GEORGIA DEPARTMENT OF COMMUNITY HEALTH

LNRASC070 2025 Freestanding Ambulatory Surgery Center Survey

Part A: General Information

UID: LNRASC070

1. Identification

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

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (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:

Caroline Weldon

Contact Title:

Sr. Administrator

Phone:

404-778-8074

Fax:

404-778-3057

Email:

caroline.weldon@emoryhealthcare.org

Part C: 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 physican(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)

The Emory Clinic, Inc.

Owner Organization

Not For Profit

Effective Date

03/04/2013

G. Physician Owner(s)

(List all principle owners if owned jointly along with license number(s). Enter only one name and license number per row.) To add a row press the "add a row" button. To delete a row, press the minus button at the end of the row.

Full Name	License Number

Only use commas to separate values

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 proceures 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	2,358	1,507

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

4

3. Ambulatory Surgery Patients by Race/Ethnicity

If available, please report the number of unduplicated patients who received ambulatory surgery in the operating procedure rooms 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	8
Asian	40	63
Black/African American	483	756
Hispanic/Latino	87	136
Pacific Islander/Hawaiian	1	2
White	709	1,109
Multi-Racial	20	31
Unknown Race/Ethnicity	162	253
Total	1,507	2,358

4. Ambulatory Surgery Patients by Gender

If available, 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	121	205
Female	1,382	2,149
Unknown	4	4
Total	1,507	2,358

Part E: Top Ten Ambulatory Surgical Procedures

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. To add a row press the button. To delete a row press the minus button at the end of the row

CPT Code	Procedure Name	# of Procedures	Average Charge
11970	Breast Reconstruction T	38	6875
15771	Tissue Fat Graft Harvest	52	8109
15772	HC GRAFTING OF AUTC	151	8109
15777	"PR IMPLNT BIO IMPLN	24	6875
15830	Abdominoplasty	49	6875
19318	Breast Reduction	270	8514
19325	Breast Augmentation	20	14428
19342	HC DELAY INSERT BREA	46	6875
20912	Cartilage graft; nasal se	51	5785
30140	Submucous Resection o	87	5052

Only use commas to separate values

2. Licensed Specialty and Services Provided

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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. Patients, Procedures & Revenue 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	144	238	2,865,252
Medicaid	64	94	848,232
Peachcare for Kids	0	0	0
Third Party	1,075	1,635	20,134,012
Self Pay	214	375	392,661
Other Payer	10	16	192,933
Total	1,507	2,358	24,433,090

2. Indigent and Charity Care Cases

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	98	98
Total	98	98

Part G: Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box if the policy or policies included provision for the care that is defined as charity ☑

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 2025 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	24,433,090
Medicare Contractual Adjustments Revenue	2,301,280
Medicaid and Peachcare Contractual Adjustments	789,059
Other Contractual Adjustments	12,975,158
Total Contractual Adjustments	**16,065,497**
Bad Debt	183,202
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	345,938
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**345,938**
Other Free Care	0
Other Revenue	355,222
Total Expenses	6,934,547
Adjusted Gross Revenue	**21,514,771**
Total Uncompensated Indigent/Charity Care	**345,938**
Percent Uncompensated Indigent/Charity Care	**1.61%**

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) American Association for Accreditation of Ambulatory surgery Facilities, Inc. (ASF)? ☐

c) 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 ambulatory surgical center. To add a row press the button. To delete a row press the minus button at the end of the row.

County	Patients
Berrien	1
Bulloch	1
Colquit	1
Crisp	1
Dawsor	1
Dooly	1
Dough	1
Jones	1
Laurens	1
Lownde	1
Richmo	1
Sumter	1
Towns	1
Troup	1
Walker	1
Applinc	2
Banks	2
Bryan	2
Chattoc	2
Crawfo	2
Gilmer	2
Jacksor	2
Lamar	2

Lincoln	2
Meriwe	2
Morgar	2
Wilkes	2
Brooks	3
Chatha	3
Haralso	3
Murray	3
North C	3
Pike	3
Whitfie	3
Floyd	4
Harris	4
Catoos	5
Columb	5
Tennes	5
Walton	5
Housto	6
Hall	7
Pauldin	7
Greene	8
Jasper	8
Muscog	9
Bibb	11

Clarke	14
South C	14
Carroll	15
Barrow	16
Florida	16
Butts	18
Alabam	19
Coweta	20
Bartow	21
Dougla	21
Newtor	22
Other C	23
Henry	33
Fayette	34
Forsyth	36
Gwinne	86
Cherok	91
Clayton	116
Cobb	161
Fulton	184
DeKalb	402
Baker	1
Totals	**1,507**

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 incaccurate 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. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Date

01/01/1970

Title

Comments

Response Errors

TAB	QUESTION	ERROR