Government Adjustment to Charges Subcategories	Bad Debt - Uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay.						-																																																																																																								
	Charity Care - Services provided to medically needy persons for which the facility does not expect payment.						-																																																																																																								
	Other - Any other adjustments that are not appropriately reported in either Bad Debt or Charity.						-																																																																																																								
	Total Non-Government Adjustment to Charges Subcategories						\$0																																																																																																								

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
ODC2014ch				

Do not enter zero. Blank fields will represent zero personnel.

Type of Personnel by Service	Please indicate the number of paid personnel as of the last day of the reporting period. Do not include a type of personnel for which you do not provide that type of service. For example, do not include Physical Therapists unless you provide Physical Therapy services. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = Number of hours worked by part-time employees per week/40 hours per week. For example, three Registered Nurses, each working 20 hours a week, the FTE would be (3x20)/40=1.5. Additional examples of FTEs: 40 hours = 1 FTE; 30 hours = .75 FTE; 20 hours = .5 FTE; 10 hours = .25 FTE. For the purposes of this calculation, if your agency reimburses employees per visit rather than per hour worked, one visit equals one hour in FTE. The sum of full-time personnel plus part-time personnel (in full-time equivalents) added together equal the total number of full-time equivalents.					
	Type		Number of Personnel by type			
			Employee		Contract	
			Full-Time	Part-Time In FTE	Full-Time	Part-Time In FTE
	Administrators					
	Medical Director					
	Physicians (M.D. And D.O.)					
	Dentists					
	Financial/Billing Personnel					
	Nursing (R.N., L.P.N., and Ancillary)					
	Medical Records					
	Registered Technologist					
	Technical					
	Maintenance/Services					
	Other 1, Specify					
Other 2, Specify						
Other 3, Specify						
Total		0	0.00	0	0.00	

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
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ODC2014ch

Do not enter zero. Blank fields will represent zero personnel.

Nursing Personnel	Please indicate the number of personnel as of the last day of the reporting period.							
	Registered Nurses	Highest Education Level	Number Currently Employed	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Admin
		Associate						
		Diploma						
		Bachelors						
		Masters						
		Doctorate						
	Total	0	0		0	0	0	0
	Advanced Practice Nurses	Category	Number Currently Employed	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
							Clinical	Admin
		Nurse Practitioner						
		Clinical Nurse Specialist						
		Certified Registered Nurse Anesthetist						
	Total	0	0		0	0	0	0
	Other Nurses	Other Nursing Staff		Number Currently Employed	Number of Budgeted Vacancies	Average #Weeks Required to Recruit Staff	Number added in the Past 12 Months	Number Eliminated in the Past 12 Months
		Licensed Practical Nurses						
		Certified Nurses Aides						
		Other 1, Specify						
Other 2, Specify								

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
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ODC2014ch

Do not enter zero. Blank fields will represent zero personnel.

	Contract Nursing	Yes/No	-	Does your organization use contract nursing personnel?			
		If yes, indicate the number of contract personnel in the following categories:					
			Number Currently Employed	Number of Budgeted Vacancies	Average #Weeks Required to Recruit Staff	Number added in the Past 12 Months	Number Eliminated in the Past 12 Months
		Registered Nurses					
		Licensed Practical Nurses					
Certified Nurse Aids							

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
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Out Patient Diagnostic Centers - Schedule H - Medical Staff

Do not enter zero. Blank fields will represent zero medical staff.

Medical Staff	Include all physicians, whether considered active or associate. Active: Employed and practicing at the facility Associate: Has privileges to practice at the facility but is not employed at the facility		
	Specialty	Total Number of Medical Staff	Number of Medical Staff who are Board Certified
	Cardiologist		
	Neurologists		
	Pathologist		
	Radiologist		
	Technician		
	Other 1, specify		
	Other 2, specify		

PROVISIONAL PROVISIONAL

State ID:	19014	Facility Name:	Premier Radiology Hermitage	2014
Out Patient Diagnostic Centers - Schedule Adm Dec - Administrator's Declaration				
Administrator's Declaration	-	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.		
Date (mm/dd/yyyy) (use slashes)				

	Ok/ Error	Return to schedule	Error Number	2014 Out Patient Diagnostic Centers Error Message	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
19014	Error	A_PrepName	A-01-03	Provide the data of the person preparing the Joint Annual Report.	
19014	Error	A_Admin	A-01-05	Provide the name of the Administrator, that is, the person responsible for the operations of the ODC.	
19014	Error	A_MA	A-02-03	Provide the data for the mailing address for the facility.	
19014	Error	A_MedDir	A-02-04	Provide the name of the Medical Director,	
19014	Ok	A_NameChange	A-03-01	Indicate Yes or No to the question about facility name change.	
19014	Error	A_MAYN	A-03-02	Indicate Yes or No to question about mailing address.	
19014	Ok	A_RptBegDate	A_03-03	Provide reorting period Beginning and Ending dates.	
19014	Error	B_OwName	B-01-01	Provide additiional data for owner including Name, Street, City, State, Telephone, and Zip.	
19014	Error	B_TypeProfProp	B-01-02	Type of owner selected from Profit, Not for Profit, or Government, select only one.	
19014	Error	B_MOwn	B-01-04	Select Owner, Contract with firm, or Other in Managed by section.	
19014	Error	B_BYNCon	B-01-05	Indicate Yes or No to question about original construction date.	
19014	Error	B_BYNRen	B-01-06	Indicate Yes or No to question about major renovation.	
19014	Error	B_FFSYN	B-01-07	Indicate Yes or No to question about Free-Standing facility.	
19014	Error	B_FHBNM	B-01-08	Indicate Yes or No to question about Hospital Based.	
19014	Error	B_FDOYN	B-01-09	Indicate Yes or No to question about Doctor's Office.	
19014	Error	B_FOYN	B-01-10	Indicate Yes or No to question about Other facility.	
19014	Error	B_TMSYN	B-01-11	Indicate Yes or No to question about Multi-Specialy service.	ODC2014ch
19014	Error	B_TLPYN	B-01-12	Indicate Yes or No to question about Limited-Puropse service.	
19014	Error	B_TCYN	B-01-13	Indicate Yes or No to question about Cancer Treatment and Radiation Clinic service.	
19014	Error	B_TOYN	B-01-14	Indicate Yes or No to question about Other service.	
19014	Error	B_BOName	B-02-02	Provide additiional data for building owner including Name, Street, City, State, Telephone, and Zip.	
19014	Error	C_TCYN	C-01-01	Answer Yes or No to Participation in TennCare.	
19014	Error	C_MedYN	C-01-02	Answer Yes or No to Participatiion in Medicare.	
19014	Error	C_JCAHOYN	C-01-03	Answer Yes or No to Accreditation by Joint Commission on Accreditation of Healthcare Organizations.	
19014	Error	C_CLIAYN	C-01-04	Answer Yes or No to Accreditation by Clinical laboratory Improvement Amdndments.	
19014	Error	C_LPTYN	C-01-05	Answer Yes or No to Accreditation by Laboratory Proficiency Testing.	
19014	Error	C_AABBYN	C-01-06	Answer Yes or No to Accreditation by American Association of Blook Banks.	
19014	Error	C_AOAYN	C-01-07	Answer Yes or No to Accreditation by Amberican Osteopathic Association.	
19014	Error	C_CAPYN	C-01-08	Answer Yes or No to Accreditation by College of Amberican Pathologists.	

19014	Error	C_ACRYN	C-01-09	Answer Yes or No to Accreditation by American college of Radiology.
19014	Error	C_OTH1YN	C-01-10	Answer Yes or No to Accreditation by Other 1.
19014	Error	C_OTH2YN	C-01-11	Answer Yes or No to Accreditation by Other 2.
19014	Error	C_OTH3YN	C-01-12	Answer Yes or No to Accreditation by Other 3.
19014	Error	C_JCAHOAY	C-02-01	Yes answered to Joint Commission on Accreditation of Healthcare Organizations, provide Approval Year.
19014	Error	C_JCAHOEY	C-02-02	Yes answered to Joint Commission on Accreditation of Healthcare Organizations, provide Expiration Year.
19014	Error	C_CLIAAY	C-02-03	Yes answered to Clinical laboratory Improvement Amendments, provide Approval Year.
19014	Error	C_CLIAEY	C-02-04	Yes answered to Clinical laboratory Improvement Amendments, provide Expiration Year.
19014	Error	C_LPTAY	C-02-05	Yes answered to Laboratory Proficiency Testing, provide Approval Year.
19014	Error	C_LPTEY	C-02-06	Yes answered to Laboratory Proficiency Testing, provide Expiration Year.
19014	Error	C_AABBAY	C-02-07	Yes answered to American Association of Blood Banks, provide Approval Year.
19014	Error	C_AABBAY	C-02-08	Yes answered to American Association of Blood Banks, Provide Expiration Year.
19014	Error	C_AOAAAY	C-02-09	Yes answered to American Osteopathic Association, Provide Approval Year.
19014	Error	C_AOAEY	C-02-10	Yes answered to American Osteopathic Association, Provide Expiration Year.
19014	Error	C_CAPAY	C-02-11	Yes answered to College of American Pathologists, Provide Approval Year.
19014	Error	C_CAPEY	C-02-12	Yes answered to College of American Pathologists, Provide Expiration Year.
19014	Error	C_ACRAY	C-02-13	Yes answered to American College of Radiology, Provide Approval Year.
19014	Error	C_ACREY	C-02-14	Yes answered to American College of Radiology, Provide Expiration Year.
19014	Error	C_OTH1AY	C-02-15	Yes answered to Other 1, Provide Approval Year
19014	Error	C_OTH1EY	C-02-16	Yes answered to Other 1, Provide Expiration Year
19014	Error	C_OTH2AY	C-02-17	Yes answered to Other 2, Provide Approval Year
19014	Error	C_OTH2EY	C-02-18	Yes answered to Other 2, Provide Expiration Year
19014	Error	C_OTH3AY	C-02-19	Yes answered to Other 3, Provide Approval Year
19014	Error	C_OTH3EY	C-02-20	Yes answered to Other 3, Provide Expiration Year
19014	Error	C_TCYN	C-03-01	Yes answered to Participation in TennCare, please provide Provider Number
19014	Error	C_MedYN	C-03-02	Yes answered to Participation in Medicare, please provide Provider Number
19014	Error	C_OTH1S	C-03-03	Yes answered to Other 1, Provide specific details
19014	Error	C_OTH2S	C-03-04	Yes answered to Other 2, Provide specific details
19014	Error	C_OTH3S	C-03-05	Yes answered to Other 3, Provide specific details
19014	Error	D_CEEGYN	D-01-01	Answer Yes or No to Electroencephalogram question.
19014	Error	D_CKGYN	D-01-02	Answer Yes or No to Electrocardiogram question.
19014	Error	D_CHMYN	D-01-03	Answer Yes or No to Holter Monitoring question.
19014	Error	D_CETTYN	D-01-04	Answer Yes or No to Exrcise Tolerance Testing question.

19014	Error	D_CCCYN	D-01-05	Answer Yes or No to Cardiac Catheterization question.
19014	Error	D_CPTYN	D-01-06	Answer Yes or No to Percutaneous Transluminal Coronary Angioplasty question.
19014	Error	D_RRADYN	D-01-07	Answer Yes or No to type of service Radiography question.
19014	Error	D_RULTYN	D-01-08	Answer Yes or No to type of service Ultrasound question.
19014	Error	D_RNMYN	D-01-09	Answer Yes or No to type of service Nuclear medicine question.
19014	Error	D_RPETYN	D-01-10	Answer Yes or No to type of equipment Positron Emission Tomography question.
19014	Error	D_RCTYN	D-01-11	Answer Yes or No to type of equipment Computed Tomography question.
19014	Error	D_RUTCYN	D-01-12	Answer Yes or No to type of equipment Ultrafast CT question.
19014	Error	D_RMCIYN	D-01-13	Answer Yes or No to type of equipment Magnetic Resonance Imaging question.
19014	Error	D_RHMRIYN	D-01-14	Answer Yes or No to type of equipment Hi Field MRI and Open MRI question.
19014	Error	D_RMRTYN	D-01-15	Answer Yes or No to type of equipment Megavoltage Radiation Therapy question.
19014	Error	D_RSPYN	D-01-16	Answer Yes or No to type of equipment Stereotactic Procedure question.
19014	Error	D_RMAMYN	D-01-17	Answer Yes or No to type of equipment Mammography question.
19014	Error	D_OVEYN	D-01-18	Answer Yes or No to other service Vascular Embolization question.
19014	Error	D_OAYN	D-01-19	Answer Yes or No to other service Anesthesia question.
19014	Error	D_OACRYN	D-01-20	Answer Yes or No to other service Ultrasound question.
19014	Error	D_OCYN	D-01-21	Answer Yes or No to other service Chemotherapy question.
19014	Error	D_OLYN	D-01-22	Answer Yes or No to other type of equipment Lithotripsy question.
19014	Error	D_OBDYN	D-01-23	Answer Yes or No to other type of equipment Bone Densitometry question.
19014	Error	D_OSPYN	D-01-24	Answer Yes or No to other type of other equipment question.
19014	Error	D_OSP	D-01-25	Other type of equipment answered Yes, provide additional data.
19014	Error	D_RPETF	D-02-01	Yes answered to Position Emission Tomography question, provide number of units.
19014	Error	D_RCTF	D-02-02	Yes answered to Computed Tomography question, provide number of units.
19014	Error	D_RUCTF	D-02-03	Yes answered to Ultrafast CT question, provide number of units.
19014	Error	D_RMRIF	D-02-04	Yes answered to Magnetic Resonance Imaging question, provide number of units.
19014	Error	D_RHMRIF	D-02-05	Yes answered to Hi Field MRI and Open MRI question, provide number of units.
19014	Error	D_RMRTF	D-02-06	Yes answered to Megavoltage Radiation Therapy question, provide number of units.

19014	Error	D_OLF	D-02-07	Yes answered to Lithotripsy question, provide number of units.
19014	Error	D_OBDF	D-02-08	Yes answered to Bond Densitometry question, provide number of units.
19014	Error	D_OOF	D-02-09	Yes answered to Other type of equipment question, provide number of units.
19014	Error	D_CEEGPAT	D-04-01	Yes was indicated, provide Patients and Procedures data for Electroencephalogram question.
19014	Error	D_CKGPAT	D-04-02	Yes was indicated, provide Patients and Procedures data for Electrocardiogram question.
19014	Error	D_CHMPAT	D-04-03	Yes was indicated, provide Patients and Procedures data for Holter Monitoring question.
19014	Error	D_CETTPAT	D-04-04	Yes was indicated, provide Patients and Procedures data for Exercise Tolerance Testing question.
19014	Error	D_CCCPAT	D-04-05	Yes was indicated, provide Patients and Procedures data for Cardiac Catheterization question.
19014	Error	D_CPTPAT	D-04-06	Yes was indicated, provide Patients and Procedures data for Percutaneous Transluminal Coronary Angioplasty question.
19014	Error	D_RRADPAT	D-04-07	Yes was indicated, provide Patients and Procedures data for type of service Radiography question.
19014	Error	D_RUCTPAT	D-04-08	Yes was indicated, provide Patients and Procedures data for type of service Ultrasound question.
19014	Error	D_RNMPAT	D-04-09	Yes was indicated, provide Patients and Procedures data for type of service Nuclear medicine question.
19014	Error	D_RPETPAT	D-04-10	Yes was indicated, provide Patients and Procedures data for type of equipment Positron Emission Tomography question.
19014	Error	D_RCTPAT	D-04-11	Yes was indicated, provide Patients and Procedures data for type of equipment Computed Tomography question.
19014	Error	D_RUCTPAT	D-04-12	Yes was indicated, provide Patients and Procedures data for type of equipment Ultrafast CT question.
19014	Error	D_RMRIPAT	D-04-13	Yes was indicated, provide Patients and Procedures data for type of equipment Magnetic Resonance Imaging question.
19014	Error	D_RHMRIPAT	D-04-14	Yes was indicated, provide Patients and Procedures data for type of equipment Hi Field MRI and Open MRI question.
19014	Error	D_RM RTPAT	D-04-15	Yes was indicated, provide Patients and Procedures data for type of equipment Megavoltage Radiation Therapy question.
19014	Error	D_RSPPAT	D-04-16	Yes was indicated, provide Patients and Procedures data for type of equipment Stereotactic Procedure question.
19014	Error	D_RMAMPAT	D-04-17	Yes was indicated, provide Patients and Procedures data for type of equipment Mammography question.
19014	Error	D_OVEPAT	D-04-18	Yes was indicated, provide Patients and Procedures data for other service Vascular Embolization question.
19014	Error	D_OAPAT	D-04-19	Yes was indicated, provide Patients and Procedures data for other service Anesthesia question.
19014	Error	D_OACRPAT	D-04-20	Yes was indicated, provide Patients and Procedures data for other service Ultrasound question.

19014	Error	D_OCPAT	D-04-21	Yes was indicated, provide Patients and Procedures data for other service Chemotherapy question.
19014	Error	D_OLPAT	D-04-22	Yes was indicated, provide Patients and Procedures data for other type of equipment Lithotripsy question.
19014	Error	D_OBDPAT	D-04-23	Yes was indicated, provide Patients and Procedures data for other type of equipment Bone Densitometry question.
19014	Error	D_OSPPAT	D-04-24	Yes was indicated, provide Patients and Procedures data for other type of other equipment question.
19014	Error	D_ROOM	D-05-25	Provide number of rooms data for diagnostic procedure rooms.
19014	Error	F_EPAY	F-01-01	Provide expense data for Payroll.
19014	Error	F_EFB	F-01-02	Provide expense data for Fring Benefits.
19014	Error	F_EOOE	F-01-03	Provide expense data for Other Operating expenses.
19014	Error	F_EDE	F-01-04	Provide expense data for Depreciation Expense.
19014	Error	F_ENOE	F-01-05	Provide expense data for Non-Operating Expenses.
19014	Error	F_RGMGPC	F-01-06	Provide Gross Patient Charges data for Medicare.
19014	Error	f_rgtcGPC	F-01-07	Provide Gross Patient Charges data for TennCare
19014	Error	F_RGOGGPC	F-01-08	Provide Gross Patient Charges data for Other Government.
19014	Error	F_RNGSPGPC	F-01-09	Provide Gross Patient Charges data for Self-Pay.
19014	Error	F_RNGIGPC	F-01-10	Provide Gross Patient Charges data for Insurance.
19014	Error	F_RNGNGGPC	F-01-11	Provide Gross Patient Charges data for Other Non-Government.
19014	Error	F_ANPR	F-01-12	Provide data for All-Non-Patient revenue.
19014	Error	F_RGMAC	F-02-01	Provide Adjustment to Charges data for Medicare.
19014	Error	F_RGTCAC	F-02-02	Provide Adjustment to Charges data for TennCare
19014	Error	F_RGOGAC	F-02-03	Provide Adjustment to Charges data for Other Government.
19014	Error	F_RNGSPAC	F-02-04	Provide Adjustment to Charges data for Self-Pay.
19014	Error	F_RNGIAC	F-02-05	Provide Adjustment to Charges data for Insurance.
19014	Error	F_RNGNGAC	F-02-06	Provide Adjustment to Charges data for Other Non-Government.
19014	Error	F_NGBD	F-02-07	Provide data for Bad-Debt.
19014	Error	F_NGCC	F-02-08	Provide data for Charity Care.
19014	Error	F_NGOTR	F-02-09	Provide data for Other Non-Government adjustments to charges.
19014	Error	GCYN	G-01-01	Answer Yes or No to the use of contract nursing personnel.
19014	Error	GCYN	G-01-02	Yes was indicated for use of contract nurisng, provide additional details.
19014	Error	AD_AdDec	Adm Dec-01-01	Administrator's Declaration was left blank; check the box.
19014	Error	AD_AdDecDate	Adm Dec-02-01	Administrator's Declaration date was left blank, provide date completed.

Joint Annual Report of Outpatient Diagnostic Centers 2014 Tips to Avoid Common Errors

The following guidelines are written to assist you to complete the Joint Annual Report for the Outpatient Diagnostic Center 2014 reporting year.

- A. A User Manual can be found on the website <http://health.state.tn.us/statistics/jarodc.htm>. Please read all information carefully before completing your Joint Annual Report. Keep the manual and these tips handy as you will need them to fill out the form and export the data.

***Once the Excel file is complete, facilities should check the Error tab and resolve any problems before submitting.**

***The Excel file must be saved and renamed with the facility's State ID and Name. Files submitted incorrectly will be returned for correction.**

Renaming Example: 00000_ABC Center

B. Please complete all items on the report form.

- (1) Use 0 (zero) when appropriate rather than leaving the item blank.
- (2) Please select the appropriate answer to all (Yes / No) questions.
- (3) Check all computations, especially where a total is required.
- (4) Corporate offices that do data entry for several facilities must close out between each facility to avoid system generated errors. It is requested that you work on one (1) facility at a time.
- (5) In the event that a reporting period other than January 1 through December 31 is used by your facility for statistical information, please report that data including the actual beginning and ending dates of your facilities' reporting period.

C. Any item which appears to be inconsistent will be queried. Report forms with items left blank will not be acceptable. ***The Tennessee Department of Health's Bureau of Health Licensure and Regulation may issue deficiencies for either failing to file forms or submission of incomplete forms.***

SCHEDULE A – IDENTIFICATION

Facility

State ID: Select your State ID from the drop down list first. Facility name and address are filled in automatically, unless there is a name change in which case your facility's new name and your facility's new address has to be typed in manually.

Reporting Period: All facilities are requested to report data based on the twelve month period for the calendar year. If reporting period is January 1 through December 31, leave date lines blank.

***Use Proper Case and not ALL CAPS in Schedule A; such as facility name, address, and city.**

Please fill in the e-mail address of the preparer of your facility's report, so that we may use this address as a means of initial contact.

SCHEDULE B – ORGANIZATION STRUCTURE

Owner Type

Please place an "X" in only **one** block of the For Profit, Not for Profit or Government Section.

SCHEDULE C – LICENSURE, CERTIFICATIONS AND ACCREDITATION

Please fill in provider numbers. The data field for year of accreditation/audit takes only the four digit year. Do not put in a complete date. Answer all Yes/No questions.

SCHEDULE D – AVAILABILITY AND UTILIZATION OF SERVICES/EQUIPMENT

Fill in the number of patients and diagnostic procedures and number of fixed and mobile units as well as number of days per week for mobile.

The total unduplicated patients on this schedule should match the total patients by age, gender, and race in Schedule E.

SCHEDULE E – PATIENT CHARACTERISTICS

The age, gender and race section should be filled out completely. The total patients served should sum up the age, gender and race in the middle column. The total patients by county and state should match the total patients served by age, gender and race.

SCHEDULE F – FINANCIAL DATA

Financial data is important. There are three tables to be filled out:

- (1) Please do not leave any financial data fields blank. Please enter (0) zero within those fields as an alternative.
- (2) Expenses, such as payroll, fringe benefits, other operating expenses, depreciation expense and non-operating expenses.
- (3) Patient Revenue including Government and Non-government, and Non-Government Adjustment to Charges. **Do not put in negative numbers.**
- (4) All non-patient revenue and non-government adjustment to charges subcategories include bad debt, charity care and other. **Do not put in negative numbers.**

SCHEDULE G - PERSONNEL

Full-time employees are those whose regularly scheduled workweek is usually 40 hours or more per week

Full-time equivalent (FTE) = number of hours worked by part-time employees per week divided by 40 hours per week, rounded to two decimal places. or at least 80 hours within a two week period, (this includes administrators).

For example, for three Registered Technologists, each working 20 hours a week, the FTE would be $(3 \times 20) / 40 = 1.50$.

For two Technical employees, one working 10 hours per week and the other working 15 hours per week the FTE would be $(10 + 15) / 40 = .63$.

- (1) Registered Nurses - fill out the highest education level section for all columns. If you do not employ nursing staff in any of the listed education levels, indicate this by using 0 (zero).
- (2) Advanced Practice Nurses, Licensed Practical Nurses, Certified Nurses Aides and others refer to the same columns in item (a) to fill in blanks.
- (3) Contract nursing staff - answer yes or no to contract question and refer to the same column in item (a) to fill in blanks.

SCHEDULE H – MEDICAL STAFF

Total medical staff and number of medical staff who are board certified needs to be filled out for Cardiologists, Neurologists, Pathologists, Radiologists, Technicians and other medical staff.

ADMINISTRATOR'S DECLARATION

By checking the Administrator's Declaration box and providing a date represents the Administrator's electronic "signature" on the form stating that the report is true, correct, and complete to the best of the Administrator's knowledge.