GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC128

Facility Name: AUGUSTA UROLOGY SURGICENTER, LLC

County: Richmond

Street Address: 811 13th Street, Suite 17

City: AUGUSTA

Zip: 30901

Mailing Address: 811 13th Street, Suite 17

Mailing City: AUGUSTA

Mailing Zip: 30901

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: Frances L. Blocker

Contact Title: Administrator

Phone: 706-724-4111

Fax: 706-823-0533

E-mail: fblocker@augustaurology.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
Augusta Urology Surgicenter, L.L.C.	For Profit	04-13-1998

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
Mark L. Cain, M.D.	35020
James J. Carswell, III, M.D.	13733
Charles H. Coleman, Jr., M.D.	18633
Michael F. Green, M.D.	23972
Henry N. Goodwin, Jr., M.D.	51325
James D. Quarles, Jr., M.D.	32460
Richard B. Sasnett, Jr., M.D.	16523

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	2,062	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	1	2,669	2,022
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?

2

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	3	3
Asian	19	23
Black/African American	726	1,089
Hispanic/Latino	29	38
Pacific Islander/Hawaiian	0	0
White	2,988	3,576
Multi-Racial	2	2
Unknown	0	0
Total	**3,767**	**4,731**

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	2,540	2,674
Female	1,227	2,057
Total	**3,767**	**4,731**

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
52000	Cystourethroscopy	1,856	800.00
52005	Cystourethroscopy with ureteropyelography	861	1,000.00
55700	Biopsy, Prostate	530	700.00
55250	Vasectomy	228	800.00
50590	Lithotripsy	93	6,400.00
52332	Cystourethroscopy with insertion ureteral stent	74	1,400.00
52310	Cystourethroscopy with removal ureteral stent	72	1,000.00
51726	Complex cystometrogram	66	550.00
52204	Cystourethroscopy with biopsy	62	1,000.00
52214	Cystourethroscopy with fulgeration	50	1,000.00

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)*:

Urology

Services Provided:

Anesthesia Surgical Services Diagnostic Imaging Radiology

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	1,871	2,703	2,219,649	647,634
Medicaid	13	18	21,438	5,392
PeachCare for Kids	0	0	0	0
Third Party	1,835	1,951	2,930,825	1,687,242
Self Pay	30	38	42,545	30,937
Other Payer	18	21	18,800	11,156
Total	**3,767**	**4,731**	**5,233,257**	**2,382,361**

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	1	3
Charity	1	3
Total	**2**	**6**

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.

12/01/2003

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.

Frances L. Blocker - 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 not 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	5,221,382
Medicare Contractual Adjustments	1,361,988
Medicaid Contractual Adjustments	30,083
Other Contractual Adjustments	791,524
Total Contractual Adjustments	**2,183,595**
Bad Debt	70,882
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**0**
Other Free Care	247,137
Total Net Patient Revenue	**2,719,768**
Other Revenue	0
Total Net Revenue	**2,719,768**
Total Expenses	1,836,356
Adjusted Gross Revenue	**3,758,429**
Total Uncompensated I/C Care	**0**
Percent Uncompensated Indigent/Charity Care	**0.00%**

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
Baldwin	3
Bibb	1
Bulloch	5
Burke	130
Columbia	864
Elbert	3
Emanuel	24
Forsyth	1
Glascock	21
Greene	4
Hancock	2
Jefferson	96
Jenkins	33
Laurens	1
Lincoln	30
McDuffie	137
Newton	2
Other- Out of State	1259
Pierce	1
Richmond	1011
Screven	17
Taliaferro	7
Toombs	1
Warren	34
Washington	40
Wilkes	35
Wilkinson	5
Total	**3,767**

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)	9.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.50	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	30 Days or Less
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: Michael F. Green

Date: 6/26/2009

Title: Managing Member

Comments:

Adjusted gross revenue is not correct. It does not take into account "Other Contractual Adjustments". It should either be the same as "Total Net Revenue" $2,719,768 or be this amount less expenses which would result in a value of $883,411.