



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC024

Facility Name: Southern Surgery Center, LLC

County: Troup

Street Address: 1805 Vernon Road, Suite C

City: LaGrange

Zip: 30240-4041

Mailing Address: 1805 Vernon Road, Suite C

Mailing City: LaGrange

Mailing Zip: 30240-4041

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: Terry Kirby

Contact Title: Clinical Manager

Phone: 706-812-9902

Fax: 706-812-0802

E-mail: tkirby@southernurgery.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
Southern Surgery Center, L.L.C.	For Profit	01/03/1997

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Surgery Center, L.L.C.	For Profit	01/03/1997

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
James F. Bruce, M.D.	023336
Robert R. Comerford, M.D.	038207
Daniel K. Guy, M.D.	029877
Catherine L. Schane, M.D.	049254
Deborah Simmons, M.D.	028706
Robert Coggins, M.D.	033949
Brad Bowyer, M.D.	037492

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	5	2,961	2,593

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?

10

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	1	1
Asian	5	6
Black/African American	395	485
Hispanic/Latino	16	18
Pacific Islander/Hawaiian	0	0
White	2,067	2,342
Multi-Racial	0	0
Unknown	109	109
Total	2,593	2,961

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	1,118	1,302
Female	1,475	1,659
Total	2,593	2,961

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
62311	Epidural Steroid Injection	464	1,311.00
45378	Diagnostic Colonoscopy	374	1,095.00
45380	Colonoscopy with Biopsy	279	1,127.00
45381	Colonoscopy with Directed Submucosal Injections	110	1,299.00
43235	Endoscopy Diagnostic	97	1,095.00
43249	EGD with Dilatation	77	1,128.00
29824	Arthroscopy Shoulder Rotator Cuff Repair	72	6,935.00
29881	Knee Arthroscopy	72	5,373.00
64721	Carpal Tunnel Release	69	4,572.00
43239	EGD with Biopsy	542	1,127.00

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):

Orthopedic, Dental, Gastroenterology, Plastics, Pain Management, Epidural Steroid Injections, General Surgery, Otorhinolaryngology, Ophthalmology, Podiatry and Gynecology

Services Provided:

Orthopedic Surgery, Dental Surgery, Gastroenterology Procedures, Plastic Surgery, Pain Procedure Injections, General Surgery, Otorhinolaryngology Surgery, Podiatry Surgery and Gynecology Surgery

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	952	1,088	2,430,208	385,723
Medicaid	85	88	314,480	43,035
PeachCare for Kids	1	1	2,856	486
Third Party	1,325	1,541	3,792,184	1,730,639
Self Pay	145	151	332,685	388,744
Other Payer	85	92	445,527	281,526
Total	2,593	2,961	7,317,940	2,830,153

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	62	73
Charity	39	57
Total	101	130

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.

01/12/1996

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.

J. Keener Lynn, Administrator

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	7,317,940
Medicare Contractual Adjustments	2,155,251
Medicaid Contractual Adjustments	252,949
Other Contractual Adjustments	1,595,329
Total Contractual Adjustments	4,003,529
Bad Debt	73,932
Indigent Care Gross Charges	187,207
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	187,207
Charity Care Gross Charges	156,655
Charity Care Compensation	20,239
Uncompensated Charity Care (Net)	136,416
Other Free Care	46,225
Total Net Patient Revenue	2,870,631
Other Revenue	40,831
Total Net Revenue	2,911,462
Total Expenses	2,849,735
Adjusted Gross Revenue	4,876,639
Total Uncompensated I/C Care	323,623
Percent Uncompensated Indigent/Charity Care	6.64%

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.

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
Carroll	11
Clay	4
Cobb	2
Coweta	22
DeKalb	1
Dougherty	1
Douglas	1
Fayette	4
Fulton	1
Harris	84
Heard	66
Henry	1
Irwin	1
Lamar	1
Meriwether	169
Muscogee	12
Other- Out of State	248
Pike	5
Rockdale	1
Talbot	4
Troup	1940
Upson	14
Total	2,593

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)	8.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.00	0.00	0.00
Allied Health Therapists	0.00	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: James F. Bruce, M.D.

Date: 6/11/2009

Title: C.E.O.

Comments: