



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC174

Facility Name: PIEDMONT EYE

County: Fulton

Street Address: 3193 HOWELL MILL ROAD, SUITE 100, PACES PAVILLION

City: ATLANTA

Zip: 30327

Mailing Address: 3193 HOWELL MILL ROAD, SUITE 100, PACES PAVILLION

Mailing City: ATLANTA

Mailing Zip: 30327

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: Lisa Brooks

Contact Title: Clinical Director

Phone: 404-350-1410

Fax: 404-350-1416

E-mail: lisa_brooks@eyeconsultants.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
Eye Consultants of Atlanta/Piedmont System Ambulat	For Profit	4/2002

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
Howard Borger	29591
Mark Bordenca	48488
Starla Fitch	38757
James Frank	41558
Marc Greenberg	38241
Robert Halpern	35260
Stephen Hamilton	36770
Thomas Harbin	17194

Alan Kozarsky	23619
William Barry Lee	53574
Elliot Levine	34400
Zane Pollard	15301
Mark Mohney	31800
Scott Pastor	43735
John Michael Roach	47141
Christopher Weltz	50281

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	12,347	4,427

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?

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	5,135	12,347
Total	5,135	12,347

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	2,980	7,161
Female	2,155	5,186
Total	5,135	12,347

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
66984	Phaco IOL	3,482	2,377.00
66982	Phaco IOL-complicated	156	2,377.00
66821	yag lasers	690	786.00
66170	Trabeculectomy	101	1,533.00
65426	Pterygium	51	1,084.00
65730	Penetrating Keratoplasty	143	2,494.00
66180	Aqueous Shunt	26	3,500.00
68115	Excision lesion	24	1,084.00
66172	Trabeculectomy-previous surgery	28	1,533.00
65755	Penetrating Keratoplasty-deep lamellar endothelial technique	115	2,494.00

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):

Ambulatory Surgical Treatment Center

Services Provided:

Eye 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	2,225	4,026	2,691,618	0
Medicaid	39	64	86,692	0
PeachCare for Kids	0	0	0	0
Third Party	2,743	7,620	5,640,383	0
Self Pay	118	300	128,348	0
Other Payer	10	18	33,856	0
Total	5,135	12,028	8,580,897	0

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.

Kay Elliott

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	8,580,897
Medicare Contractual Adjustments	47,414
Medicaid Contractual Adjustments	29,660
Other Contractual Adjustments	7,116
Total Contractual Adjustments	84,190
Bad Debt	19,766
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	8,476,941
Other Revenue	0
Total Net Revenue	8,476,941
Total Expenses	0
Adjusted Gross Revenue	8,484,057
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	32
Banks	3
Barrow	8
Bartow	62
Bibb	37
Bleckley	2
Bulloch	1
Butts	8
Carroll	49
Catoosa	1
Cherokee	148
Clarke	2
Clayton	64
Cobb	601
Cook	2
Coweta	48
Crawford	1
Crisp	1
Dawson	2
DeKalb	298
Dooly	3
Dougherty	1
Douglas	92
Elbert	6
Fannin	8
Fayette	103
Floyd	60
Forsyth	43
Franklin	4
Fulton	643
Gilmer	6
Glynn	2
Gordon	2
Greene	6
Gwinnett	4
Habersham	7
Hall	20
Hancock	4
Haralson	5

Harris	1
Hart	1
Heard	2
Henry	74
Houston	17
Jackson	10
Jasper	3
Jefferson	1
Johnson	1
Jones	7
Lamar	5
Laurens	3
Lee	2
Macon	2
Madison	4
Marion	8
Meriwether	4
Monroe	12
Morgan	3
Murray	1
Muscogee	16
Newton	28
Oconee	9
Oglethorpe	4
Other- Out of State	25
Paulding	58
Peach	7
Pickens	26
Pike	2
Polk	26
Pulaski	1
Putnam	17
Rabun	7
Randolph	2
Richmond	2
Rockdale	23
Spalding	24
Stephens	7
Taliaferro	1
Taylor	2
Telfair	2
Tift	1
Troup	3
Twiggs	3

Union	1
Upson	6
Walton	38
Ware	4
Washington	5
White	5
Whitfield	5
Wilcox	2
Wilkinson	1
Total	2,913

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	1.00	0.00	1.00
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: Lisa Brooks, RN

Date: 8/26/2013

Title: Clinical Director

Comments: