



2010 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC002

Facility Name: Gainesville Surgery Center

County: Hall

Street Address: 1945 Beverly Road

City: Gainesville

Zip: 30501-2034

Mailing Address: 1945 Beverly Road

Mailing City: Gainesville

Mailing Zip: 30501-2034

2. Report Period

Report Data for the full twelve month period, January 1, 2010 - December 31, 2010 (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: Andy Whitener

Contact Title: Administrator

Phone: 770-287-1500

Fax: 770-287-1589

E-mail: Andy.Whitener@SCASurgery.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
Gainesville Surgery Center, LP	For Profit	1/1/1996

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgery Care Affiliates	For Profit	6/30/2007

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Gainesville Surgery Center	For Profit	1/1/1996

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	6/30/2007

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

Full Name	License Number
Fred Simonto, DMD	010367
Sam Richwine, MD	019761
Alex Ngyen, MD	061133
John Forrest, MD	023956
Harry Ferran, MD	02611
Pierpoint Brown, MD	030018
Don Willers, MD	017748
Derek Moore, MD	054090

Chad Copper, MD	055818
James Butts, MD	036508
Bradley Auffarth, MD	044398
Barry Munn, MD	054167
Daniel Mullis, MD	060414
Derek Pendarvis, MD	049933
James Leigh, MD	015278
Charles D. Procter, MD	059108
Michael Callahan, MD	045050
Rudolf W, Cisco, DPM	000596

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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	4	4,706	2,428

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	2	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	1	1
Asian	14	27
Black/African American	111	214
Hispanic/Latino	153	250
Pacific Islander/Hawaiian	0	0
White	2,005	3,885
Multi-Racial	0	0
Unknown	144	329
Total	2,428	4,706

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	1,089	2,240
Female	1,339	2,466
Total	2,428	4,706

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	Cataract extraction with interocular lens implant	460	1,674.00
69436	Tympanoplasty	275	1,597.00
45378	Colonoscopy	200	1,232.00
29881	Knee Arthroplasty	160	4,234.00
29826	Shoulder arthroscopy	107	4,563.00
64721	Carpal Tunnel	105	2,416.00
31040	Turbinate resection	101	1,697.00
29827	Rotator Cuff Repair	90	5,523.00
29880	Knee arthroscopy	78	4,234.00
D9420	Dental surgery procedure	74	1,978.00

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 Healthcare Facility Regulation Division or Office of Regulatory Services permit):

Ambulatory surgical treatment for the following specialties: podiatry, general surgery, gynecology, ophthalmology, oral surgery, dental, orthopedic, otolaryngology, pain management, plastic surgery and urology.

Services Provided:

Ambulatory surgical treatment for the following specialties: podiatry, general surgery, gynecology, ophthalmology, oral surgery, dental, orthopedic, otolaryngology, pain management, plastic surgery and urology.

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	536	513	1,993,136	708,973
Medicaid	299	299	1,076,426	140,494
PeachCare for Kids	2	0	0	0
Third Party	1,525	1,594	6,479,203	1,902,553
Self Pay	32	22	81,946	26,097
Other Payer	0	0	151,233	48,322
Total	2,394	2,428	9,781,944	2,826,439

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	23	27
Charity	0	0
Total	23	27

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 2010.

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

01/03/2006

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.

Andy Whitener

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 2010 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	9,789,560
Medicare Contractual Adjustments	1,284,163
Medicaid Contractual Adjustments	935,931
Other Contractual Adjustments	4,735,411
Total Contractual Adjustments	6,955,505
Bad Debt	155,115
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	80,748
Charity Care Compensation	0
Uncompensated Charity Care (Net)	80,748
Other Free Care	0
Total Net Patient Revenue	2,598,192
Other Revenue	0
Total Net Revenue	2,598,192
Total Expenses	0
Adjusted Gross Revenue	7,414,351
Total Uncompensated I/C Care	80,748
Percent Uncompensated Indigent/Charity Care	1.09%

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
Banks	58
Barrow	20
Cherokee	2
Clarke	2
Dawson	44
DeKalb	1
Fannin	3
Forsyth	21
Franklin	7
Gilmer	1
Gwinnett	40
Habersham	214
Hall	1277
Jackson	155
Lumpkin	117
Madison	1
Other- Out of State	72
Pickens	0
Rabun	37
Stephens	66
Towns	21
Union	30
Walton	2
White	235
Wilkinson	2
Total	2,428

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 12-31-2010.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	6.00	0.00	3.00
Licensed Practical Nurses (LPNs)	0.00	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	31-60 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
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: Andy Whitener

Date: 3/8/2012

Title: Administrator

Comments:

This is corrected form for 2010, the first submission left out bad debt and charity. Andy Whitener