



2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC144

Facility Name: SUMMIT ENDOSCOPY CENTER, L L C

County: Fayette

Street Address: 1265 Highway 54 West, Suite 401

City: FAYETTEVILLE

Zip: 30214

Mailing Address: 1265 Highway 54 West, Suite 401

Mailing City: FAYETTEVILLE

Mailing Zip: 30214

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: Cathy Procter, RN

Contact Title: Clinical Manager

Phone: 770-461-2579

Fax: 678-817-6502

E-mail: cathy.procter@piedmont.org

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
	Not Applicable	

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
	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
William Michael Strain, MD	027921
David M Gryboski, MD	035060
Bryan L Woods, MD	034273
John E Burney, MD	039539
Kiran Jagdish Kanji, MD	054761
Thomas S. Claiborne, Jr. MD	17443
Booker H. Dalton, Jr., MD	35608
Michael R. Galambos, MD	30064

Valerie J. Jagiella, MD	28575
Raymond A Rubin, MD	041204
Mark A. Sims	38365
Charles P. Stewart, III, MD	54037
J. Patrick Waring, MD	27686
Randy J. Yanda, MD	36638
Frank Lopez	30132

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	3	9,404	8,363

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?

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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	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Unknown	8,363	9,404
Total	8,363	9,404

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	3,496	3,931
Female	4,867	5,473
Total	8,363	9,404

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
45384	Colonoscopy with removal of lesion hot bx	2,461	1,000.00
43239	UGI Endo with bx	2,334	950.00
45378	Colonoscopy/dx	1,938	1,000.00
45380	Colonoscopy with bx	984	1,000.00
45385	Colonoscopy with removal of lesion with snare	596	1,100.00
43248	Endoscopy with insertion of guide wire	682	950.00
G0105	Colorectal cancer screen/high risk	220	476.00
G0121	Colorectal cancer screen/not high risk	114	498.00
43235	Upper endoscopy/dx	65	800.00
45330	sigmoidoscopy, flexible	20	700.00

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):

Gastroenterology

Services Provided:

Colonoscopy and Upper Endoscopy

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	2,313	2,601	2,747,845	1,140,096
Medicaid	0	0	0	0
PeachCare for Kids	0	0	0	0
Third Party	6,031	6,781	7,643,627	3,241,454
Self Pay	19	22	23,400	12,441
Other Payer	0	0	0	0
Total	8,363	9,404	10,414,872	4,393,991

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	0	0
Total	0	0

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.

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.

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	10,414,872
Medicare Contractual Adjustments	1,347,073
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	4,576,742
Total Contractual Adjustments	5,923,815
Bad Debt	97,066
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	0
Total Net Patient Revenue	4,393,991
Other Revenue	0
Total Net Revenue	4,393,991
Total Expenses	0
Adjusted Gross Revenue	8,970,733
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
Alabama	12
Bibb	3
Butts	22
Carroll	41
Catoosa	3
Cherokee	2
Clay	2
Clayton	371
Cobb	15
Coffee	3
Coweta	1538
DeKalb	25
Dooly	4
Douglas	10
Fayette	4583
Fulton	562
Gilmer	10
Greene	2
Gwinnett	6
Hall	2
Harris	6
Heard	24
Henry	340
Lamar	28
Lee	3
Macon	3
McIntosh	2
Meriwether	63
Muscogee	2
Other- Out of State	32
Paulding	20
Pickens	2
Pike	134
Polk	6
Putnam	3
Rabun	2
Randolph	7
Richmond	3
Rockdale	3

Schley	2
Seminole	2
Spalding	241
Talbot	15
Troup	47
Upson	140
Walton	2
Ware	2
Warren	6
Whitfield	7
Total	8,363

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)	2.00	0.00	0.00
Aides/Assistants	4.00	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	30 Days or Less
Licensed Practical Nurse	30 Days or Less
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: Diane Farthing

Date: 7/29/2009

Title: Executive Director

Comments: