



2013 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC010

Facility Name: Center For Reconstructive Surgery

County: Fulton

Street Address: Suite 14 7130 Mount Zion Boulevard

City: Jonesboro

Zip: 30236-2566

Mailing Address: 1975 Highway 54 West uite 205

Mailing City: Fayetteville

Mailing Zip: 30214

2. Report Period

Report Data for the full twelve month period, January 1, 2013 - December 31, 2013 (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: Todd Domangue

Contact Title: Chief Operating Officer

Phone: 678-561-9000

Fax: 678-854-1977

E-mail: tdomangue@ankleandfootcenters.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
International Center for Foot and Ankle Surgery, L	For Profit	05-01-2008

B. Owner's Parent Organization

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

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
International Center for Foot and Ankle Surgery, L	For Profit	05-01-2008

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
Med Management, LLC	For Profit	07-01-2008

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
Joseph D. Giovinco	POD000491
Gregory Alvarez	POD000621
W. Kevin Pearson	POD000623
Ketan B. Patel	POD000928
Rona Green	POD000697
James Williams	POD000489
Terry Dickerson	POD000890
Robert Weinstein	POD000974

Gregory C. Taylor	POD000640
Scott Roman	POD001026
Christopher Lotufo	POD001055
Adrienne Atkinson - Sneed	POD000984
Nathan Schwartz	POD000400
Michael Dombek	POD000954
James Livingston	POD001021

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	2	9,387	1,419

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?

0

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	2	19
Asian	8	47
Black/African American	495	3,283
Hispanic/Latino	30	202
Pacific Islander/Hawaiian	1	5
White	881	5,817
Multi-Racial	2	14
Unknown	0	0
Total	1,419	9,387

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	382	2,337
Female	1,037	7,050
Total	1,419	9,387

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
28285	Repair of Hammertoe	564	18,000.00
28296	Correction of Bunion	365	25,000.00
28060	Partial Removal Foot Fascia	80	18,500.00
28308	Incision of Metatarsal	72	18,000.00
20680	Removal of Support Implant	61	17,100.00
28080	Removal of Foot Lesion	57	18,000.00
28292	Correction of Bunion	41	25,000.00
28270	Release of Foot Contracture	40	18,000.00
17111	Destruct Lesion 15 or More	39	15,000.00
64632	N Block Inj Common Digit	36	12,000.00

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):

Podiatry

Services Provided:

Surgery of the foot, ankle, and leg. Diabetic limb salvage.

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	182	669	482,027	237,575
Medicaid	1	1	600	0
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	41	55	73,800	35,602
Other Payer	1,195	8,662	21,035,036	2,230,334
Total	1,419	9,387	21,591,463	2,503,511

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	105	133
Total	105	133

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 2013.

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

01/01/1994

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.

Kathy Lovins, RN

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 2013 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	21,591,463
Medicare Contractual Adjustments	222,015
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	17,469,039
Total Contractual Adjustments	17,691,054
Bad Debt	112,605
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	1,284,293
Charity Care Compensation	0
Uncompensated Charity Care (Net)	1,284,293
Other Free Care	0
Total Net Patient Revenue	2,503,511
Other Revenue	1,365
Total Net Revenue	2,504,876
Total Expenses	2,190,001
Adjusted Gross Revenue	21,258,208
Total Uncompensated I/C Care	1,284,293
Percent Uncompensated Indigent/Charity Care	6.04%

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.
Accreditation Association for Podiatric Surgical Facilities

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
Barrow	1
Ben Hill	1
Butts	14
Carroll	2
Cherokee	4
Clayton	340
Cobb	27
Coweta	187
Dawson	1
DeKalb	60
Douglas	8
Fayette	186
Floyd	1
Fulton	162
Gwinnett	11
Habersham	2
Hall	4
Heard	4
Henry	153
Jasper	7
Lamar	3
Laurens	1
Meriwether	6
Morgan	1
Murray	1
Newton	95
Other- Out of State	25
Paulding	2
Pike	1
Polk	1
Richmond	1
Rockdale	75
Spalding	15
Troup	6
Upson	2
Walton	9
Total	1,419

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 12-31-2013.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	4.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	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	More than 90 Days
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: Joseph D. Giovinco

Date: 3/14/2014

Title: CEO

Comments: