GEORGIA DEPARTMENT OF COMMUNITY HEALTH

# 2024 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, 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 Zaboth

**Contact Title:** Director, Operations

**Phone:** 404-778-6234

**Fax:** 404-778-3057

**E-mail:** melanie.zaboth@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 | 03/04/2013 |

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

| Full Name | License Number |
|---|---|
| N/A | 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 | 2,450 | 1,558 |

### 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. If race/ethnicity data is unavailable, please report as unknown, but not all patients and/or procedures can be reported as uknown.

| Race/Ethnicity | Number of Patients | Number of Procedures |
|---|---|---|
| American Indian/Alaska Native | 4 | 9 |
| Asian | 32 | 56 |
| Black/African American | 573 | 794 |
| Hispanic/Latino | 0 | 0 |
| Pacific Islander/Hawaiian | 3 | 8 |
| White | 733 | 1,247 |
| Multi-Racial | 14 | 19 |
| Unknown Race/Ethnicity | 199 | 317 |
| **Total** | **1,558** | **2,450** |

## 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 | 150 | 286 |
| Female | 1,407 | 2,163 |
| Unknown | 1 | 1 |
| **Total** | **1,558** | **2,450** |

# 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 | 45 | 6,250.00 |
| 15771 | Tissue Fat Graft Harvest Liposuction | 35 | 7,372.00 |
| 15772 | HC GRAFTING OF AUTOLOGOUS FAT BY LIPO EA ADDL 50 CC | 56 | 7,372.00 |
| 15830 | Abdominoplasty | 26 | 6,250.00 |
| 19318 | Breast Reduction | 314 | 7,740.00 |
| 19325 | Breast Augmentation | 16 | 12,953.00 |
| 19342 | HC DELAY INSERT BREAST PROSTHESIS FOLLOW MASTOPEXY I | 42 | 6,250.00 |
| 20912 | Cartilage graft; nasal septum | 16 | 5,785.00 |
| 30140 | Submucous Resection of the Inferior Turbinate | 25 | 5,052.00 |
| 30930 | Fracture nasal inferior turbinate | 15 | 6,805.00 |

## 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 | 162 | 296 | 2,691,718 |
| Medicaid | 81 | 110 | 965,266 |
| PeachCare for Kids | 0 | 0 | 0 |
| Third Party | 1,089 | 1,651 | 18,080,609 |
| Self Pay | 194 | 341 | 510,033 |
| Other Payer | 32 | 52 | 531,667 |
| **Total** | **1,558** | **2,450** | **22,779,293** |

### 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 | 7 | 7 |
| **Total** | **7** | **7** |

## 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 not 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 | 22,779,293 |
| Medicare Contractual Adjustments | 2,086,994 |
| Medicaid Contractual Adjustments | 870,128 |
| Other Contractual Adjustments | 11,117,544 |
| **Total Contractual Adjustments** | **14,074,666** |
| Bad Debt | 168,792 |
| Indigent Care Gross Charges | 0 |
| Indigent Care Compensation | 0 |
| **Uncompensated Indigent Care (Net)** | **0** |
| Charity Care Gross Charges | 107,685 |
| Charity Care Compensation | 0 |
| **Uncompensated Charity Care (Net)** | **107,685** |
| Other Free Care | 0 |
| Other Revenue | 333,430 |
| Total Expenses | 5,203,604 |
| **Adjusted Gross Revenue** | **19,986,809** |
| **Total Uncompensated I/C Care** | **107,685** |
| **Percent Uncompensated Indigent/Charity Care** | **0.54%** |

## 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 | 7 |
| Appling | 2 |
| Baker | 1 |
| Baldwin | 2 |
| Banks | 1 |
| Barrow | 7 |
| Bartow | 11 |
| Bibb | 6 |
| Bryan | 1 |
| Bulloch | 4 |
| Butts | 7 |
| Carroll | 8 |
| Catoosa | 1 |
| Chatham | 2 |
| Chattooga | 1 |
| Cherokee | 62 |
| Clarke | 11 |
| Clayton | 56 |
| Clinch | 1 |
| Cobb | 158 |
| Coffee | 1 |
| Colquitt | 1 |
| Columbia | 8 |
| Cook | 1 |
| Coweta | 18 |
| Dawson | 7 |
| Decatur | 2 |
| DeKalb | 344 |
| Dooly | 1 |
| Douglas | 31 |
| Fannin | 3 |
| Fayette | 23 |
| Florida | 10 |
| Floyd | 6 |
| Forsyth | 12 |
| Fulton | 336 |
| Gilmer | 3 |
| Glynn | 2 |
| Gordon | 3 |

| | |
|---|---|
| Grady | 1 |
| Greene | 5 |
| Gwinnett | 127 |
| Habersham | 1 |
| Hall | 12 |
| Haralson | 2 |
| Harris | 3 |
| Henry | 45 |
| Houston | 4 |
| Jackson | 4 |
| Jasper | 8 |
| Jefferson | 4 |
| Lamar | 1 |
| Lanier | 1 |
| Laurens | 1 |
| Lee | 3 |
| Lincoln | 4 |
| Lowndes | 4 |
| Madison | 2 |
| Monroe | 4 |
| Morgan | 1 |
| Muscogee | 5 |
| Newton | 26 |
| North Carolina | 4 |
| Oconee | 3 |
| Other- Out of State | 18 |
| Paulding | 18 |
| Peach | 1 |
| Pickens | 6 |
| Pike | 1 |
| Putnam | 1 |
| Richmond | 1 |
| Rockdale | 19 |
| South Carolina | 12 |
| Spalding | 3 |
| Sumter | 1 |
| Tennessee | 8 |
| Tift | 2 |
| Towns | 2 |
| Troup | 3 |
| Union | 1 |
| Upson | 2 |
| Walker | 2 |
| Walton | 14 |

| | |
|---|---|
| Ware | 1 |
| White | 5 |
| Whitfield | 1 |
| **Total** | **1,558** |

## 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: