



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2024 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC016

Facility Name: Emory Ambulatory Surgery Center at Dunwoody

County: DeKalb

Street Address: 4555 North Shallowford Road

City: Atlanta

Zip: 30338

Mailing Address: 4555 North Shallowford Road

Mailing City: Atlanta

Mailing Zip: 30338

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
Emory Ambulatory Surgery Center at Dunwoody, LLC	Not for Profit	1/1/2014

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic, Inc.	Not for Profit	1/1/2014

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
The Emory Clinic, Inc.	Not for Profit	1/1/2014

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/2014

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc.	Not for Profit	1/1/2014

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	1/1/2014

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	3	2,981	2,887

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	3	5,826	5,785
Minor Procedure Rooms	1	1,111	1,107
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	2	2
Asian	196	201
Black/African American	833	861
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	3	3
White	1,516	1,560
Multi-Racial	16	17
Unknown	321	337
Total	2,887	2,981

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	1,174	1,201
Female	1,713	1,780
Total	2,887	2,981

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
26055	HC INCISE FINGER TENDON SHEATH	78	7,493.00
36561	HC INSERT TUNNELED CENTRALLY INSERTED CV CATH WITH PC	225	7,493.00
62321	HC NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN	117	4,015.00
62323	HC NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN	113	4,015.00
64483/64484	Lumbar ESI	772	4,015.00
64490/64491	Lumbar MBB	66	4,015.00
64493/64494	Block Lumbar Facet	779	4,015.00
64495	HC INJ DX/THER AGNT PARAVERT FACET JOINT,IMG GUIDE,LUM	63	4,015.00
64635/64636	Lumbar/Sacral Paravertebral Nerve Ablation Radiofrequency	101	8,813.00
64721	Carpal Tunnel Release	98	7,493.00

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):

Multispecialty

Services Provided:

Gastroenterology, Ophthalmology, Orthopedic, Physiatry

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	1,127	1,151	11,593,260	1,082,638
Medicaid	91	96	760,041	36,952
PeachCare for Kids	0	0	0	0
Third Party	1,607	1,670	15,287,287	5,400,608
Self Pay	35	36	222,108	73,071
Other Payer	27	28	372,784	75,638
Total	2,887	2,981	28,235,480	6,668,907

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	31	31
Total	31	31

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	28,235,480
Medicare Contractual Adjustments	10,450,444
Medicaid Contractual Adjustments	721,036
Other Contractual Adjustments	10,024,408
Total Contractual Adjustments	21,195,888
Bad Debt	235,830
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	134,855
Charity Care Compensation	0
Uncompensated Charity Care (Net)	134,855
Other Free Care	0
Total Net Patient Revenue	6,668,907
Other Revenue	0
Total Net Revenue	6,668,907
Total Expenses	4,281,744
Adjusted Gross Revenue	16,828,170
Total Uncompensated I/C Care	134,855
Percent Uncompensated Indigent/Charity Care	0.80%

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	5
Appling	7
Baker	1
Baldwin	3
Banks	6
Barrow	38
Bartow	59
Ben Hill	2
Berrien	1
Bibb	4
Bleckley	2
Butts	22
Calhoun	2
Carroll	16
Catoosa	2
Chatham	2
Chattooga	6
Cherokee	249
Clarke	1
Clay	1
Clayton	135
Cobb	323
Columbia	1
Coweta	26
Dawson	6
DeKalb	640
Dougherty	3
Douglas	38
Effingham	1
Elbert	2
Emanuel	1
Fannin	6
Fayette	34
Florida	11
Floyd	9
Forsyth	286
Franklin	1
Fulton	361
Gilmer	1

Greene	3
Gwinnett	368
Habersham	3
Hall	28
Haralson	1
Harris	3
Hart	4
Henry	31
Houston	3
Jackson	1
Jasper	5
Jones	1
Lamar	3
Laurens	2
Meriwether	5
Morgan	2
Murray	2
Muscogee	5
Newton	13
North Carolina	7
Other- Out of State	21
Paulding	25
Pike	3
Rabun	1
South Carolina	12
Tennessee	8
Troup	2
Union	3
Walker	2
Walton	3
Whitfield	3
Total	2,887

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)	21.00	5.05	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	8.50	1.72	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	Not Applicable
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: