



2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC018

Facility Name: Northlake Surgical Center

County: DeKalb

Street Address: 1491 Montreal Road, Suite 204

City: Tucker

Zip: 30084

Mailing Address: 1491 Montreal Road, Suite 204

Mailing City: Tucker

Mailing Zip: 30084

2. Report Period

Report Data for the full twelve month period, January 1, 2009 - December 31, 2009 (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: CHERYL SLAVIK

Contact Title: BUSINESS OFFICE MANGER

Phone: 770-270-1284

Fax: 770-270-5279

E-mail: cheryl.slavik@hcahealthcare.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
NORTHLAKE SURGICAL CENTER, L.P.	For Profit	1/1/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
ATLANTA HEALTHCARE MANAGEMENT, L.P.	For Profit	1/1/2003

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NORTHLAKE SURGICAL CENTER, L.P.	For Profit	1/1/2003

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
ATLANTA HEALTHCARE MANAGEMENT, L.P.	For Profit	1/1/2003

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	9/9/1999

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

Full Name	License Number
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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	2,415	2,415

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	1	1,341	1,341
Minor Procedure Rooms	1	1,416	1,416
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	169	169
Black/African American	914	914
Hispanic/Latino	115	115
Pacific Islander/Hawaiian	0	0
White	1,215	1,215
Multi-Racial	2	2
Unknown	0	0
Total	2,415	2,415

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	1,151	1,151
Female	1,264	1,264
Total	2,415	2,415

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
69436	TYMPANOSTOMY	614	2,558.00
66984	CATARACT REMOVAL, INSERTION OF LENS	556	4,073.00
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG	199	8,370.00
29826	SHOULDER SCOPE, BONE SHAVING	186	10,088.00
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY	168	7,569.00
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL	161	2,623.00
42820	TONSILLECTOMY&ADENOIDECTOMY UNDER AGE 12	135	4,008.00
69610	TYMPANIC MEMB RPR -SIT PREPJ PRF8J PATCH	81	5,919.00
42826	TONSILLECTOMY 1/2 AGE 12/>	79	3,728.00
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	70	7,569.00

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, GENERAL SURGERY, GYNECOLOGY, OPHTHALMOLOGY, ORAL SURGERY, ORTHOPEDICS, OTOLARYNGOLOGY, PAIN MANAGEMENT, PLASTIC SURGERY, PODIATRY AND UROLOGY.

Services Provided:

AMBULATORY SURGICAL SERVICES

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	1,332	1,332	6,421,400	844,810
Medicaid	618	618	3,080,727	462,315
PeachCare for Kids	0	0	0	0
Third Party	2,514	2,514	14,531,546	2,756,141
Self Pay	175	175	1,010,053	811,637
Other Payer	533	533	2,069,306	945,095
Total	5,172	5,172	27,113,032	5,819,998

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	178	178
Total	178	178

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 2009.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/23/2009

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.

MICHAEL FERRARA, 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 2009 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	27,113,032
Medicare Contractual Adjustments	5,559,746
Medicaid Contractual Adjustments	2,430,290
Other Contractual Adjustments	12,504,165
Total Contractual Adjustments	20,494,201
Bad Debt	107,345
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	691,488
Charity Care Compensation	0
Uncompensated Charity Care (Net)	691,488
Other Free Care	0
Total Net Patient Revenue	5,819,998
Other Revenue	3,001
Total Net Revenue	5,822,999
Total Expenses	4,879,753
Adjusted Gross Revenue	19,018,652
Total Uncompensated I/C Care	691,488
Percent Uncompensated Indigent/Charity Care	3.64%

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	1
Banks	2
Barrow	15
Bartow	5
Bibb	1
Butts	3
Carroll	2
Cherokee	7
Clarke	1
Clayton	25
Cobb	53
Coweta	4
Dawson	1
DeKalb	1037
Douglas	4
Elbert	3
Fayette	5
Forsyth	12
Fulton	357
Greene	2
Gwinnett	587
Hall	17
Henry	53
Jackson	4
Jasper	3
Lamar	1
Morgan	3
Newton	44
Paulding	3
Putnam	3
Rockdale	44
Towns	2
Union	1
Upson	1
Walker	1
Walton	106
Whitfield	2
Total	2,415

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 12-31-2009.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	10.00	0.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	8.00	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	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: MICHAEL FERRARA

Date: 2/24/2010

Title: ADMINISTRATOR

Comments:

As stated in the last two years, the following continues to apply to reporting as requested by the ASC survey. As a general rule, surgery centers do not keep separate data for OR patients versus Procedure Room patients. The breakout of this data for the survey is at best very difficult, if not impossible, to report accurately for every surgery center in the state. Patients are reported as being the same as procedures since it is not possible for HCA facilities to track data using the DHP definition distinguishing patients and procedures. Patients and procedures are reported in the same way for all HCA facilities, since all use the same data system.