



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2012 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC036**

**Facility Name:** Premier Surgery Center

**County:** Glynn

**Street Address:** Suite 8 3215 Shrine Road

**City:** Brunswick

**Zip:** 31520-4300

**Mailing Address:** 3215 Shrine Road Suite 8

**Mailing City:** Brunswick

**Mailing Zip:** 31520-4300

**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:** Misty Kelly

**Contact Title:** Administrator

**Phone:** 912-264-9029

**Fax:** 912-264-1085

**E-mail:** mkelly@symbion.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
ARC of Georgia, LLC dba Premier Surgery Center	For Profit	1999

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Symbion Healthcare, Inc	For Profit	1999

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	Not Applicable	

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

Full Name	License Number
Dr. John Edwin Imhoff	023995
Dr. Charles William Mitchell	035297
Dr. Thomas Edwin Runyan	041205
Dr. Carl Weiss Dohn, Jr	019669
Dr. John F. Ellenberg	021451
Dr. Matthew Murray Johnston	030109
Dr. Marcus Kent Norvell	023393
Dr. Joseph Anthony Lanzone	038283

Dr. James Christopher Hays	027565
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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	6,852	3,288

### **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	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	4	8
Asian	24	41
Black/African American	500	980
Hispanic/Latino	31	67
Pacific Islander/Hawaiian	0	0
White	2,715	5,725
Multi-Racial	0	0
Unknown	14	31
<b>Total</b>	<b>3,288</b>	<b>6,852</b>

#### 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	1,292	2,678
Female	1,996	4,174
<b>Total</b>	<b>3,288</b>	<b>6,852</b>

### 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	Extracapsular Cataract Removal w/IOL	1,358	7,585.00
64493	Facet Joint/Nerve Injection - Lumbar/Sacral	220	2,091.00
64494	Facet Joint/Nerve Injection - Lumbar/Sacral 2nd Level	216	2,091.00
64495	Facet Joint/Nerve Injection - Lumbar/Sacral 3rd Level	196	2,091.00
64635	Paravertebral Facet/Nerve Injection - Lumbar/Sacral	153	3,550.00
64636	Paravertebral Facet/Nerve Injection - Lumbar/Sacral ea additional	143	3,550.00
64490	Facet Joint/Nerve Injection - Cervical/Thoracic	142	1,494.00
64491	Facet Joint/Nerve Injection - Cervical/Thoracic 2nd Level	142	1,494.00
64415	Brachial Plexus Injection	130	1,986.00
29826	Shoulder Arthroscopy	106	14,320.00

#### 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):**

Ophthalmology, Orthopaedic Surgery, Podiatry, Plastic Surgery, General Surgery, Neurology, Urology, Ear, Nose, Throat, Pain Management, Gynecology, Oral Surgery and Anesthesia.

**Services Provided:**

Ophthalmology, Orthopaedic Surgery, Podiatry, Plastic Surgery, General Surgery, Urology, Pain Management, Gynecology and Anesthesia

## 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	1,576	0	11,264,673	1,592,466
Medicaid	306	0	1,764,355	217,153
PeachCare for Kids	0	0	0	0
Third Party	1,236	0	12,490,489	3,601,535
Self Pay	170	0	2,234,723	268,379
Other Payer	0	0	0	0
<b>Total</b>	<b>3,288</b>	<b>0</b>	<b>27,754,240</b>	<b>5,679,533</b>

### 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
<b>Total</b>	<b>0</b>	<b>0</b>

## 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.

11/01/1998

### 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.

Misty Kelly, 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 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	27,754,240
Medicare Contractual Adjustments	9,672,207
Medicaid Contractual Adjustments	1,547,202
Other Contractual Adjustments	10,776,494
<b>Total Contractual Adjustments</b>	<b>21,995,903</b>
Bad Debt	78,804
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>5,679,533</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>5,679,533</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>16,456,027</b>
<b>Total Uncompensated I/C Care</b>	<b>0</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.00%</b>

## 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
Appling	110
Atkinson	15
Bacon	47
Baldwin	12
Ben Hill	5
Bibb	3
Brantley	253
Bryan	5
Bulloch	2
Calhoun	2
Camden	403
Candler	2
Charlton	83
Chatham	5
Clinch	4
Coffee	36
Cook	1
Emanuel	20
Evans	2
Florida	65
Glynn	1140
Grady	2
Gwinnett	4
Irwin	3
Jeff Davis	8
Johnson	4
Laurens	1
Liberty	90
Long	80
Lowndes	8
Marion	8
McIntosh	143
Mitchell	2
Montgomery	23
Morgan	1
North Carolina	5
Other- Out of State	6
Pierce	122
Quitman	8

Richmond	4
South Carolina	2
Tattnall	13
Telfair	7
Tift	1
Toombs	16
Treutlen	2
Ware	237
Wayne	267
Wheeler	3
Whitfield	1
Wilcox	2
<b>Total</b>	<b>3,288</b>

## 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)	7.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.00	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: Misty Kelly

Date: 3/12/2013

Title: Administrator

Comments: