



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2014 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC006**

**Facility Name:** Perimeter Surgery Center of Atlanta

**County:** Fulton

**Street Address:** 6105 Peachtree Dunwoody Rd; Bldg B; Suite 110

**City:** Atlanta

**Zip:** 30328

**Mailing Address:** 6105 Peachtree Dunwoody Rd; Bldg B; Suite 110

**Mailing City:** Atlanta

**Mailing Zip:** 30328-5338

**2. Report Period**

Report Data for the full twelve month period, January 1, 2014 - December 31, 2014 (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:** Donna H Smith

**Contact Title:** Regional Administrator

**Phone:** 770-379-7961

**Fax:** 770-551-8826

**E-mail:** donna.h.smith@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
Perimeter Surgery Center Of Atlanta	For Profit	7/1/2007

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	7/1/2007

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	7/1/2007

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	7/1/2007

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	7/1/2007

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Surgical Care Affiliates	For Profit	7/1/2007

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

Full Name	License Number
Thomas Lyons	22437
Samuel Mickelson	041173
David Brothers	37765
Efrim Moore	033780
Andrew Golde	039349
Brian Howard	045244
James Davis	031901
Brian Maloney	40953

David Ruben	23102
Randall Rudderman	24863
Iqbal Garcha	43517
John Daly	37519
J Patrick Luke	29719
Christopher Sarzen	34462
Marion Schertzer	037361
Wing Chang	54991
Jeffrey Goldberg	36754
Mark Stovroff	037088
Carmen Kavali	50968
Eric Baylin	057576
Ramie Tritt	020005

## 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	5	7,959	2,789

### **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	10
Asian	71	175
Black/African American	466	1,010
Hispanic/Latino	138	351
Pacific Islander/Hawaiian	0	0
White	2,110	6,413
Multi-Racial	0	0
Unknown	0	0
<b>Total</b>	<b>2,789</b>	<b>7,959</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	1,033	2,765
Female	1,756	5,194
<b>Total</b>	<b>2,789</b>	<b>7,959</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
45378	COLONOSCOPY FLX DX W/WO COLLJ SPECIMENS	275	2,920.00
45384	COLSC FLX PROX SPLENIC FLXR RMVL LES CAUT	163	3,131.00
45383	COLSC FLX PROX SPLENIC FLXR ABLTJ LES	153	3,151.00
45385	COLSC FLX PROX SPLENIC FLXR RMVL LES SNARE TQ	130	3,127.00
31255	NASAL/SINUS ENDOSCOPY W/ETHMOIDECTOMY TOTAL	106	10,155.00
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	92	6,653.00
43239	EDG TRANSORAL BIOPSY SINGLE/MULTIPLE	90	3,150.00
67904	RPR BLEPHAROPTOSIS LEVATOR RESCJ/ADVMNT XTRNL	86	7,677.00
42820	TONSILLECTOMY & ADENOIDECTOMY <AGE 12	82	4,866.00
19325	MAMMAPLASTY AUGMENTATION W/PROSTHETIC IMPLANT	116	16,123.00

#### **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):**

**Services Provided:**

## 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	363	963	4,402,613	502,267
Medicaid	253	455	2,428,566	179,663
PeachCare for Kids	0	0	0	0
Third Party	1,586	3,920	20,332,177	2,286,850
Self Pay	526	2,128	11,340,849	900,443
Other Payer	61	493	1,818,025	604,345
<b>Total</b>	<b>2,789</b>	<b>7,959</b>	<b>40,322,230</b>	<b>4,473,568</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 2014. ☒

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

01/01/2007

### 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.

### 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 2014 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	40,322,230
Medicare Contractual Adjustments	3,900,346
Medicaid Contractual Adjustments	2,248,903
Other Contractual Adjustments	29,558,984
<b>Total Contractual Adjustments</b>	<b>35,708,233</b>
Bad Debt	140,429
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>4,473,568</b>
Other Revenue	0
<b>Total Net Revenue</b>	<b>4,473,568</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>34,032,552</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.  
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## 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
Baldwin	13
Banks	1
Barrow	9
Bartow	5
Bibb	11
Butts	1
Carroll	14
Chatham	1
Chattahoochee	1
Cherokee	88
Clarke	3
Clayton	49
Cobb	483
Columbia	1
Coweta	16
Dawson	9
DeKalb	373
Dodge	6
Dooly	1
Douglas	41
Elbert	1
Fannin	4
Fayette	31
Floyd	1
Forsyth	103
Franklin	1
Fulton	781
Gilmer	3
Glynn	2
Gordon	3
Gwinnett	349
Habersham	1
Hall	24
Haralson	8
Hart	2
Heard	1
Henry	39
Houston	9
Jackson	11

Jasper	1
Lumpkin	3
Meriwether	1
Monroe	1
Morgan	6
Murray	5
Muscogee	3
Newton	17
Oconee	1
Other- Out of State	172
Paulding	21
Pickens	9
Polk	2
Putnam	1
Rockdale	14
Spalding	11
Stephens	2
Tift	1
Towns	2
Troup	4
Union	1
Walton	8
Washington	2
Wilkinson	1
<b>Total</b>	<b>2,789</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 12-31-2014.

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)	0.00	0.00	0.00
Aides/Assistants	6.00	0.00	0.00
Allied Health Therapists	6.00	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	NA
Licensed Practical Nurse	NA
Aides/Assistants	NA
Allied Health Therapists	NA

## 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: Donna H Smith

Date: 3/1/2018

Title: Administrator

Comments:

Updated 2014 information submitted 3/1/18. Charity Policy sent to Steve Cappel via email 3/1/18.