



**2021 Freestanding Ambulatory Surgery Center Survey  
for Single Specialty, Physician Owned, Office Based Centers**

**Part A : General Information**

**1. Identification**

**UID:LNRASC070**

**Facility Name:** Emory Aesthetic Center

**County:** Fulton

**Street Address:** 3200 Downwood Circle Suite 640

**City:** Atlanta

**Zip:** 30327

**Mailing Address:** 3200 Downwood Circle Suite 640

**Mailing City:** Atlanta

**Mailing Zip:** 30327

**2. Report Period**

Report Data for the full twelve month period, January 1, 2021 - December 31, 2021 (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:** Topher Freeman

**Contact Title:** Section Manager, Finance and Business Ops.

**Phone:** 404-778-3503

**Fax:** 404-778-5059

**E-mail:** christopher.freeman@emoryhealthcare.org

## 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
The Emory Clinic, Inc.	Not for Profit	03/04/2013

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

Full Name	License Number
N/A	N/A

## Part D : Ambulatory Surgery Rooms, Procedures and Patients

### **1. Rooms, Procedures and Patients in 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
Licensed Operating Rooms	3	1,499	1,035

### **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?

2

### **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. If race/ethnicity data is unavailable, please report as unknown, but not all patients and/or procedures can be reported as unknown.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	2	3
Asian	24	35
Black/African American	375	543
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	6	8
White	617	894
Multi-Racial	11	16
Unknown Race/Ethnicity	0	0
<b>Total</b>	<b>1,035</b>	<b>1,499</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. If gender data is unavailable, please report as unknown, but not all patients and/or procedures can be reported as unknown.

Gender	Number of Patients	Number of Procedures
Male	74	108
Female	961	1,391
Unknown	0	0
<b>Total</b>	<b>1,035</b>	<b>1,499</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. Report as many of the top procedures up to 10 as appropriate.

CPT Code	Procedure Name	Number of Procedures	Average Charge
11970	Breast Reconstruction Tissue Expander Implant Exchange	50	5,220.00
15771	Tissue Fat Graft Harvest Liposuction	35	5,648.00
15830	Abdominoplasty	60	4,796.00
19316	Mastopexy	70	6,165.00
19318	Breast Reduction	204	6,566.00
19357	Breast Delayed Implant/Tissue Expander Insertion	60	7,836.00
19380	Breast Reconstruction Revision	50	7,198.00
30520	Septoplasty	51	5,961.00
19324/19325	Breast Augmentation	29	10,035.00
19328/19330	Breast Implant Removal	46	3,607.00

#### **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):**

Plastic and Reconstructive Surgery

**Services Provided:**

Aesthetic Surgery, Plastic Surgery

## Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

### 1. Utilization by Payer Source

Please report the number of patients and procedures and Gross Patient Revenue during the report period according to Payer Source. Please note that the Total Gross Revenue should balance to Gross Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue
Medicare	136	197	1,432,832
Medicaid	85	122	892,298
PeachCare for Kids	0	0	0
Third Party	741	1,074	7,821,282
Self Pay	44	64	465,062
Other Payer	29	42	308,996
<b>Total</b>	<b>1,035</b>	<b>1,499</b>	<b>10,920,470</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	4	4
<b>Total</b>	<b>4</b>	<b>4</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 2021.

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

06/01/2019

### 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.

Sandra Johnson, VP Revenue Cycle

### 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 2021 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	10,920,470
Medicare Contractual Adjustments	756,282
Medicaid Contractual Adjustments	650,153
Other Contractual Adjustments	5,733,307
<b>Total Contractual Adjustments</b>	<b>7,139,742</b>
Bad Debt	288,190
Indigent Care Gross Charges	0
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>0</b>
Charity Care Gross Charges	64,206
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>64,206</b>
Other Free Care	0
Other Revenue	393,663
Total Expenses	2,506,530
<b>Adjusted Gross Revenue</b>	<b>9,619,508</b>
<b>Total Uncompensated I/C Care</b>	<b>64,206</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.67%</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
Alabama	10
Baldwin	3
Barrow	5
Ben Hill	3
Butts	3
Carroll	10
Chatham	5
Cherokee	21
Clarke	9
Clayton	28
Cobb	112
Columbia	5
Coweta	6
DeKalb	240
Dougherty	3
Douglas	22
Fannin	6
Fayette	18
Florida	9
Floyd	4
Forsyth	10
Fulton	238
Gilmer	5
Greene	3
Gwinnett	82
Hall	10
Heard	3
Henry	44
Houston	3
Jackson	3
Murray	4
Muscogee	3
Newton	17
North Carolina	4
Oconee	4
Other- Out of State	3
Paulding	10
Pike	3
Rabun	3



Rockdale	15
South Carolina	3
Spalding	3
Sumter	3
Tift	3
Union	5
Walton	18
White	3
Whitfield	8
<b>Total</b>	<b>1,035</b>

## 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: Joey Dee

Date: 3/4/2022

Title: VP Operations - Emory Clinic

Comments: