GEORGIA DEPARTMENT OF COMMUNITY HEALTH

ASC067 2025 Freestanding Ambulatory Surgery Center Survey

Part A: General Information

UID: ASC067

1. Identification

Facility Name:

Emory Orthopaedic and Spine Physiatry Outpatient Surgery Center

County:

DeKalb

Street Address:

21 Ortho Lane, 2nd Floor

City:

Atlanta

Zip:

30329

Mailing Address:

21 Ortho Lane, 2nd Floor

Mailing City:

Atlanta

Mailing Zip:

30329

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.

Organization Type

Not For Profit

Effective Date

04/01/2004

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

04/01/2004

C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

04/01/2004

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

04/01/2004

G. Physician Owner(s)

(List all 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

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 proceures are performed and that is licensed as a procedure room by the Department of Community Health pursuant to Rule 111-8-4-.01 * If you have licensed endoscopy procedure rooms only, please report the rooms and utilization here (at Question 1A.). Report rooms and utilization for non-licensed operating procedure rooms in 1B below.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	6	4,375	4,139

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	0	0	0
Minor Procedure Rooms	6	9,505	9,488
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

6

3. Ambulatory Surgery Patients by Race/Ethnicity

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. (CON-authorized ORs). Ambulatory Surgery Centers filing the Freestanding Ambulatory Surgery Center Survey for the first time in 2025 may report the race and ethnicity of their patients and procedures as being unknown for the 2025 survey year. In future surveys the unknown race/ethnicity category will not be allowed.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	6	6
Asian	187	198
Black/African American	1,174	1,241
Hispanic/Latino	254	268
Pacific Islander/Hawaiian	2	2
White	2,000	2,114
Multi-Racial	87	92
Unknown	429	454
Total	4,139	4,375

4. Ambulatory Surgery 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	2,070	2,168
Female	2,069	2,207
Total	4,139	4,375

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
26055	Release Finger Trigger	233	7890
27427	Repair, Revision, and/or	145	6875
29826	HC ARTH SHOULDER SU	257	7581
29827	Shoulder Arthroscopy w	271	9834
29876	Knee Arthroscopy	413	7581
29881	Meniscectomy	466	9834
29882	HC ARTHROSCOPY KNE	194	9834
29888	ACL Reconstruction Arth	511	9834
29999	Unlisted procedure, arth	143	7213
64721	Carpal Tunnel Release	407	7890

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):

Multi-Specialty

Services Provided:

Orthopaedic, Physiatry, Neurosurgery, and Anesthesiology

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, 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	874	913	14,053,301	2,658,451
Medicaid	182	200	3,065,877	138,051
Peachcare for Kids	0	0	0	0
Third Party	2,929	3,096	51,167,442	22,541,938
Self Pay	83	86	1,258,932	253,113
Other Payer	71	80	1,195,868	248,904
Total	4,139	4,375	70,741,420	25,840,457

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	215	215
Total	215	215

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	70,741,420
Medicare Contractual Adjustments Revenue	11,376,375
Medicaid and Peachcare Contractual Adjustments	2,917,636
Other Contractual Adjustments	29,005,143
Total Contractual Adjustments	**43,299,154**
Bad Debt	454,809
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	**0**
Charity Care Gross Charges	1,147,000
Charity Care Compensation	0
Uncompensated Charity Care (Net)	**1,147,000**
Other Free Care	0
Total Net Patient Revenue	**25,840,457**
Adjusted Gross Patient Revenue	**55,992,600**
Other Revenue	0
Total Net Revenue	**25,840,457**
Total Expenses	7,650,009
Adjusted Gross Revenue	**55,992,600**
Total Uncompensated Indigent/Charity Care	**1,147,000**
Percent Uncompensated Indigent/Charity Care	**2.05%**

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) 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 operating procedure rooms.(CON-authorized ORs) To add a row press the button. To delete a row press the minus button at the end of the row.

County	Patients
Brantley	1
Bulloch	1
Calhoun	1
Catoosa	1
Clay	1
Crawford	1
Dade	1
Dodge	1
Emanuel	1
Grady	1
Johnson	1
Thomas	1
White	1
Crisp	2
Decatur	2
Effingham	2
Elbert	2
Franklin	2
Hart	2
Irwin	2
Lee	2
Macon	2
Richmond	2

Bleckley	3
Floyd	3
Glynn	3
Haralson	3
Jones	3
Laurens	3
Marion	3
Rabun	3
Towns	3
Gilmer	4
Troup	4
Columbia	5
Habersham	5
Lamar	5
Morgan	5
Pike	5
Bibb	6
Chatham	6
Chattooga	6
Greene	6
Walton	6
Baldwin	7
Dawson	7
Jackson	7
[illegible]	7

Meriwe	7
Muscoc	8
Banks	9
Dough	9
Fannin	9
Tennes	10
Applinc	11
Pauldin	11
Clarke	12
Harris	12
Jasper	15
North C	16
Florida	18
South C	18
Butts	20
Alabam	21
Housto	23
Carroll	30
Coweta	36
Newtor	36
Dougla	37
Fayette	38
Barrow	42
Henry	47
Bartow	49

Bartow	49
Hall	49
Other C	60
Forsyth	174
Clayton	220
Cherok	222
Gwinne	288
Cobb	336
Fulton	570
DeKalb	1,531
Baker	1
Totals	**4,139**

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 12-31-2025.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	36.5	0	0
Licensed Practical Nurses (LPNs)	0	0	0
Aides/Assistants	17	0	0
Allied Health/Therapists	0	0	0

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 Need To Fill Vacancies
Registered Nurse	More than 90 Days
Licensed Practical Nurse	Not Applicable
Aide/Assistant	More than 90 Days
Allied Health/Therapists	Not Applicable

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.**

These fields will become unlocked after all other fields have been correctly filled out

Authorized Signature

Date

01/01/1970

Title

Comments

Response Errors

TAB	QUESTION	ERROR
Part C	Effective Date	This field is required
Part C	Effective Date	This field is required