



2012 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, 2012 - December 31, 2012 (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: Dede Fowler

Contact Title: Assistance CBO Director

Phone: 706-868-3146

Fax: 866-741-2968

E-mail: Deirdre.Fowler@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, LP	For Profit	1/1/2003

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, LP	For Profit	01/01/2003

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Northlake Surgical Center, LP	For Profit	01/01/2003

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Atlanta Healthcare Management, LP	For Profit	01/01/2003

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	Not Applicable	9/9/1999

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
not applicable	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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	3	2,235	2,235

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	1,380	1,380
Minor Procedure Rooms	1	967	967
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	239	239
Black/African American	1,003	1,003
Hispanic/Latino	139	139
Pacific Islander/Hawaiian	0	0
White	827	827
Multi-Racial	12	12
Unknown	14	14
Total	2,235	2,235

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	1,043	1,043
Female	1,192	1,192
Total	2,235	2,235

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 removal with insertion of lens	957	5,101.00
64483	Injection lumbar or sacral	586	1,887.00
45384	Colonoscopy with removal of polyps	406	2,943.00
43239	Upper GI with biopsy	317	3,268.00
45378	Colonoscopy diagnostic	302	3,703.00
69436	Tympanostomy	278	3,204.00
64484	Injection paravertebral facet	277	1,887.00
45380	Colonoscopy with biopsy	215	4,258.00
45385	Colonoscopy with removal polyps snare technique	206	4,627.00
62311	Injection lumbar or sacral	191	1,887.00

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):

Gastroenterology, General Surgery, Gynecology, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology, Pain Management, Plastic Surgery, Podiatry and Urology

Services Provided:

Ambulatory Surgery 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	1,373	1,373	7,768,295	1,056,862
Medicaid	647	647	3,734,215	515,989
PeachCare for Kids	0	0	0	0
Third Party	2,075	2,075	12,983,407	2,445,412
Self Pay	174	174	2,203,560	823,820
Other Payer	313	313	2,814,232	804,741
Total	4,582	4,582	29,503,709	5,646,824

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	211	211
Total	211	211

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 2012.

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

01/26/2012

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.

Dede Fowler, Assistant CBO Director

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 2012 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	29,503,709
Medicare Contractual Adjustments	6,690,530
Medicaid Contractual Adjustments	2,798,785
Other Contractual Adjustments	13,479,794
Total Contractual Adjustments	22,969,109
Bad Debt	80,727
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	807,048
Charity Care Compensation	0
Uncompensated Charity Care (Net)	807,048
Other Free Care	0
Total Net Patient Revenue	5,646,825
Other Revenue	6,528
Total Net Revenue	5,653,353
Total Expenses	5,010,303
Adjusted Gross Revenue	19,940,195
Total Uncompensated I/C Care	807,048
Percent Uncompensated Indigent/Charity Care	4.05%

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	1
Barrow	3
Bartow	5
Bibb	1
Butts	2
Carroll	10
Chatham	1
Cherokee	7
Clarke	3
Clayton	95
Cobb	70
Cook	1
Coweta	1
Dawson	1
DeKalb	748
Dougherty	2
Douglas	7
Fannin	1
Fayette	18
Floyd	1
Forsyth	20
Fulton	611
Gilmer	2
Greene	1
Gwinnett	402
Hall	4
Haralson	1
Henry	59
Houston	2
Jackson	7
Jasper	1
Lamar	4
Lee	1
Liberty	1
Lumpkin	1
Newton	23
North Carolina	1
Other- Out of State	10
Paulding	2

Pickens	2
Pike	1
Putnam	3
Rockdale	31
South Carolina	1
Spalding	6
Stephens	1
Sumter	1
Upson	2
Walton	51
Webster	2
White	2
Whitfield	1
Total	2,235

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 12-31-2012.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	8.00	0.00	0.00
Licensed Practical Nurses (LPNs)	1.00	0.00	0.00
Aides/Assistants	7.00	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: Cheryl Slavik

Date: 3/11/2013

Title: Administrator

Comments:

As stated in previous 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.