

STRATEGIC OUTPATIENT Solutions, LLC

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Initial Questionnaire

Surgery Center Name: _____

Primary Contact Name & Phone Number: _____
Name Phone

1. What year and month did your ASC open? _____
2. Is your ASC licensed by (circle all that apply): STATE MEDICARE AAAHC AAASF JCAHO
3. How many operating rooms does your ASC have? _____; Procedure suites? _____
4. What licenses does your ASC hold? Multi-Specialty or Single Specialty (List specialty _____)
5. If Multi-Specialty, which specialties are performed at your ASC? _____
6. (a) What is your Avg Monthly Operating Income? \$_____ (b) Avg Monthly Gross Revenue \$_____
7. How many cases does your ASC perform on average each month? _____
8. How many physicians regularly operate at your ASC? _____
9. How many of the physicians who regularly operate are investors? _____
10. What is your current payor mix by volume?
Contracted commercial ____% Non-contracted commercial (out-of-network) ____%
Medicare ____% Medicaid ____%
Workers' comp ____% Personal Injury ____%
Self Pay ____% Other (describe) _____ %
11. Who is the dominant insurance carrier in the market? _____
12. Which payors is your ASC contracted with (list all individually): _____

