



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

**2023 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, 2023 - December 31, 2023 (365 days).

Do not use a different report period.

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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: Shawn Ploessl

Contact Title: Sr. Administrator

Phone: 404-778-0410

Fax: 404-778-5020

E-mail: shawn.ploessl@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	3/4/2013

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

Full Name	License Number
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	1,422	1,322

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?

1

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	5	5
Asian	26	27
Black/African American	482	503
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	2	2
White	594	660
Multi-Racial	9	10
Unknown Race/Ethnicity	204	215
Total	1,322	1,422

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	82	94
Female	1,238	1,325
Unknown	2	3
Total	1,322	1,422

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	28	6,250.00
15771	Tissue Fat Graft Harvest Liposuction	32	7,372.00
15772	HC GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC	12	7,372.00
15830	Abdominal Lipectomy/ Abdominoplasty/ Panniculectomy	14	6,250.00
19303	HC MASTECTOMY,SIMPLE,COMPLETE	33	7,740.00
19316	Mastopexy	11	7,740.00
19318	Breast Reduction	150	7,740.00
19342	HC DELAY INSERT BREAST PROSTHESIS FOLLOW MASTOPEXY	22	7,740.00
19380	Breast Reconstruction Revision	28	8,813.00
19328/19330	Breast Implant Removal	11	4,567.00

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	120	141	2,037,266
Medicaid	122	129	1,489,307
PeachCare for Kids	0	0	0
Third Party	693	756	12,385,806
Self Pay	371	377	771,457
Other Payer	16	19	221,837
Total	1,322	1,422	16,905,673

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	9	9
Total	9	9

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 2023. ☒

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, 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 2023 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	16,905,673
Medicare Contractual Adjustments	1,584,606
Medicaid Contractual Adjustments	1,414,236
Other Contractual Adjustments	7,917,427
Total Contractual Adjustments	10,916,269
Bad Debt	263,303
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	148,755
Charity Care Compensation	0
Uncompensated Charity Care (Net)	148,755
Other Free Care	0
Other Revenue	505,004
Total Expenses	4,790,419
Adjusted Gross Revenue	14,148,532
Total Uncompensated I/C Care	148,755
Percent Uncompensated Indigent/Charity Care	1.05%

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	3
Baldwin	1
Barrow	4
Bartow	3
Ben Hill	1
Bibb	7
Bulloch	2
Carroll	8
Chatham	4
Chattooga	2
Cherokee	18
Clarke	1
Clayton	48
Cobb	156
Columbia	5
Coweta	27
Crawford	1
Decatur	1
DeKalb	322
Dougherty	1
Douglas	17
Fannin	2
Fayette	10
Florida	9
Floyd	2
Forsyth	9
Fulton	339
Gordon	1
Greene	3
Gwinnett	132
Habersham	1
Hall	5
Haralson	1
Harris	2
Hart	1
Henry	47
Houston	1
Jackson	3
Jasper	2

Jefferson	1
Lee	6
Lowndes	1
Lumpkin	1
Macon	1
Montgomery	2
Morgan	2
Murray	2
Muscogee	1
Newton	21
North Carolina	1
Oconee	2
Other- Out of State	5
Paulding	7
Peach	1
Pickens	2
Pike	1
Polk	2
Pulaski	1
Putnam	2
Rabun	1
Rockdale	15
South Carolina	4
Spalding	5
Sumter	2
Tennessee	6
Thomas	1
Tift	2
Troup	1
Union	1
Walker	1
Walton	16
Ware	2
Whitfield	1
Total	1,322

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: 2/29/2024

Title: Interim Director, The Emory Clinic

Comments: