



DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
 GOVERNOR

MANDY COHEN, MD, MPH
 SECRETARY

MARK PAYNE
 DIRECTOR

February 2, 2017

Heidi Ambrose
 6015 Poplar Hall Drive, Suite 101
 Norfolk, VA 23502

Exempt from Review – Replacement Equipment

Record #: 2156
Facility Name: Sentara Albemarle Medical Center
FID #: 952933
Business Name: Sentara Albemarle Regional Medical Center, LLC
Business #: 54
Project Description: Temporarily replace existing CT scanner with mobile Sentara operated CT scanner from Virginia
County: Pasquotank

Dear Ms. Ambrose:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of February 2, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to bring to North Carolina without a certificate of need the GE Lightspeed 16 Slice (Serial #1063330) to temporarily replace the GE HD 750 64 Slice CT scanner (437840CN2). Further, the current CT scanner will resume operations at Sentara Albemarle Medical Center in North Carolina once it is repaired and operational, and will not be used at other sites in the State without first obtaining a certificate of need.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Jane Rhoe-Jones
 Jane Rhoe-Jones
 Project Analyst

Martha J. Frisone
 Martha J. Frisone
 Assistant Chief, Certificate of Need

cc: Paige Bennett, Assistant Chief, Healthcare Planning, DHSR

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



rhoe-jones, jane e

From: Daniel Carter <DanielCarter@ascendient.com>
Sent: Thursday, February 02, 2017 12:55 PM
To: rhoe-jones, jane e
Subject: Sentara Albemarle CT Scanner Emergency Replacement
Attachments: SAMCEmergencyCTTempReplacement.pdf; Sentara Albemarle.pdf
Importance: High

Jane,

I just received the attached from Sentara Albemarle Medical Center and am forwarding it to you. I am also attaching, for your reference, their 2016 HLRA, which shows on page 18, that they only have one CT scanner, which provided over 23,000 HECT scans in FY 2015. Clearly their need for this emergency, temporary replacement is severe.

Please let me know if we can provide any additional information. Thank you, the Team Leaders, and Martha for a quick response.

Daniel

Daniel R. Carter, MBA
Principal
Ascendient Healthcare Advisors, Inc.
6320 Quadrangle Drive
Suite 180
Chapel Hill, NC 27517
919.226.1705 (office)
919.368.0001 (cell)
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Sentara Healthcare
6015 Poplar Hall Drive, Suite 101
Norfolk, VA 23502

Tel: 252.384.4602
Fax: 252.384.4330
www.sentara.com
haambros@sentara.com

Heidi Ambrose
Director, Radiology

February 02, 2017

Martha Frisone, Assistant Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
Department of Health and Human Services
809 Ruggles Drive
Raleigh, NC, 27603

Re: No Review Request for Sentara Albemarle Medical Center to Temporarily Use an Out-of-State Mobile CT scanner During Emergency Hardware Repairs

Dear Martha,

The purpose of this letter is to request Sentara Albemarle Medical Center ("SAMC") be permitted to utilize an out-of-state, but Sentara Healthcare operated CT Scanner for approximately 2 days while emergency hardware repairs are being performed. The CT scanner has been down for patient care since 800am on February 2, 2017 and is awaiting parts and calibrations.

SAMC operates a single CT scanner to support a community hospital that services multiple jurisdictions and requests use of the temporary unit to continue effective patient care. The unit will be removed from the state when the hospitals CT scanner is repaired and functioning.

This letter serves as written notice of the equipment replacement in accordance with NCGS 131 E-184. As the temporary unit is owned and operated by Sentara Healthcare this does not create any payment or lease issues.

Based on the information provided, SAMC requests that the Agency provide a written response confirming that SAMC may operate the temporary mobile scanner without CON review. If the agency needs additional information, please let us know as soon as possible.

Sincerely,

A handwritten signature in cursive script that reads "Heidi Ambrose".
Heidi Ambrose
Director, Radiology

REC'D JAN 14 2016

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0054 Medicare # 340109
FID #: 952933
PC _____ Date _____

License Fee: \$3,635.00

**2016
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Sentara Albemarle Regional Medical Center, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Sentara Albemarle Medical Center
Other: _____
Other: _____

Facility Mailing Address: P O Box 1587
Elizabeth City, NC 27906-1587

Facility Site Address: 1144 North Road St
Elizabeth City, NC 27906-1587

County: Pasquotank
Telephone: (252)384-4600
Fax: (252)384-4677

Administrator/Director: Coleen Santa Ana
Title: President

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

PAID
CK NO. 019493
DATE 1-14-16
\$3,635

Chief Executive Officer: Coleen Santa Ana Title: President
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Craig Lewis, CFO Telephone: 252-384-4600

E-Mail: clewis@albemarlehealth.org

All responses should pertain to October 1, 2014 through September 30, 2015.

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

- 1) Please provide the main website address for the facility:

www.albemarlehealth.org

- 2) In accordance with 131E-214.4(a) DHHS can no longer post a link to internet Websites to demonstrate compliance with this statute.

- A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

www.albemarlehealth.org/patient-visitor-info/about-your-bill/

- B) Also, please attach a copy of the facility's charity care policy and financial assistance policy:

Feel free to email the copy of the facility's charity care policy to:
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

- 3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H. 10 months (March - December 2014)

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>
0	12,675,414	0	0

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: _____

Craig Lewis

Date: _____

1/12/16

PRINT NAME

OF APPROVING OFFICIAL _____

Craig Lewis, CFO

All responses should pertain to October 1, 2014 through September 30, 2015.

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Primary National Provider Identifier (NPI) registered at NPPES 1245211168

If facility has more than one "Primary" NPI, please provide _____

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
Sentara Albemarle Medical Center	1144 North Road Street Elizabeth City, NC 27909	hospital - inpatient & outpatient acute care

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

- a. The facility provides a detailed statement of charges to all patients.
- b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to October 1, 2014 through September 30, 2015.

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: ~~Albemarle Hospital Authority~~ Sentara Albemarle Regional Medical Center, LLC
Street/Box: PO Box 1587
City: Elizabeth City State: NC Zip: 27906-1587
Telephone: (252)384-4600 Fax: (252)384-4677
CEO: ~~Jan King Robinson, CEO~~ Coleen Santa Ana, President

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] Yes No

If 'Yes', name of Health System*: Sentara Healthcare

* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: David L. Bernd

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation LLP Partnership
 Proprietorship LLC Government Unit

c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? Yes No

If "YES", name of building owner:

County of Pasquotank

2. Is the business operated under a management contract? Yes No

If 'Yes', name and address of the management company.

Name: _____
Street/Box: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

3. Vice President of Nursing and Patient Care Services:

Jaime Carroll

4. Director of Planning: _____

All responses should pertain to October 1, 2014 through September 30, 2015.

Facility Data

- A. **Reporting Period** All responses should pertain to the period **October 1, 2014 to September 30, 2015**.
- B. **General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	5,202	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	5,212	
c. Average Daily Census: include responses to "a - q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.	58.1	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2,430	

C. Designation and Accreditation

1. Are you a designated trauma center? ___ Yes X No
 Designated Level # _____
2. Are you a critical access hospital (CAH)? ___ Yes X No
3. Are you a long term care hospital (LTCH)? ___ Yes X No
4. Is this facility TJC accredited? ___ Yes X No Expiration Date: _____
5. Is this facility DNV accredited? X Yes ___ No Expiration Date: 9/4/2018
6. Is this facility AOA accredited? ___ Yes X No Expiration Date: _____
7. Are you a Medicare deemed provider? X Yes ___ No

All responses should pertain to October 1, 2014 through September 30, 2015.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2015	Operational Beds as of September 30, 2015	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	10	10	2,110
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical ***	159	69	***16,273
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	13	12	2,828
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	182	91	21,211
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	0		
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	182	91	21,211

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
 ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
 *** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2014 through September 30, 2015.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare & Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	1,198	10,091	3,834	50	118
Medicare & Medicare Managed Care	13,236	10,306	35,029	512	1,807
Medicaid	3,247	11,718	5,988	167	342
Commercial Insurance Managed Care	3,061	9,297	31,918	277	1,542
Other (Specify)	0	0	0	0	0
Other (Specify)	469	2,639	3,425	39	188
TOTAL	21,211	44,051	80,194	1,045	3,997

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	444
b. Live births (Cesarean Section)	165
c. Stillbirths	0

d. Delivery Rooms - Delivery Only (not Cesarean Section)	1
e. Delivery Rooms - Labor and Delivery, Recovery	3
f. Delivery Rooms – LDRP (include Item "D.1.m" on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	20

2. Abortion Services

Number of procedures per Year 0
 (Feel free to footnote the type of abortion procedures reported)

All responses should pertain to October 1, 2014 through September 30, 2015.

3. Emergency Department Services (cases equal visits to ED)

- a. Total Number of ED Exam Rooms: 34. Of this total, how many are:
- a.1. # Trauma Rooms 26
 - a.2 # Fast Track Rooms 8
 - a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 44,051
- c. Total Number of admits from the ED for reporting period: 4,020
- d. Total Number of Urgent Care visits for reporting period: 0
- e. Does your ED provide services 24 hours a day 7 days per week? Yes No
 If no, specify days/hours of operation:
- f. Is a physician on duty in your ED 24 hours a day 7 days per week? Yes No
 If no, specify days/hours physician is on duty:

4. Medical Air Transport: Owned or leased air ambulance service:

- a. Does the facility operate an air ambulance service? Yes No
- b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. Pathology and Medical Lab (Check whether or not service is provided)

- a. Blood Bank/Transfusion Services Yes No
 - b. Histopathology Laboratory Yes No
 - c. HIV Laboratory Testing Yes No
- Number during reporting period
- HIV Serology 54
 - HIV Culture 0
- d. Organ Bank Yes No
 - e. Pap Smear Screening Yes No

6. Transplantation Services - Number of transplants N/A

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants? Yes No.

All responses should pertain to October 1, 2014 through September 30, 2015.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Healthcare Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25 -	Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96
1. Number of Units of Fixed Equipment	1	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	838	0
4. Number of Procedures* Performed in Mobile Units	0	0
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	1	
6. Number of Procedures on Dedicated EP Equipment	90	

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: N/A

Number of 8-hour days per week the mobile unit is onsite: N/A 8-hour days per week.
 (Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	N/A
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	

All responses should pertain to October 1, 2014 through September 30, 2015.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – If multiple sites: _____)

a) Surgical Operating Rooms

Report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	2
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	8
Total of Surgical Operating Rooms	10

Number of Additional CON approved surgical operating rooms pending development: N/A
 CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures performed only in these rooms during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 3

Number of additional CON approved GI Endoscopy Rooms pending development: N/A

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	433	1,794	433	1,794
Non-GI Endoscopy				
Totals	433	1,794	433	1,794

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

All responses should pertain to October 1, 2014 through September 30, 2015.

(Campus – If multiple sites: _____)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	22
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	31
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	17
42820	Tonsillectomy and adenoidectomy; younger than age 12	54
42830	Adenoidectomy, primary; younger than age 12	25
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	31
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	530
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	1
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	9
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	213
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	195
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	973
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	606
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	63
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	313
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	1,049
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	65

All responses should pertain to October 1, 2014 through September 30, 2015.

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures (continued)

(Campus – If multiple sites: _____)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	378	1,241
Neurosurgery		19
Obstetrics and GYN (excluding C-Sections)	38	375
Ophthalmology		1,238
Oral Surgery		
Orthopedics	280	227
Otolaryngology		
Plastic Surgery	21	249
Urology	33	198
Vascular	122	49
Other Surgeries (specify) ENT	8	363
Other Surgeries (specify) Podiatry		38
Number of C-Section's Performed in Dedicated C-Section ORs	165	
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	1,045	3,997

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, except do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)		
YAG Laser		
Other (specify) Special Procedures / Angiography	0	108
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

All responses should pertain to October 1, 2014 through September 30, 2015.

Imaging Procedures

(Campus – If multiple sites: _____)

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	3,051
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	320
71010	Radiologic examination, chest; single view, frontal	2,346
71020	Radiologic examination, chest; two views, frontal and lateral	7,078
71260	Computed tomography, thorax; with contrast material(s)	645
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	799
72100	Radiologic examination, spine, lumbosacral; two or three views	364
72110	Radiologic examination, spine, lumbosacral; minimum of four views	869
72125	Computed tomography, cervical spine; without contrast material	716
73030	Radiologic examination, shoulder; complete, minimum of two views	914
73110	Radiologic examination, wrist; complete, minimum of three views	498
73130	Radiologic examination, hand; minimum of three views	966
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	631
73564	Radiologic examination, knee; complete, four or more views	335
73610	Radiologic examination, ankle; complete, minimum of three views	783
73630	Radiologic examination, foot; complete, minimum of three views	944
74000	Radiologic examination, abdomen; single anteroposterior view	534
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	311
74176	Computed tomography, abdomen and pelvis; without contrast material	1,307
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1,991

All responses should pertain to **October 1, 2014 through September 30, 2015.**

(Campus – If multiple sites: _____)

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital’s experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day Routinely Scheduled for Use *	Average Number of Days per Year Routinely Scheduled for Use	Average “Case Time” ** in Minutes for Inpatient Cases	Average “Case Time” ** in Minutes for Ambulatory Cases
9	260	104	45

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:

A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.

2 rooms X 8 hours = 16 hours per day

plus

2 rooms X 10 hours = 20 hours per day

equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** “Case Time” = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the “Procedural Times Glossary” of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

All responses should pertain to October 1, 2014 through September 30, 2015.

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: _____

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	0	4	4
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with			
70544	MRA Head w/o	39	42	81
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast	3	12	15
70549	MRA Neck w/o & with			
70551	MRI Brain w/o	144	215	359
70552	MRI Brain with contrast	0	3	3
70553	MRI Brain w/o & with	67	320	387
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	0	2	2
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	10	229	239
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with	3	24	27
72146	MRI Thoracic Spine w/o	0	46	46
72147	MRI Thoracic Spine with contrast	0	1	1
72157	MRI Thoracic Spine w/o & with	1	22	23
72148	MRI Lumbar Spine w/o	18	478	496
72149	MRI Lumbar Spine with contrast	0	3	3
72158	MRI Lumbar Spine w/o & with	4	98	102
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	1	0	1
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with	2	3	5
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o	2	13	15
73219	MRI Upper Ext, other than joint with contrast			
Subtotals for this page		294	1,515	1,809

All responses should pertain to October 1, 2014 through September 30, 2015.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
109	268	377	613	1,874	2,487	2,864

* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: _____

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	1
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

10d. Mobile MRI N/A

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site							

* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

All responses should pertain to October 1, 2014 through September 30, 2015.

Name of Mobile Provider: N/A

10e. Other MRI N/A

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 Does the hospital contract for mobile CT scanner services? Yes X No
 If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners (Multiply # scans by Conversion Factor to get HECT Units)

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	4,284	X	1.00	=	4284.00
2	Head with contrast	10	X	1.25	=	12.50
3	Head without and with contrast	109	X	1.75	=	190.75
4	Body without contrast	4,527	X	1.50	=	6790.50
5	Body with contrast	4,004	X	1.75	=	7007.00
6	Body without contrast and with contrast	1,903	X	2.75	=	5233.25
7	Biopsy in addition to body scan with or without contrast	43	X	2.75	=	118.25
8	Abscess drainage in addition to body scan with or without contrast	12	X	4.00	=	48.00

All responses should pertain to October 1, 2014 through September 30, 2015.

N/A

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3	1	0	158	158
Other Human Research PET Scanner				
Ultrasound equipment	1	1,419	7,776	9,195
Mammography equipment	1	5	7,995	8,000
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)	1	8,048	26,056	34,104
Fixed Fluoroscopic X-ray Equipment				
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	2	246	536	782
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

* PET procedure means a single discrete study of one patient involving one or more PET scans. PET scan means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.**

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile	1	0	27	27

Lithotripsy Vendor/Owner:
Fayetteville Lithotripsy

All responses should pertain to October 1, 2014 through September 30, 2015.

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
Simple Treatment Delivery		
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	
77403	Radiation treatment delivery (6-10 MeV)	31
77404	Radiation treatment delivery (11-19 MeV)	
77406	Radiation treatment delivery (>=20 MeV)	
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	9
77409	Radiation treatment delivery (11-19 MeV)	
77411	Radiation treatment delivery (>=20 MeV)	
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	
77413	Radiation treatment delivery (6-10 MeV)	2,504
77414	Radiation treatment delivery (11-19 MeV)	13
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	1,858
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	501
Total Procedures – Linear Accelerators		4,916
Gamma Knife® Procedures		
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	0
Total Procedures – Gamma Knife®		0

All responses should pertain to October 1, 2014 through September 30, 2015.

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. # Patients <u>203</u> (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)	
b. Linear Accelerators	
1. TOTAL number of Linear Accelerator(s)	<u>1</u>
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery	<u>0</u>
3. Of the TOTAL number above, Number of CyberKnife® Systems:	<u>0</u>
Other specialized linear accelerators	Identify Manufacturer of Equipment
c. Number of Gamma Knife® units <u>0</u>	
d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b)))	

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? Yes
- b. Does your facility read telemedicine images? NO

13. Additional Services:

a) Check if Service(s) is provided: (for dialysis stations, show number of stations)

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services	X	8. Number of Acute Dialysis Stations	5

All responses should pertain to October 1, 2014 through September 30, 2015.

13. Additional Services: *continued*

N/A

b) Hospice Inpatient Unit Data:

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

c) Mental Health and Substance Abuse

N/A

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate: _____

3. Director of the above services. _____

All responses should pertain to October 1, 2014 through September 30, 2015.

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to October 1, 2014 through September 30, 2015.

13. **Additional Services:** *continued*

N/A

c) **Mental Health and Substance Abuse** *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____							

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - General Acute Care Inpatient Services

Facility County: Pasquotank

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	1	37. Gates	158	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	2
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie	10	44. Haywood		80. Rowan	
9. Bladen		45. Henderson	1	81. Rutherford	1
10. Brunswick		46. Hertford	20	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	401	51. Johnston	1	87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	15
18. Catawba		54. Lenoir	1	90. Union	
19. Chatham	3	55. Lincoln		91. Vance	6
20. Cherokee		56. Macon		92. Wake	1
21. Chowan	178	57. Madison		93. Warren	1
22. Clay		58. Martin	3	94. Washington	32
23. Cleveland		59. McDowell	1	95. Watauga	1
24. Columbus		60. Mecklenburg	1	96. Wayne	1
25. Craven	2	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	481	63. Moore	2	99. Yadkin	
28. Dare	129	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	8	101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	32
34. Forsyth		70. Pasquotank	2,872	105. Other States	53
35. Franklin		71. Pender	1	106. Other	
36. Gaston		72. Perquimans	775	Total No. of Patients	5,202

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Inpatient Surgical Cases

Facility County: Pasquotank

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	37	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie	5	44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	6	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	1
12. Burke		48. Hyde	2	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	75	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	2
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	2
20. Cherokee		56. Macon		92. Wake	
21. Chowan	42	57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	16
23. Cleveland		59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	102	63. Moore	1	99. Yadkin	
28. Dare	42	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	1	101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	9
34. Forsyth		70. Pasquotank	539	105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	155	Total No. of Patients	1,045

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Patient Origin – Ambulatory Surgical Cases

Facility County: Pasquotank

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	131	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	1
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie	26	44. Haywood		80. Rowan	
9. Bladen	2	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	26	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	3	84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	317	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	38
18. Catawba		54. Lenoir		90. Union	
19. Chatham	1	55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	3
21. Chowan	308	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	31
23. Cleveland		59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	340	63. Moore		99. Yadkin	
28. Dare	294	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	11
34. Forsyth		70. Pasquotank	4,857	105. Other States	6
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	595	Total No. of Patients	3,997

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Pasquotank

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Cases and Procedures” Table on page 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	86	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie	7	44. Haywood		80. Rowan	
9. Bladen	1	45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	11	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde	4	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	247	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	16
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	2
21. Chowan	125	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	7
23. Cleveland		59. McDowell		95. Watauga	4
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	161	63. Moore		99. Yadkin	
28. Dare	199	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	7
34. Forsyth		70. Pasquotank	1,040	105. Other States	2
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	305	Total No. of Patients	2,227

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - Psychiatric and Substance Abuse

N/A

Facility County: Pasquotank

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

N/A

All responses should pertain to **October 1, 2014 through September 30, 2015**.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

N/A

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Out of State										
TOTAL										

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page

N/A

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

N/A

All responses should pertain to October 1, 2014 through September 30, 2015.

County of Patient Origin	Detoxification Days of Care				Total
	Age < 6	Age 6-12	Age 13-17	Age 18 +	
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
TOTAL					

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin - MRI Services

Facility County: **Pasquotank**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	99	73. Person	
2. Alexander		38. Graham		74. Pitt	3
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie	3	44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	1
10. Brunswick		46. Hertford	1	82. Sampson	
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke		48. Hyde	1	84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	309	51. Johnston		87. Swain	
16. Carteret		52. Jones	2	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	6
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	
21. Chowan	97	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	11
23. Cleveland		59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	236	63. Moore		99. Yadkin	
28. Dare	38	64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	4	101. Georgia	
31. Duplin		67. Onslow	1	102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	16
34. Forsyth		70. Pasquotank	1,640	105. Other States	14
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	373	Total No. of Patients	2,864

Are mobile MRI services currently provided at your hospital? Yes _____ No X

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – Linear Accelerator Treatment

Facility County: Pasquotank

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	6	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford	1	82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	14	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	3
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan	24	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	20	63. Moore		99. Yadkin	
28. Dare	2	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	1	101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank	98	105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	33	Total No. of Patients	203

All responses should pertain to October 1, 2014 through September 30, 2015.

Patient Origin – PET Scanner

Facility County: Pasquotank

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates	7	73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden	3	51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	3
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan	15	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck	25	63. Moore		99. Yadkin	
28. Dare	2	64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton	1	101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank	77	105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans	23	Total No. of Patients	158

All responses should pertain to **October 1, 2014 through September 30, 2015**.

Patient Origin – Emergency Department Services

Facility County: Pasquotank

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	10	37. Gates	1,133	73. Person	3
2. Alexander		38. Graham		74. Pitt	37
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	3
6. Avery		42. Halifax	1	78. Robeson	4
7. Beaufort		43. Harnett		79. Rockingham	2
8. Bertie	32	44. Haywood		80. Rowan	3
9. Bladen		45. Henderson	8	81. Rutherford	19
10. Brunswick		46. Hertford	33	82. Sampson	8
11. Buncombe		47. Hoke	1	83. Scotland	21
12. Burke	2	48. Hyde	12	84. Stanly	
13. Cabarrus	20	49. Iredell	9	85. Stokes	1
14. Caldwell		50. Jackson		86. Surry	1
15. Camden	3,438	51. Johnston	25	87. Swain	
16. Carteret		52. Jones	2	88. Transylvania	
17. Caswell	4	53. Lee	3	89. Tyrrell	61
18. Catawba		54. Lenoir	4	90. Union	7
19. Chatham	12	55. Lincoln		91. Vance	23
20. Cherokee		56. Macon		92. Wake	47
21. Chowan	1,002	57. Madison	2	93. Warren	7
22. Clay		58. Martin	26	94. Washington	108
23. Cleveland		59. McDowell	1	95. Watauga	4
24. Columbus		60. Mecklenburg	37	96. Wayne	9
25. Craven	12	61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery	1	98. Wilson	15
27. Currituck	3,321	63. Moore	23	99. Yadkin	2
28. Dare	240	64. Nash	13	100. Yancey	
29. Davidson		65. New Hanover	32		
30. Davie		66. Northampton	11	101. Georgia	
31. Duplin	6	67. Onslow	23	102. South Carolina	
32. Durham		68. Orange	2	103. Tennessee	
33. Edgecombe		69. Pamlico	19	104. Virginia	488
34. Forsyth		70. Pasquotank	28,150	105. Other States	134
35. Franklin	2	71. Pender	3	106. Other	
36. Gaston		72. Perquimans	5,867	Total No. of Patients	44,051

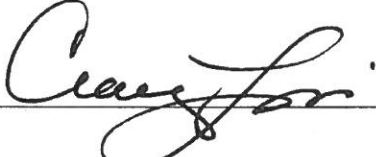
2016 Renewal Application for Hospital:
Sentara Albemarle Medical Center

License No: H0054
Facility ID: 952933

All responses should pertain to October 1, 2014 through September 30, 2015.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature:  Date: 1/12/16

PRINT NAME
OF APPROVING OFFICIAL Craig Lewis

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.