



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC010

Facility Name: Center For Reconstructive Surgery (International Center For Foot and Ankle

County: Clayton

Street Address: 7130 Mount Zion Boulevard Suite 14

City: Jonesboro

Zip: 30236-2566

Mailing Address: Suite 14 7130 Mount Zion Boulevard

Mailing City: Jonesboro

Mailing Zip: 30236-2566

2. Report Period

Report Data for the full twelve month period, January 1, 2008 - December 31, 2008 (365 days).

Do not use a different report period.

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

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

Part B : Survey Contact Information

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

Contact Name: Lori Alvarez

Contact Title: Accountant

Phone: 770-487-6716

Fax: 770-487-1232

E-mail: lalvarez@mindspring.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
International Center For Foot and Ankle Surgery	For Profit	05/01/08

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
International Center For Foot and Ankle Surgery	For Profit	5/01/08

D. Operator's Parent Organization

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

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Med Management LLC	For Profit	7/01/08

F. Management's Parent Organization

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

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
Joseph D. Giovinco	POD000491
Gregory Alvarez	POD000621
W. Kevin Pearson	POD000623
Nick Gabbay	POD000910
Ketan B. Patel	POD000928
Rona Green	POD000697
James Williams	POD000489
Terry Dickerson	POD000890

Part D : Ambulatory Surgery Rooms, Procedures and Patients

1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Human Resources pursuant to Rule 290-5-33-01(u).

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	2	2,197	1,552

1B. Other Nonoperating/Procedure Rooms

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	0	0	0
Minor Procedure Rooms	0	0	0
Other Procedure Rooms	0	0	0

2. Ambulatory Surgery Patients Admitted to Hospital

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

0

3. Ambulatory Patients by Race/Ethnicity

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	8	10
Asian	14	21
Black/African American	631	957
Hispanic/Latino	14	19
Pacific Islander/Hawaiian	0	0
White	882	1,185
Multi-Racial	2	3
Unknown	1	2
Total	1,552	2,197

4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	351	466
Female	1,201	1,731
Total	1,552	2,197

Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
28296	Austin/Reverdin/Scarf bunionectomy	408	9,000.00
28285	Arthroplasty/Arthodesis Digit	461	7,000.00
17111	Destruction of lesion-more than 15	83	7,000.00
17110	Destruction of lesion-less than 15	80	7,000.00
29893	Endoscopic plantar fasciotomy	65	8,000.00
28060	Partial plantar fasciectomy	65	7,000.00
28080	Excision of neuroma	61	7,000.00
20680	Removal of internal fixation	59	7,000.00
28062	Radical plantar fasciectomy	53	8,000.00
28308	Lesser metatarsal osteotomy	40	9,000.00

2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

Specialty(ies)(As indicated on the Office of Regulatory Services permit):

Podiatry

Services Provided:

Surgery of the foot, ankle and leg. Diabetic limb salvage.

Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	165	247	209,636	112,158
Medicaid	0	0	0	0
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	62	93	116,978	107,749
Other Payer	0	0	10,270,936	4,133,476
Total	227	340	10,597,550	4,353,383

2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	0	0
Charity	550	825
Total	550	825

Part G : Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2008. ☒

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/1994

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Yvonne Guettler, RN

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity. ☒

4. Financial Table

Please complete the following financial table for the 2008 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	10,597,550
Medicare Contractual Adjustments	80,311
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	3,847,158
Total Contractual Adjustments	3,927,469
Bad Debt	0
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,798,460
Charity Care Compensation	518,238
Uncompensated Charity Care (Net)	1,280,222
Other Free Care	0
Total Net Patient Revenue	5,389,859
Other Revenue	9,324
Total Net Revenue	5,399,183
Total Expenses	1,609,535
Adjusted Gross Revenue	10,526,563
Total Uncompensated I/C Care	1,280,222
Percent Uncompensated Indigent/Charity Care	12.16%

Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

A) American Association of Ambulatory Care? ☐

B) American Association for Accreditation of Plastic Surgery Facilities? ☐

C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)? ☒

D) Accreditation Association for Ambulatory Health Care (AAAHC)? ☐

E) Accreditation Association for Ambulatory Health Care (AAAHC)? ☐

F) Other? ☒

Specify other organizations that accredit your facility in the space below.

Accreditation Association For Podiatric Surgical Facilities

Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Baldwin	1
Bibb	2
Butts	19
Carroll	8
Catoosa	1
Cherokee	3
Clayton	173
Cobb	13
Coweta	178
DeKalb	71
Douglas	8
Fayette	194
Forsyth	2
Fulton	239
Greene	1
Gwinnett	22
Hall	2
Heard	9
Henry	229
Jasper	11
Jones	1
Lamar	4
Meriwether	9
Morgan	4
Muscogee	1
Newton	117
Other- Out of State	29
Paulding	1
Pike	6
Putnam	1
Rockdale	158
Spalding	18
Troup	6
Upson	2
Walton	8
Whitfield	1
Total	1,552

Part J : Ambulatory Surgery Center Workforce Information

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2008.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	3.00	0.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	3.00	0.00	0.00
Allied Health Therapists		0.00	0.00

2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	Not Applicable
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
Allied Health Therapists	Not Applicable

Electronic Signature

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

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

Authorized Signature: Gregory Alvarez, DPM

Date: 6/22/2009

Title: Vice-President

Comments: