



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC228

Facility Name: THOMAS EYE SURGERY CENTER

County: Fulton

Street Address: 5671 PEACHTREE DUNWOODY RD, NE, SUITE 380

City: ATLANTA

Zip: 30342

Mailing Address: 5671 PEACHTREE DUNWOODY RD, NE, SUITE 380

Mailing City: ATLANTA

Mailing Zip: 30342

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: Barbara Bowen

Contact Title: Business Office Manager

Phone: 678-781-7388

Fax: 678-781-7324

E-mail: bbowen@thomaseye.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
Thomas Eye Surgery Center	For Profit	1/1/2005

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Thomas Eye Group	For Profit	7/1/2000

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Thomas Eye Group	For Profit	7/1/2000

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Thomas Eye Group	For Profit	7/1/2000

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Thomas Eye Group	For Profit	7/1/2000

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Thomas Eye Group	For Profit	7/1/2000

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

Full Name	License Number
John Thurman Cobb	023577
Leon Ray Gross	016351
Larry Elliot Heit	041136
Paul Levine Kaufman	054435
Stephen Barry Levine	016093
Stephen Neil Lipsky	048263
Richard Gary Livernois	062059
Kenneth Ross Neufeld	054836

Stewart Jay Newman	030357
Jeri Sue Salit	038601
Stewart Harold Silverman	016983
William Kevin Thomas	014579
Jerry Elliott Berland	045397
Mark Nevin Berman	048876
Robert David Blasberg	026223
Jeffrey Alan Carlisle	037164

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	4,303	3,772

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	1	668	668

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	3,772	4,303
Total	3,772	4,303

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	1,522	1,723
Female	2,250	2,580
Total	3,772	4,303

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	Extracapsula caataract removal	2,347	3,900.00
66821	Yag Laser	668	1,800.00
67332	Strabismus	477	2,500.00
15823	Blepharoplasty, upper eyelid	225	2,900.00
68115	Excision of lesion,conjunctiva: over 1 cm	183	1,800.00
67904	Levator advancement	73	2,500.00
15821	Blepharoplast, lower eyelid	56	2,000.00
68720	Dacryocystorhinostomy	26	2,500.00
67036	Vitrectomy	24	4,100.00
67902	Repair of brow ptosis	20	2,500.00

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):

Ophthalmology

Services Provided:

Ophthalmic 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	2,525	2,630	9,134,458	2,300,387
Medicaid	191	216	199,882	43,756
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	62	85	145,856	51,782
Other Payer	994	1,372	5,486,813	1,710,507
Total	3,772	4,303	14,967,009	4,106,432

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	14,967,009
Medicare Contractual Adjustments	6,834,069
Medicaid Contractual Adjustments	156,127
Other Contractual Adjustments	3,855,947
Total Contractual Adjustments	10,846,143
Bad Debt	14,434
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	4,106,432
Other Revenue	0
Total Net Revenue	4,106,432
Total Expenses	3,481,786
Adjusted Gross Revenue	7,962,379
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	8
Appling	0
Atkinson	0
Bacon	0
Baker	0
Baldwin	2
Banks	3
Barrow	12
Bartow	19
Ben Hill	5
Berrien	0
Bibb	6
Bleckley	4
Brantley	0
Brooks	0
Bryan	0
Bulloch	0
Burke	0
Butts	11
Calhoun	0
Camden	0
Candler	3
Carroll	11
Catoosa	0
Charlton	0
Chatham	0
Chattahoochee	0
Chattooga	0
Cherokee	146
Clarke	2
Clay	0
Clayton	106
Clinch	0
Cobb	464
Coffee	0
Colquitt	0
Columbia	0
Cook	0
Coweta	175

Crawford	0
Crisp	5
Dade	0
Dawson	12
Decatur	0
DeKalb	821
Dodge	6
Dooly	0
Dougherty	0
Douglas	15
Early	0
Echols	0
Effingham	1
Elbert	1
Emanuel	0
Evans	0
Fannin	4
Fayette	37
Florida	8
Floyd	2
Forsyth	72
Franklin	0
Fulton	702
Gilmer	7
Glascock	0
Glynn	1
Gordon	4
Grady	0
Greene	0
Gwinnett	569
Habersham	0
Hall	17
Hancock	0
Haralson	1
Harris	0
Hart	0
Heard	4
Henry	156
Houston	1
Irwin	0
Jackson	3
Jasper	27
Jeff Davis	0
Jefferson	0

Jenkins	0
Johnson	0
Jones	0
Lamar	1
Lanier	0
Laurens	0
Lee	2
Liberty	0
Lincoln	0
Long	0
Lowndes	0
Lumpkin	5
Macon	1
Madison	1
Marion	0
McDuffie	0
McIntosh	0
Meriwether	3
Miller	0
Mitchell	0
Monroe	1
Montgomery	0
Morgan	2
Murray	0
Muscogee	0
Newton	52
North Carolina	6
Oconee	0
Oglethorpe	0
Other- Out of State	9
Paulding	35
Peach	0
Pickens	15
Pierce	0
Pike	1
Polk	1
Pulaski	1
Putnam	2
Quitman	0
Rabun	2
Randolph	1
Richmond	0
Rockdale	120
Schley	0

Screven	0
Seminole	1
South Carolina	2
Spalding	2
Stephens	1
Stewart	0
Sumter	1
Talbot	0
Taliaferro	0
Tattnall	0
Taylor	0
Telfair	0
Tennessee	1
Terrell	0
Thomas	0
Tift	0
Toombs	0
Towns	0
Treutlen	0
Troup	0
Turner	0
Twiggs	0
Union	1
Upson	0
Walker	0
Walton	46
Ware	0
Warren	0
Washington	0
Wayne	0
Webster	0
Wheeler	0
White	1
Whitfield	1
Wilcox	0
Wilkes	1
Wilkinson	0
Worth	0
Total	3,772

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)	5.00	0.00	0.00
Licensed Practical Nurses (LPNs)	3.00	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	30 Days or Less
Licensed Practical Nurse	30 Days or Less
Aides/Assistants	30 Days or Less
Allied Health Therapists	NA

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: Walter Underwood

Date: 6/18/2009

Title: Chief Executive Officer

Comments: