



2024 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC017

Facility Name: Emory Clinic Ambulatory Surgery Center

County: DeKalb

Street Address: 1365 Clifton Road, NE Suite A5022

City: Atlanta

Zip: 30322

Mailing Address: 1365 Clifton Road, NE Suite A5022

Mailing City: Atlanta

Mailing Zip: 30322

2. Report Period

Report Data for the full twelve month period, January 1, 2024 - December 31, 2024 (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: Melanie Zaboith

Contact Title: Director, Operations

Phone: 404-778-6234

Fax: 404-778-3057

E-mail: melanie.zaboith@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	1/1/1985

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/1985

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
Emory Healthcare, Inc.	Not for Profit	1/1/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/1985

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	6	7,150	5,638

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	6	6,500	5,841
Minor Procedure Rooms	3	3,318	3,232
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	19	29
Asian	286	353
Black/African American	2,068	2,553
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	8	9
White	2,516	3,261
Multi-Racial	28	31
Unknown	713	914
Total	5,638	7,150

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	2,287	3,022
Female	3,351	4,128
Total	5,638	7,150

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
19301	Mastectomy, Partial	117	6,250.00
36561	Portacath Insertion	124	7,493.00
58558	Hysteroscopy Dilation and Curettage Polypectomy	240	7,152.00
65756	endothelial keratoplasty	96	10,794.00
65820	Goniotomy	161	3,806.00
66710	Destruction Procedures on the Iris, Ciliary Body of the Eye	97	4,548.00
66982	Extracap Cat Removal w/ IOL Compx Amblyognc	319	10,250.00
66984	Extracapsular Cataract Rmvl Insert IOL	1,389	10,250.00
67108	Rtnl Dtch Rpr Vit A/GEndlsrCryoRmvLens	107	10,171.00
67904	Blepharoptosis Rpr LevatorResectExtApp	89	6,450.00

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):

Multi-specialty

Services Provided:

Anesthesiology, Ophthalmology, Surgical Oncology, Otolaryngology, General Surgery, Thoracic Surgery, Plastic Surgery, Gastroenterology, Gynecology, Urology

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	2,633	3,274	32,259,388	4,204,949
Medicaid	183	224	2,019,656	114,630
PeachCare for Kids	0	0	0	0
Third Party	2,635	3,424	34,834,764	11,380,433
Self Pay	91	107	1,030,063	239,961
Other Payer	96	121	1,145,347	188,593
Total	5,638	7,150	71,289,218	16,128,566

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	295	311
Total	295	311

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 2024.

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.

Pat McCabe, SVP Finance & Deputy CFO

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 2024 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	71,289,218
Medicare Contractual Adjustments	28,054,439
Medicaid Contractual Adjustments	1,905,026
Other Contractual Adjustments	23,675,585
Total Contractual Adjustments	53,635,050
Bad Debt	695,387
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	830,215
Charity Care Compensation	0
Uncompensated Charity Care (Net)	830,215
Other Free Care	0
Total Net Patient Revenue	16,128,566
Other Revenue	0
Total Net Revenue	16,128,566
Total Expenses	13,148,076
Adjusted Gross Revenue	40,634,366
Total Uncompensated I/C Care	830,215
Percent Uncompensated Indigent/Charity Care	2.04%

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.

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	55
Appling	9
Atkinson	1
Bacon	2
Baker	4
Baldwin	11
Banks	18
Barrow	61
Bartow	68
Ben Hill	1
Berrien	6
Bibb	50
Bleckley	6
Brantley	1
Brooks	5
Bryan	3
Bulloch	3
Burke	4
Butts	76
Calhoun	1
Camden	2
Carroll	46
Catoosa	4
Chatham	13
Chattahoochee	4
Chattooga	11
Cherokee	176
Clarke	35
Clay	2
Clayton	475
Clinch	2
Cobb	311
Coffee	2
Colquitt	7
Columbia	36
Cook	2
Coweta	55
Crawford	3
Crisp	2

Dawson	15
Decatur	3
DeKalb	1968
Dodge	6
Dooly	4
Dougherty	23
Douglas	32
Echols	1
Effingham	1
Elbert	5
Emanuel	5
Fannin	9
Fayette	79
Florida	32
Floyd	17
Forsyth	157
Franklin	4
Fulton	626
Gilmer	10
Glascocock	2
Gordon	6
Grady	8
Greene	15
Gwinnett	379
Habersham	6
Hall	41
Haralson	8
Harris	34
Hart	2
Henry	79
Houston	54
Jackson	9
Jasper	32
Johnson	3
Jones	5
Lamar	11
Lanier	1
Laurens	6
Lee	2
Liberty	2
Long	1
Lowndes	3
Macon	3
Madison	2

Marion	2
Meriwether	19
Morgan	8
Murray	4
Muscogee	48
Newton	59
North Carolina	10
Oglethorpe	1
Other- Out of State	31
Paulding	19
Pike	4
Rabun	6
Richmond	5
Schley	3
Screven	2
South Carolina	49
Sumter	7
Talbot	2
Taylor	3
Telfair	1
Tennessee	14
Thomas	2
Tift	3
Towns	3
Troup	20
Upson	10
Walker	1
Walton	11
Washington	2
Whitfield	1
Wilcox	1
Wilkes	2
Worth	1
Total	5,638

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 12-31-2024.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	19.50	0.00	0.00
Licensed Practical Nurses (LPNs)	0.50	0.00	0.00
Aides/Assistants	8.50	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	More than 90 Days
Licensed Practical Nurse	More than 90 Days
Aides/Assistants	More than 90 Days
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: Penny Z. Castellano, MD

Date: 3/5/2025

Title: President, Physician Division, Emory Healthcare

Comments: