



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC044

Facility Name: Atlanta Center for Reconstructive Foot and Ankle Surgery

County: Fulton

Street Address: 218 Sandy Springs Place

City: Atlanta

Zip: 30328-3812

Mailing Address: 218 Sandy Springs Place NE

Mailing City: Atlanta

Mailing Zip: 30328-3812

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: PORTIA WALKER

Contact Title: DIRECTOR OF SURGICAL SERVICES

Phone: 404-257-0611

Fax: 404-446-1953

E-mail: pwalker@acrfas.net

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
ATLANTA CENTER FOR FOOT & ANKLE SURGERY, LLC	For Profit	01/01/2007

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
Banks, Alan	POD000545
Barry, Lance	POD000642
Brody, Evan	POD000937
Butlin, Winfield	POD000322
Camasta, Craig	POD000676
Carter, Steve	POD000747
Cohen, Scott	POD000601
Cutsuries, Anthony	POD000739

Greenbaum, Mark	POD000611
Helfman,, David	POD000643
John, Matthew	POD000926
Julien, Perry	POD000582
Laur, Mike	POD000883
Lazerson, Allenn	POD000496
Light, Mark	POD000630
McGlamry, Michael	POD000680
Lawanna, Monday	POD001038
Peebles, Charles	POD000796
Pierre, Felicia	POD000853
Pitts, Darryl	POD000877
Price, Jennifer	POD000991
Raphael, Allen	POD001050
Ruch, John	POD000407
Richman, Steve	POD000500
Schancupp, Joel	POD000506
Sharif, Mohammad	POD000944
Snyder,Mark	POD001027
Ulett, Dane	POD000960
Todd, Tobi	POD000972
Tuck, Stuart	POD000590
Warner, Andrew	POD000781
Weiskopf, Steve	POD000889
Zarett, Jon	POD000478

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	3,239	1,745

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	2	4
Asian	11	17
Black/African American	523	1,062
Hispanic/Latino	37	61
Pacific Islander/Hawaiian	0	0
White	1,130	1,991
Multi-Racial	0	0
Unknown	42	104
Total	1,745	3,239

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	358	600
Female	1,387	2,639
Total	1,745	3,239

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
28285	CORRECTION OF HAMMERTOES	989	3,240.00
28296	CORRECTION, HALLUX VALGUS	531	4,455.00
28270	CAPSULOTOMY; METATARSOPHALANGELA JOINT	130	2,835.00
20680	REMOVAL OF IMPLANT; DEEP	111	2,160.00
28289	HALLUS RIGIDUS CORRECTION WITH CHEILECTOMY	108	4,050.00
28080	EXCISION, INTERDIGITAL (MORTON) NEUROMA	102	3,240.00
28292	CORRECTION, HALLUX VALGUS	87	3,645.00
28110	OSTECTOMY, PARTIAL EXCISION	58	2,835.00
28060	FASCIECTOMY, PLANTAR FASCIA; PARTIAL	54	3,645.00
28122	PARTIAL EXCISION	50	2,835.00

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):

ASC - PODIATRY

Services Provided:

ASC - SURGICAL PODIATRY

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	184	377	1,039,014	163,252
Medicaid	13	26	67,622	11,926
PeachCare for Kids	5	13	30,468	2,206
Third Party	1,476	2,707	8,200,953	1,575,076
Self Pay	38	59	171,377	30,536
Other Payer	29	57	178,340	45,243
Total	1,745	3,239	9,687,774	1,828,239

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	40	67
Charity	54	84
Total	94	151

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.

01/01/2007

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.

Portia Walker

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	9,687,774
Medicare Contractual Adjustments	875,763
Medicaid Contractual Adjustments	83,959
Other Contractual Adjustments	6,576,105
Total Contractual Adjustments	7,535,827
Bad Debt	59,474
Indigent Care Gross Charges	165,201
Indigent Care Compensation	3,845
Uncompensated Indigent Care (Net)	161,356
Charity Care Gross Charges	107,767
Charity Care Compensation	4,889
Uncompensated Charity Care (Net)	102,878
Other Free Care	0
Total Net Patient Revenue	1,828,239
Other Revenue	0
Total Net Revenue	1,828,239
Total Expenses	0
Adjusted Gross Revenue	8,668,578
Total Uncompensated I/C Care	264,234
Percent Uncompensated Indigent/Charity Care	3.05%

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
Barrow	11
Bartow	5
Butts	1
Carroll	23
Cherokee	89
Clayton	27
Cobb	386
Colquitt	1
Coweta	1
DeKalb	217
Douglas	85
Fannin	8
Fayette	10
Forsyth	23
Fulton	393
Gilmer	3
Gordon	1
Greene	10
Gwinnett	309
Habersham	1
Hall	9
Hancock	2
Haralson	3
Henry	9
Jackson	10
Jasper	3
Morgan	7
Newton	17
Paulding	27
Rabun	1
Rockdale	16
Towns	8
Troup	1
Union	17
Walton	9
White	1
Total	1,745

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)	4.00	0.00	4.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	0.00	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	31-60 Days
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: STEPHEN JANIS

Date: 7/31/2009

Title: CHIEF FINANCIAL OFFICER

Comments: