



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**Georgia Certificate of Need
Request for Letter of Determination
(Ambulatory Surgical Center)**

FOR OFFICE OF HEALTH PLANNING USE ONLY	
LETTER NUMBER DET-ASC	DATE STAMP
Signed Original _____	Fee Verified _____


GENERAL INFORMATION:

This Letter of Determination request for an Ambulatory Surgical Center ("DET-ASC") form is the required document that the Department reviews in the analysis and evaluation of exemptions from the Certificate of Need ("CON") program in accordance with O.C.G.A. § 31-6-47(a)(18), (19); Ga. Comp. R. & Regs. r. 111-2-2-.03(21), (22) and 111-2-2-.10(4)(a)-(c).

1. Requests for letters of determination for Ambulatory Surgical Centers must be submitted electronically at the following website: <https://dch.georgia.gov/office-health-planning-applications-and-requests-forms-0>
2. The filing fee of \$250.00 shall be made payable to the "State of Georgia Department of Community Health" and shall be remitted by Certified Check or Money Order. **A copy of the Certified Check or Money Order must be included with your web portal submission.**
3. Failure to submit the required fee and a signed copy of this form will result in non-acceptance of the request.
4. The Department will make every attempt to review the information submitted and issue a letter of determination within 60 days of acceptance.

PLEASE COMPLETE THE FOLLOWING TABLE TO VERIFY PROPER SUBMISSION OF YOUR REQUEST	
Legal Entity or Person:	
1. Did you submit this form via the Department's web portal?	Yes No
2. Have you remitted a \$250.00 Certified Check or Money Order, payable to "Department of Community Health" along with a copy of the web portal submission confirmation form?	Yes No

Instructions

1. Please read all instructions and review this DET-ASC form in its entirety before attempting to complete and submit it.
2. In completing the DET-ASC Request form, if a particular rule or consideration requires substantiating documents such as affidavits or governing documents, the requested documents must be placed with the noted Appendix without exception and **must** confirm to the instructions.
3. This DET-ASC form **must** be typewritten or completed in this PDF. Handwritten responses must not be submitted and will not be accepted.
4. Throughout this form, the following symbol is utilized:
 Emphasizes important instructions or notes that should be adhered to.
5. Any exhibits or appendices should be uploaded with this form.
6. Please remit the following items to the address below: a copy of the web portal submission confirmation form; and, the \$250.00 filing fee in the form of a Certified Check or Money Order made payable to "State of Georgia Department of Community Health."
- State of Georgia
Department of Community Health
Office of Health Planning
DET-ASC Request
2 Peachtree Street, NW, 5th Floor
Atlanta, Georgia 30303**
7. Faxed copies of documents and information are not official submissions. All submissions must be via the Department's web portal.

SECTION 1 – REQUESTING PARTY IDENTIFICATION

1. Please complete the following information identifying the party requesting this determination. The Contact Person should be an individual directly affiliated with the Requesting Party and not a consultant or attorney.

REQUESTING PARTY #1		
Legal Entity or Person:		
Address 1:		
Address 2:		
City:	State:	Zip:
County:		
CONTACT PERSON		
Name:	Title:	
Address 1:		
Address 2:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		

2. If there is an additional party requesting this determination (there are co-requesting parties), please complete the following information identifying the second party. The Contact Person should be an individual directly affiliated with the Requesting Party and not a consultant or attorney.

REQUESTING PARTY #2 (if applicable)		
Legal Entity or Person:		
Address 1:		
Address 2:		
City:	State:	Zip:
County:		
CONTACT PERSON		
Name:	Title:	
Address 1:		
Address 2:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		

3. Does the Requesting Party(ies) have Legal Counsel to whom legal questions regarding this request may be addressed?

☐ YES ☐ NO

If YES → Identify the legal counsel below.

If NO → Continue to the next question.

LEGAL COUNSEL		
Name:		
Firm:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		

4. Did a Consultant prepare and/or provide information in this Determination Request?

☐ YES ☐ NO

If YES → Identify the Consultant below.

If NO → Continue to the next question.

CONSULTANT		
Name:		
Firm:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		

5. Does the Requesting Party(ies) wish to designate and authorize an individual other than the Requesting Party Contact(s) listed in response to Question 1 to act as the representative of the Requesting Party(ies) for purposes of this request?

☐ YES ☐ NO

If YES → Please complete the information in the following table on the next page. By doing so, the Requesting Party(ies) authorizes the representative to submit this determination request; to provide the Department of Community Health with all information necessary for a determination on this request; to enter into agreements with the Department of Community Health in connection with this request; and to receive and respond, if applicable, to notices in matters relating to this request.

If NO → Continue to the next question.

AUTHORIZED REPRESENTATIVE		
Name:		
Firm:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

NOTE: This authorization will remain in effect for this request until written notice of termination is sent to the Department of Community Health that references the specific request number. Any such termination must identify a new authorized representative. Also, if the authorized representative's contact information changes at any time, the Requesting Party(ies) must immediately notify the Department of Community Health of any such change.

6. Does the Requesting Party(ies) have any lobbyist employed, retained, or affiliated with the Requesting Party(ies) directly or through its contact person(s) or authorized representative?

☐ YES ☐ NO

If **YES** → Please complete the information in the table below for each lobbyist employed, retained, or affiliated with the Requesting Party(ies). Be sure to check the box indicating that the Lobbyist has been registered with the State Ethics Commission. Executive Order 10.01.03.01 and Ga. Comp. R. & Regs. r. 111-1-2-.03(2) require such registration.

If **NO** → Continue to the next question.

LOBBYIST DISCLOSURE STATEMENT		
Name of Lobbyist	Affiliation with Requesting Party(ies)	Registered with State Ethics Commission?
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Employed <input type="checkbox"/> Other Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 – GENERAL INFORMATION REGARDING PROPOSED ACTION

Complete the following questions to provide general information regarding the proposed action for which a DET-ASC is being sought.

7. Complete the following table.

Type of Request	Please select one of the following: To establish a single specialty ambulatory surgical center. O.C.G.A. § 31-6-47(a)(18). OR To establish a joint venture ambulatory surgical center. O.C.G.A. § 31-6-47(a)(19).
Identifying Information for the Ambulatory Surgical Center	<i>Facility (ASC) Name:</i> <i>Address 1:</i> <i>Address 2:</i> <i>City:</i> <i>County:</i> <i>State:</i> <i>Zip:</i>
Dates of Proposed Action	<i>Starting Date:</i> <i>Completion Date:</i>

8. State the total number of operating rooms in the ambulatory surgical center ("ASC"). Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(7).

Operating Rooms	
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9. State the total square footage of the ASC. Do not include the Practice's clinical office space. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(8).

Total Square Footage	
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NOTE: Review Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(8) for a detailed list of the required areas that must be included when calculating the total square footage of an ASC.

10. Will the sole physician or the single specialty group practice remain a part of a larger multi-specialty group practice and bill fees through the same larger multi-specialty group practice? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(12).

☐ Yes ☐ No

11. Will the sole physician or any physician in the group practice remain a member of more than one single group practice? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(13).

☐ Yes ☐ No

12. Are any members of the group practice of physicians also members of a multi-specialty practice? Select N/A if the practice is comprised of a sole physician. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(14).

☐ Yes ☐ No ☐ N/A

13. Will the operating rooms or any common space in the proposed ASC be shared with any other practice or physician not currently in the practice? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(15).

☐ Yes ☐ No

14. Does the Requesting Party(ies) understand that there are specific post-construction reporting deadlines that must be followed and that an issued DET-ASC may be revoked for failure to comply with this rule? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(17).

☐ Yes ☐ No

15. Does the Requesting Party(ies) understand that construction of the facility must be completed within certain time deadlines and that an issued DET-ASC may be revoked for failure to comply with this rule? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(17).

☐ Yes ☐ No

16. Does the Requesting Party(ies) understand that a DET-ASC is not transferrable to a purchaser of the practice that originally received the DET-ASC? Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(18).

☐ Yes ☐ No

SECTION 3 – SPECIFIC INFORMATION REGARDING PROPOSED ACTION

Requests for a DET-ASC are evaluated to determine their compliance with the regulations contained at Ga. Comp. R. & Regs. r. 111-2-2-.10(4). Please review the regulations in their entirety and document compliance below. Portions of the regulations have been omitted where no answer is needed in this form; however, the omitted regulations still apply to CON exempt ambulatory surgical centers. The Requesting Party(ies) are encouraged to review the complete regulations before submitting this DET-ASC form.

17. **Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(2):** *Identify the individual private physician, or all owners (e.g. stockholders, partners, members) of the single group practice of private physicians who are also on the same single specialty, that will own, operate, and utilize the proposed facility.*

- *All members of the single group practice must be of the same specified surgical specialty.*
- *Physicians who perform procedures within the single specialty ambulatory surgical center must own at least eighty-five percent (85%) of the group practice and the surgery center.*
- *The Department will issue a DET, if all other criteria are met, to a single group practice which utilized the services of employee physicians of the same specialty in the surgery center if these employee physicians are not a member or employee of any other medical practice.*
- *All employee physicians must be identified, and an affirmative statement with regard to their practice affiliation must be included.*
- *The Department will allow no more than fifteen percent (15%) non-physician ownership in the physician(s) practice requesting a DET, and/or the surgery center in a single specialty ambulatory surgical center.*
- *Evidence of non-physician ownership, including the percentage of such ownership, must be provided with the DET request.*
- *For a joint venture ambulatory surgical center, the ownership interest of the hospital shall be no less than thirty percent (30%) and the collective ownership of the physicians or group of physicians shall be no less than thirty percent (30%).*
- *Any evidence of non-hospital or non-physician or group of physicians ownership in a joint venture ambulatory surgical center must be provided with the DET request.*

☞ **Complete Appendix A.**

18. **Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(3):** *All physicians must be licensed to practice in the state of Georgia, and must submit a copy of such license;*

☞ **Attach supporting documentation as Appendix B.**

19. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(4): *Submit evidence of the sole physician professional corporation or the entity comprising the single group practice of private physicians, to include authorizing and governing documents such as articles of incorporation, by-laws, operating agreements, partnership agreements, etc.*

- *Submit a sworn affidavit, signed by the owners, which lists all owners of the sole or group practice and the proposed surgery facility.*

☞ **Attach supporting documentation as Appendix C.**

20. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(5): *The physician(s) must show evidence of ownership by warranty deed or lease of the space housing the ambulatory surgery facility including the clinical office space.*

☞ **Attach supporting documentation as Appendix D.**

21. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(6): *Provide a detailed description of the proximity of the physician's or the group practice's clinical offices to the ambulatory surgery facility.*

- *The Department will only grant a DET to those proposed ambulatory surgical facilities, which are deemed to be in reasonable proximity to the clinical offices of the sole physician or single group practice that will own the proposed facility. Reasonable proximity will be determined on a case-by-case basis. Example of reasonable proximity include those ambulatory surgical facilities on the same floor and physically attached to the clinical offices; surgical suites on a different floor of the same building as the clinical offices with one public entrance to the proposed facility.*

☞ **NOTE: Limit your response to the space provided. Attach supporting documentation as Appendix E.**

22. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(9): *List costs attributable to new construction or renovation of the total area comprising the ambulatory surgery facility. Documentation of the total costs of constructing, developing, and establishing the proposed ambulatory surgical facility, and the costs of all items associated with or simultaneously developed with the project, including, but not limited to, fixed equipment not included in the construction contract, moveable equipment, architectural and engineering fees, legal and administrative fees, interim financing (interest during construction), and underwriting costs. The documentation of construction and renovation costs must be in the form of a letter from a licensed Georgia architect verifying the estimated construction costs of the proposed ambulatory surgery facility. With regard to the construction of a new building (or a new wing including space devoted to services other than the surgery center) to house an ambulatory surgery facility, a pro-rata portion of the building shell costs, including all building common areas, must be allocated to the costs of the proposed ambulatory surgery facility. Other costs to be included are:*

- (i) *The cost of new space (even if the space will be leased) based on the construction cost of the new space. Appropriate documentation from an architect licensed in Georgia must be submitted. A copy of all leases must be submitted;*
- (ii) *The cost of all equipment (medical and non-medical) purchases for the ambulatory surgery facility.*
- (iii) *The present value of any equipment to be leased for the surgery facility.*
- (iv) *The Department must have a line item breakdown of all amounts attributable to new construction, renovation, furnishings, leases, and items of equipment in accordance with the provisions outlined above, including new expenditures for furnishings for non-patient care areas such as waiting areas, reception areas, and business offices.*

The Department will require a sworn affidavit that no party associated with the practice or physicians requesting a DET, by virtue of ownership or employment, has incurred any expenditure for equipment of any kind to be utilized in the surgery center that has been subsequently donated to the practice for use in the surgery center and the cost of that equipment, whether purchased or leased, was not included in the dollar threshold applicable to the surgery center

 **NOTE:** Limit your response to the space provided. Attach supporting documentation as Appendix F.

23. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(10): *A schematic floor plan must be provided to the Department.*

- *This documentation must be clear and readable.*
- *The floor plan must clearly show all areas of the proposed ambulatory surgery facility.*

 **Attach supporting documentation as Appendix G.**

24. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(11): *Pursuant to O.C.G.A. § 31-6-2(14), list the cost of all other items, regardless whether they are independently subject to Certificate of Need review, that are associated and to be simultaneously developed with the proposed ambulatory surgery facility, except for the expenditure or commitment of funds to develop studies, reports, schematics, preliminary plans and specifications or working drawings, or to acquire sites.*

 **NOTE:** Limit your response to the space provided. Attach supporting documentation as Appendix H.

25. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(16): *Provide a sworn affidavit, signed by the physician(s) owners, that the party requesting a DET will not incur any additional capital expenditures involving new construction or renovation of physical space or the addition or replacement of equipment within three (3) years after the issuance of the DET, which, when coupled with prior expenditures, would exceed the threshold amount applicable to the statutory exemption for this type of facility unless it first secures a Certificate of Need.*

- *A party holding a DET issued by the Department may request, in writing, a waiver from this provision for expenditures for equipment involving newly recognized and innovative medical technologies (FDA approved) present in the marketplace.*
- *Any such expenditure will be applied to the original threshold amount unless the written consent of the Department is obtained prior to the expenditure.*

 **Attach supporting documentation as Appendix I.**

26. ARE YOU PROPOSING TO ESTABLISH A SINGLE SPECIALTY AMBULATORY SURGICAL CENTER?

☐ **Yes** ☐ **No**

If **Yes** ➔ Continue to Question 27 on the next page.

If **No** ➔ Continue to Question 28 on Page 5.

27. **Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(b)(1)-(6):** A single specialty ambulatory surgical center that requests a Letter of Nonreviewability shall provide documentation to show that it:

1. Has capital expenditures associated with the construction, development, or other establishment of the clinical health service which do not exceed \$2,500,000.00; or

☞**NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

2. Is the only single specialty ambulatory surgical center in the county owned by the group practice and has two or fewer operating rooms; provided, however, that a center exempt pursuant to this provision shall be required to obtain a Certificate of Need in order to add any additional operating rooms;

☞**NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

3. Has a hospital affiliation agreement with a hospital within a reasonable distance from the facility or the medical staff at the center has admitting privileges or other acceptable documented arrangements with such hospital to ensure the necessary backup for the center for medical complications. The center shall have the capability to transfer a patient immediately to a hospital within a reasonable distance from the facility with adequate emergency room services. A party requesting a letter of nonreviewability must provide documentation to support an assertion that a hospital, pursuant to this requirement, has unreasonable denied a transfer agreement or affiliation agreement to the center;

☞**NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

4. Provides care to Medicaid beneficiaries and, if the facility provides medical care and treatment to children, to Peachcare for Kids® beneficiaries and provides uncompensated indigent and charity care in an amount equal to or than two percent (2%) of its adjusted gross revenue; or

☞**NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

5. If the center is not a participant in Medicaid or the Peachcare for Kids® Program, provides uncompensated care to Medicaid beneficiaries and, if the facility provides medical care and treatment to children, to Peachcare for Kids® beneficiaries, uncompensated indigent and charity care, or both in an amount equal to or greater than four percent (4%) of its adjusted gross revenue; provided, however, single specialty ambulatory surgical centers owned by physicians in the practice of ophthalmology shall not be required to comply with this subparagraph; and

☞ **NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

6. *Provides annual reports in the same manner and in accordance with O.C.G.A. § 31-6-70. and Ga. Comp. R. & Regs. r. 111-2-2-.04.*

Noncompliance with any condition of subsections 4. and 5. of Section (4)(b) of this Rule shall result in a monetary penalty in the amount of the difference between the services which the center is required to provide and the amount actually provided and may be subject to revocation of its exemption status by the Department for repeated failure to pay any fines or moneys due to the Department or for repeated failure to produce data as required by O.C.G.A. § 31-6-70., and subsection 6. of section (4)(b) of this Rule, after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of Title 50, the Georgia Administrative Procedure Act. The dollar amount specified in this paragraph shall be adjusted annually by an amount calculated by multiplying such dollar amount (as adjusted for the preceding year) by the annual percentage of change in the composite index of construction material prices, or its successor or appropriate replacement index, if any, published by the United States Department of Commerce for the preceding calendar year, commencing on July 1, 2009, and on each anniversary thereafter of publication of the index.

☞ **NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix J.

28. ARE YOU PROPOSING TO ESTABLISH A JOINT VENTURE AMBULATORY SURGICAL CENTER?

☐ Yes ☐ No

If **Yes** ➔ Continue to Question 29.

If **No** ➔ Please refer to Question 26 on Page 3.

29. Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(c)(1)-(4): *Any joint venture ambulatory surgical center that requests a letter of determination shall provide documentation, in addition to the requirements outlined in section (1) of this Rule above, to show that it:*

1. *Has capital expenditures associated with the construction, development, or other establishment of the clinical health service which do not exceed \$5,000,000.00;*

☞ **NOTE:** Limit your response to the space provided. Attach any supporting documentation as Appendix K.

2. *Provides care to Medicaid beneficiaries and, if the facility provides medical care and treatment to children, to Peachcare for Kids® beneficiaries and provides uncompensated indigent and charity care in an amount equal to or greater than two percent (2%) of its adjusted gross revenue; or*

☛NOTE: Limit your response to the space provided. Attach any supporting documentation as Appendix K.

3. *If the center is not a participant in Medicaid or the Peachcare for Kids® Program, provides uncompensated care to Medicaid beneficiaries and, if the facility provides medical care and treatment to children, to Peachcare for Kids® beneficiaries, uncompensated indigent and charity care, or both in an amount equal to or greater than 4 percent (4%) of its adjusted gross revenue; and*

☛NOTE: Limit your response to the space provided. Attach any supporting documentation as Appendix K.

4. *Provides annual reports in the same manner and in accordance with O.C.G.A. § 31-6-70. and Ga. Comp. R. & Regs. r. 111-2-2-.04.*

Noncompliance with any condition of this paragraph shall result in a monetary penalty in the amount of the difference between the services which the center is required to provide and the amount actually provided and may be subject to revocation of its exemption status by the Department for repeated failure to pay any fines or moneys due to the Department or for repeated failure to produce data as required by O.C.G.A. § 31-6-70., and subsection 4. of section (4)(c) of this Rule, after notice to the exemption holder and a fair hearing pursuant to Chapter 13 of Title 50, the Georgia Administrative Procedure Act. The dollar amount specified in this paragraph shall be adjusted annually by an amount calculated by multiplying such dollar amount (as adjusted for the preceding year) by the annual percentage of change in the composite index of construction material prices, or its successor or appropriate replacement index, if any, published by the United States Department of Commerce for the preceding calendar year, commencing on July 1, 2009, and on each anniversary thereafter of publication of the index.

☛NOTE: Limit your response to the space provided. Attach any supporting documentation as Appendix K.

SECTION 4 – CERTIFICATION

By signing below,

- a) I hereby certify that the contained statements and all addenda, appendices, exhibits, or attachments hereto are true and complete to the best of my knowledge and belief and that I possess the authority to submit this request and bind the Requesting Party to promises made herein;
- b) I understand that a representative of the Office of Health Planning may make a direct request of me for additional information in order to issue a Letter of Determination; and
- c) I further understand that if issued a Determination, the Requesting Party is bound to any representations that have been made within this DET-ASC and any and all supplemental information and Appendices.
- d) 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.

REQUESTING PARTY #1 CERTIFICATION	
Signature of Authorized Signatory (BLUE INK ONLY):	
Name:	
Title:	Date:

REQUESTING PARTY #2 CERTIFICATION (if applicable)	
Signature of Authorized Signatory (BLUE INK ONLY):	
Name:	
Title:	Date:

**Appendix A Part I:
Owners and Physicians in the Practice**

Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(2)

☞ NOTE: If you need additional space for any appendix, attach additional 8-½ by 11-inch pages, list the appropriate appendix letter and number the first additional sheet Page 1.1. For the second page, 1.2, and so on. Do not alter the main page numbers of this application. Once printed, insert your additional pages behind the main appendix page.

List the Names of the Physician Owner(s), Employee Physician(s), and Non-Physician Owner(s) of the Practice in This Order	Status	Ownership Interest in the Practice	Specialization (Physicians Only)
1.	Choose an item.		
2.	Choose an item.		
3.	Choose an item.		
4.	Choose an item.		
5.	Choose an item.		
6.	Choose an item.		
7.	Choose an item.		
8.	Choose an item.		
9.	Choose an item.		
10.	Choose an item.		
11.	Choose an item.		
12.	Choose an item.		
13.	Choose an item.		
14.	Choose an item.		
15.	Choose an item.		
16.	Choose an item.		
17.	Choose an item.		
18.	Choose an item.		
19.	Choose an item.		
20.	Choose an item.		
21.	Choose an item.		
22.	Choose an item.		
23.	Choose an item.		
24.	Choose an item.		
25.	Choose an item.		
26.	Choose an item.		
27.	Choose an item.		
28.	Choose an item.		

**Appendix A Part II:
Ownership Interests in the ASC**

Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(2)

List the Names of all Physician(s) and Non-Physician Owner(s) of the ASC	Ownership Interest in the ASC	List the Names of all Physician(s) and Non-Physician Owner(s) of the ASC	Ownership Interest in the ASC
1.		26.	
2.		27.	
3.		28.	
4.		29.	
5.		30.	
6.		31.	
7.		32.	
8.		33.	
9.		34.	
10.		35.	
11.		36.	
12.		37.	
13.		38.	
14.		39.	
15.		40.	
16.		41.	
17.		42.	
18.		43.	
19.		44.	
20.		45.	
21.		46.	
22.		47.	
23.		48.	
24.		49.	
25.		50.	

Appendix B:

**Copies of Licenses for All Physicians
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(3)**

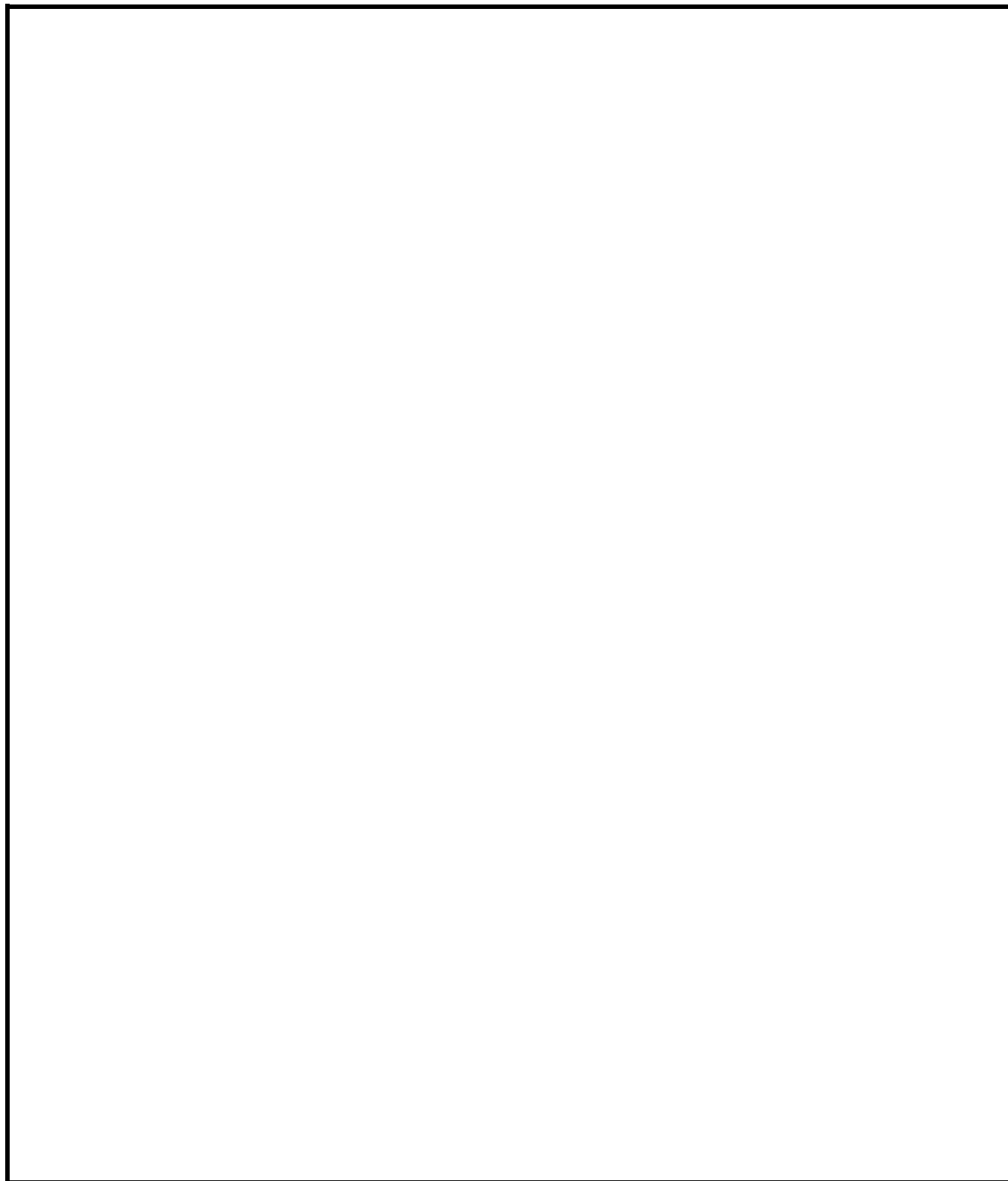
☞NOTE: Search results from the Georgia Composite Medical Board are not sufficient to show that a physician is actively licensed. Copies of current, unexpired licenses for all owner and employee physicians must be attached. Attach the licenses in the order you have listed the physicians in Appendix A, Part I.

Appendix C:

**Authorization to Conduct Business for Practice
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(4)**

Appendix D:

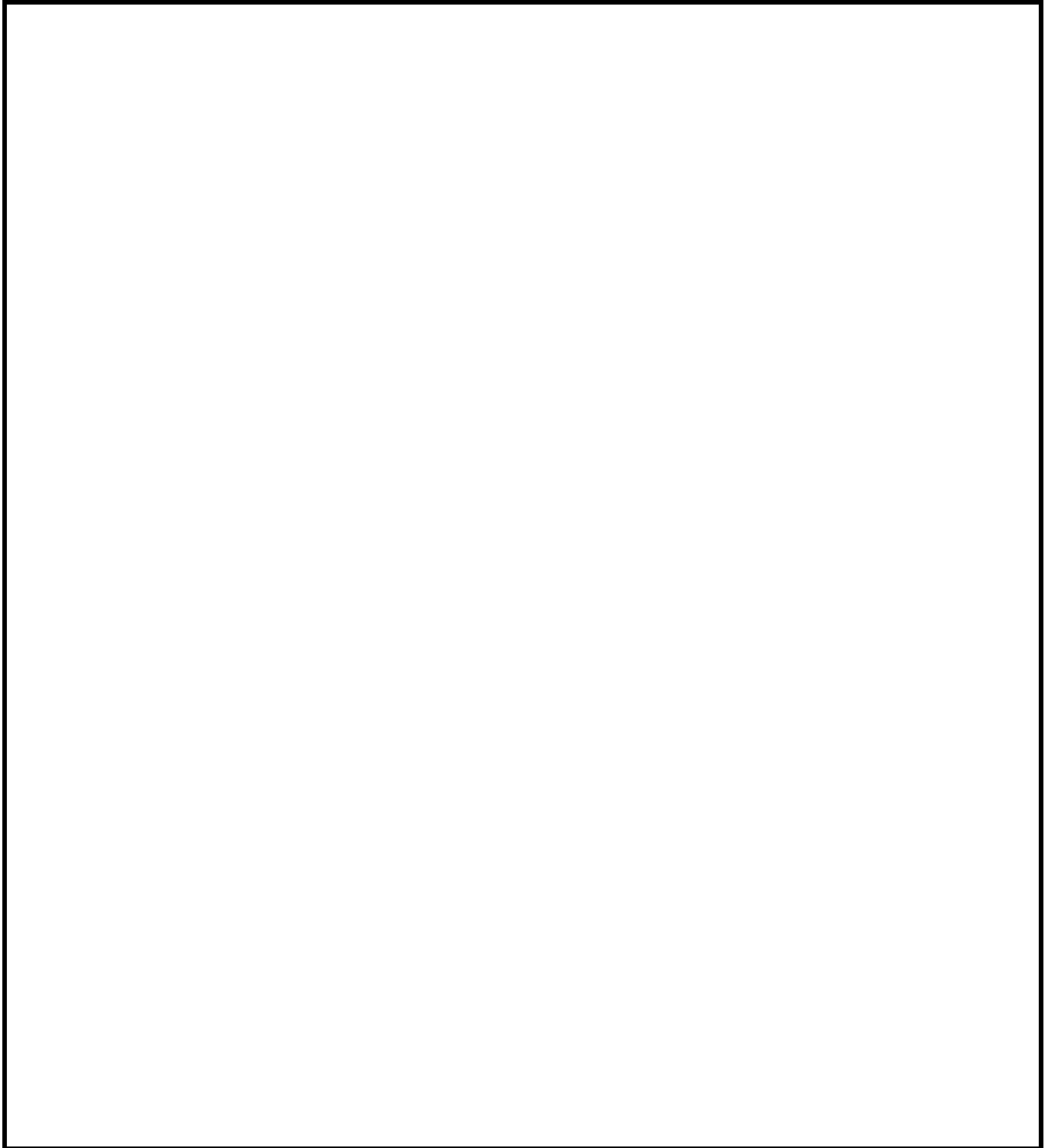
**Copy of Warranty Deed or Lease for the Space Housing the ASC
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(5)**



Appendix E:

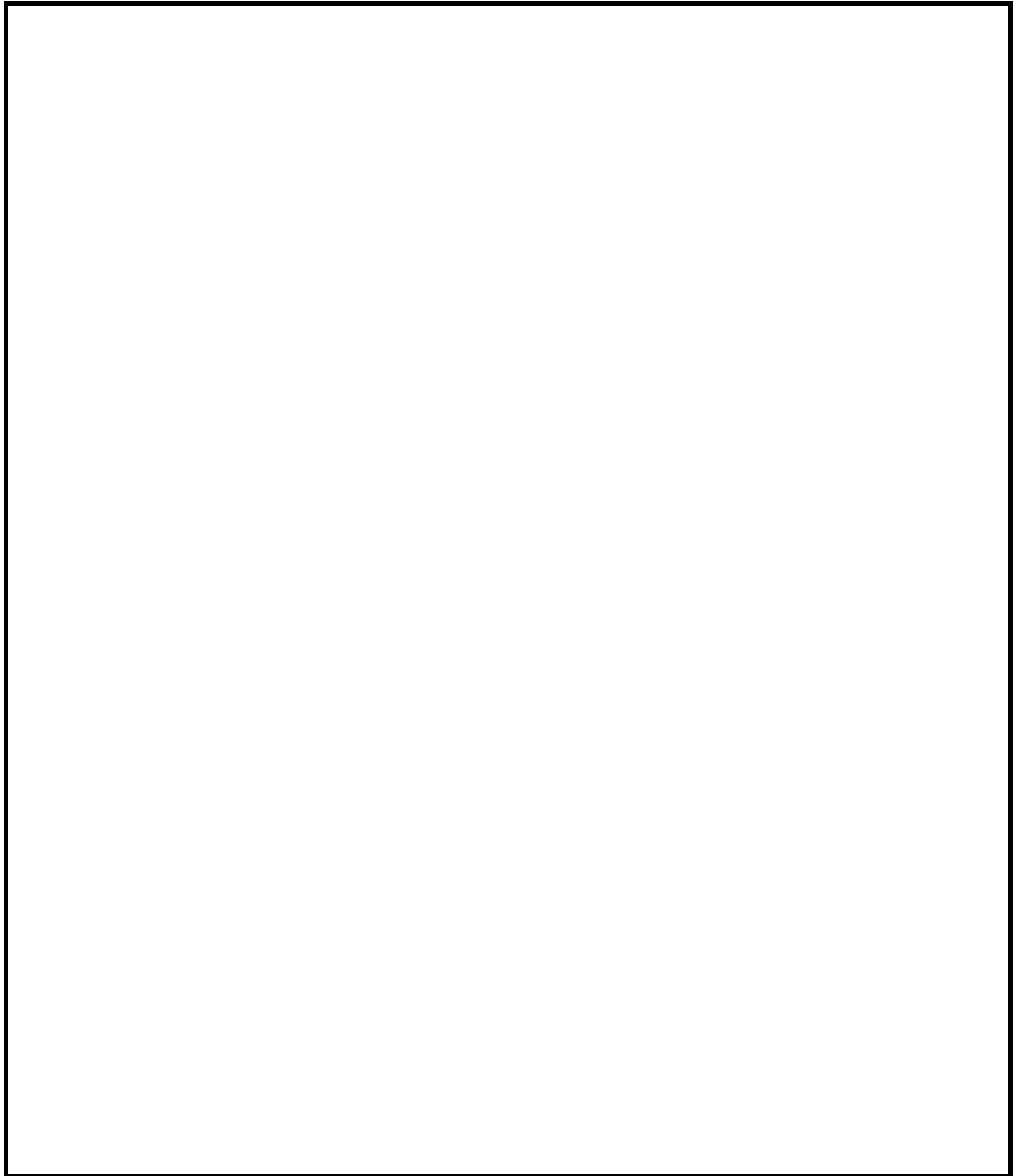
Description of Proximity Between Clinical Offices and the ASC
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(6)

☞ NOTE: A **high resolution, detailed map** or **blueprint** may be submitted in lieu of a detailed written description provided it clearly shows the distance and area between the clinical offices and the ASC.



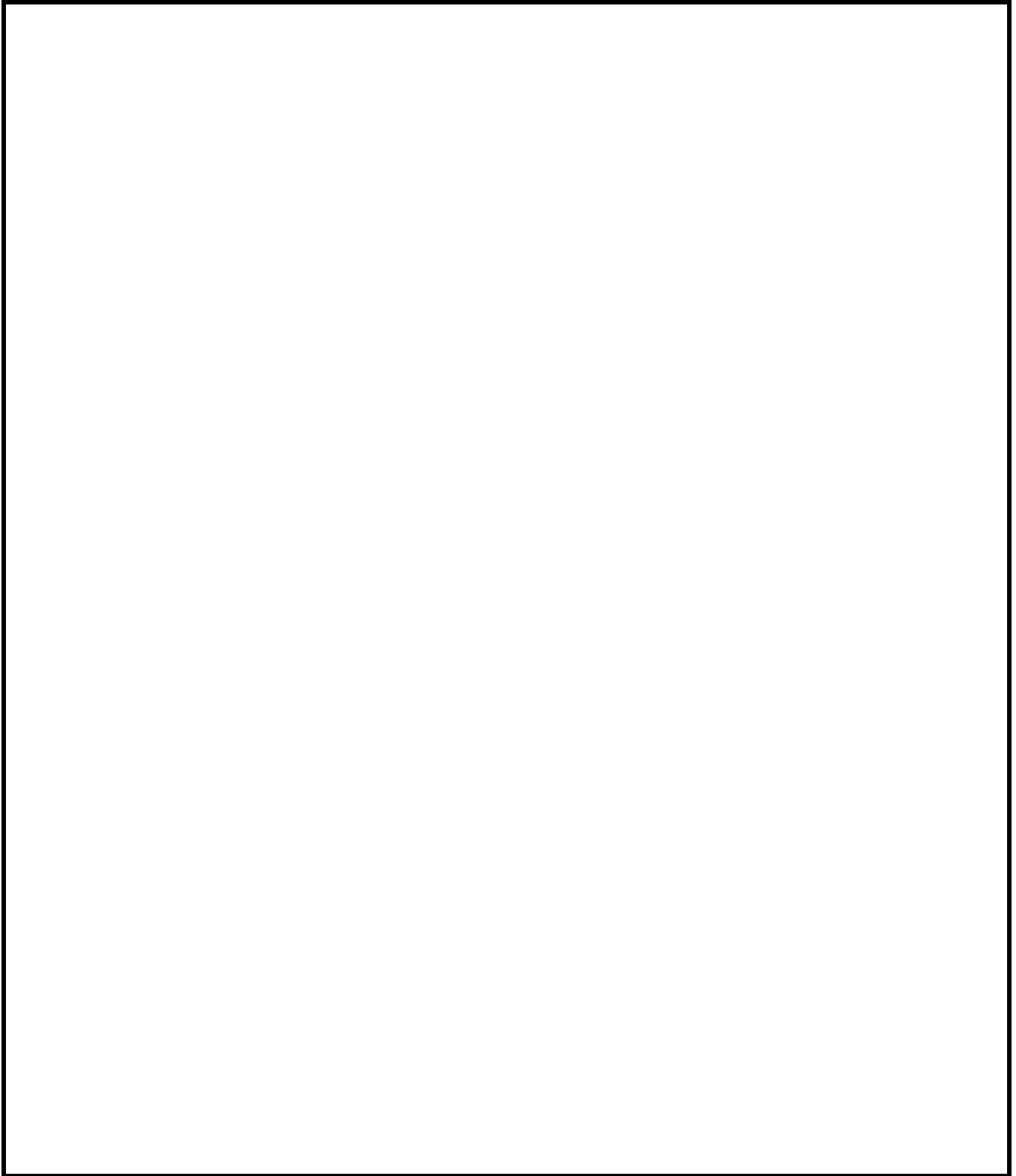
Appendix F:

**Letter from an Architect Detailing Costs
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(9)**



Appendix G:

**Schematic Floor Plan of the Entire ASC
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(10)**



Appendix H:

**List of All Associated and Simultaneous and Costs
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(11)**

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Appendix I:

**Sworn Affidavits from Physician Owners regarding Additional Costs
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(a)(16)**

Appendix J:

**Documentation for a Single Specialty Physician Owned Ambulatory Surgical Center
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(b)(1)-(6)**

Appendix K:

**Documentation for a Joint Venture Ambulatory Surgical Center
Ga. Comp. R. & Regs. r. 111-2-2-.10(4)(c)(1)-(4)**