



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2009 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC060

Facility Name: Orthopedic Surgery Center, L.P.

County: Chatham

Street Address: 210 East DeRenne Avenue

City: Savannah

Zip: 31405

Mailing Address: 210 East DeRenne Avenue

Mailing City: Savannah

Mailing Zip: 31405

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: Michael Kleinpeter

Contact Title: CEO

Phone: 912-544-5370

Fax: 912-644-5260

E-mail: mkleinpeter@optimhealth.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
Tattnall Hospital Company, LLC d/b/a The Doctors	For Profit	01/01/09

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Orthopedic Center, PC	For Profit	1/1/00

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
	NA	

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

Full Name	License Number
James Dewberry, MD	015371
John George, MD	027815
Bradley Heiges, MD	050479
Charles Hope, MD	043962
Juha Jaakkola, MD	042065
Mark Kamaleson, MD	042622
William Kropp, MD	037010
Donald McCartney, MD	041007

David Palmer, MD	044980
Benjamin Sutker, MD	052639
James Wilson, MD	046013
Andrew Sheils, MD	013081
Kent Woo, MD	049123
Edward Whelan, III, MD	024373

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	3,217	3,217

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	0	0
Other Procedure Rooms	2	1,293	1,293

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?

7

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	3,217	3,217
Total	3,217	3,217

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	1,470	1,470
Female	1,747	1,747
Total	3,217	3,217

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
64483	Transforaminal, Lumbar/Sacral	2,077	6,000.00
62311	Epidural Lumbar or Sacral	755	6,067.00
64721	Carpal Tunnel Release	358	15,000.00
29881	Knee Arthroscopy	265	25,000.00
26055	Trigger Finger Release	259	4,500.00
29826	Arthroscopy, shoulder, subacromial	232	25,000.00
27096	Injection, Sacroiliac Joint	204	6,000.00
29824	Arthroscopy, Shoulder, distal Clavical	187	6,500.00
63650	Percutaneous Implantation of Neuro Device	146	10,500.00
20680	Hardware Removal Implant Deep	101	6,500.00

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):

Orthopedic Services

Services Provided:

Orthopedic Surgery & Procedures

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	1,978	1,978	27,684,882	2,234,254
Medicaid	272	272	1,767,237	190,245
PeachCare for Kids	0	0	0	0
Third Party	2,198	2,198	76,749,143	28,189,080
Self Pay	62	62	551,471	37,607
Other Payer	0	0	0	0
Total	4,510	4,510	106,752,733	30,651,186

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 2009. ☒

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

08/20/2004

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.

Angela Myers, Director of Reimbursement

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	106,752,733
Medicare Contractual Adjustments	26,250,628
Medicaid Contractual Adjustments	1,576,991
Other Contractual Adjustments	45,489,507
Total Contractual Adjustments	73,317,126
Bad Debt	72,584
Indigent Care Gross Charges	2,256,984
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	2,256,984
Charity Care Gross Charges	451,269
Charity Care Compensation	0
Uncompensated Charity Care (Net)	451,269
Other Free Care	3,584
Total Net Patient Revenue	30,651,186
Other Revenue	0
Total Net Revenue	30,651,186
Total Expenses	6,283,160
Adjusted Gross Revenue	78,852,530
Total Uncompensated I/C Care	2,708,253
Percent Uncompensated Indigent/Charity Care	3.43%

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.
CMS

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
Appling	23
Atkinson	2
Bacon	9
Berrien	3
Bryan	243
Bulloch	157
Camden	9
Candler	8
Chatham	1506
Cherokee	4
Cobb	3
Coffee	13
Columbia	2
DeKalb	4
Effingham	320
Emanuel	14
Evans	30
Florida	5
Fulton	1
Glynn	13
Gwinnett	4
Henry	2
Jeff Davis	6
Jenkins	12
Johnson	2
Laurens	4
Liberty	155
Long	26
McIntosh	19
Montgomery	7
North Carolina	5
Other- Out of State	51
Pierce	3
Rockdale	1
Screven	70
South Carolina	312
Tattnall	80
Telfair	4
Toombs	20

Treutlen	8
Ware	8
Washington	7
Wayne	42
Total	3,217

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)	12.00	0.00	2.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	2.00	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	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 Kleinpeter

Date: 6/18/2013

Title: CEO

Comments: