



Contact Information:	
Contact Name:	
Facility Name:	
Mailing Address:	
Phone Number:	
Email Address:	

(Available in electronic format)  
 Fax: 678-546-3606  
 Phone: 800-945-6133  
 Attn: Timothy Beisner  
 E-mail: timothy@ahphealthcare.com

Current Status:			
Are you currently contracted with an anesthesia group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of current anesthesiologists at facility on daily basis?	-
Is the contract exclusive to the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the current anesthesiologists employed by facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When are you targeting to execute a new agreement?		Number of CRNAs at facility on daily basis?	-
Do your anesthesiologists provide service to other facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who employs CRNAs (ie. anesthesiologists, facility, contracted separate)?	
Does your facility subsidize anesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which staffing model do you desire: MD only, CRNA only or MD&CRNA	
How much is the subsidy?	\$ -	What areas are you looking to improve (i.e., reduce subsidy, improve coverage, etc)?	

Hospital Coverage:			
Total number of operating rooms (ORs)?	-	Do CRNAs take call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of ORs utilized on a daily basis?	-	Are you a designated trauma center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of ORs staffed by anesthesia (7 a.m. - 3 p.m.)?	-	Does anesthesia department provide obstetric (OB) epidurals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of ORs staffed by anesthesia (3 p.m. - 5 p.m.)?	-	Where are the OB suites located in relation to Main OR?	
Number of ORs staffed by anesthesia (5 p.m. - 7 p.m.)?	-	Number of delivery sites?	-
Number of ORs staffed by anesthesia (7 p.m. - 7 a.m.)?	-	Number of anesthesia staff you prefer available for OB coverage?	-
Is there a Saturday schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require 24- hour inhouse call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of locations for anesthesia on Saturday?	-	Do you have more than one call team (i.e., first/second/heart)?	

Ambulatory Surgery Center Coverage:			
Does your facility currently have a surgery center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is the surgery center located (i.e. onsite, offsite, 1 mile, etc.)?	
If yes, how many procedure rooms need to be covered daily?	-	Is the surgery center open on weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pain Practice:			
Does your facility currently have a pain practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where is the practice located (i.e. onsite, offsite, 1 mile, etc)?	-
If yes, what is the current annual case volume?	-	If no, are you looking to implement a pain practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Anesthesia Billing:			
Do you provide billing for the anesthesiologists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual number of anesthesia minutes?	-
Do you provide billing for the CRNAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of anesthesia minutes per case?	-

**Case Volumes (as opposed to Procedure Volume) by Type:**

What timeframe is represented below (i.e. annual, month, etc)?

	Main Operating Rooms		Surgery Center
	Inpatient	Outpatient	Outpatient
General	-	-	-
Orthopedic	-	-	-
Urology	-	-	-
Ophthalmology	-	-	-
Cardiac- CABG	-	-	-
Neurology	-	-	-
Vascular	-	-	-
ENT	-	-	-
Gastroenterology/Endoscopy	-	-	-
Gynecology	-	-	-
OB - Epidurals	-	-	-
OB - C-Sections	-	-	-
Podiatry	-	-	-
Other: Type?	-	-	-
Cases NOT requiring anesthesia	-	-	-
<b>Total</b>	-	-	-
<b>Grand Total</b>	-	-	-

Annual number of deliveries? -

**Anesthesia Case Volume by Payor:**

	Main OR - Inpat	Main OR - Outpat	OB Epidurals	C-Sections	Surgery Center	Pain Practice
Aetna	%	%	%	%	%	%
BCBS PPO	%	%	%	%	%	%
BCBS other	%	%	%	%	%	%
Cigna	%	%	%	%	%	%
United Healthcare	%	%	%	%	%	%
Other commercial	%	%	%	%	%	%
Medicaid, HMO Medicaid, etc.	%	%	%	%	%	%
Medicare, Pacificare, etc.	%	%	%	%	%	%
Self-pay	%	%	%	%	%	%
Champus	%	%	%	%	%	%
Workers' Comp	%	%	%	%	%	%
Direct contracts with employer	%	%	%	%	%	%
Free clinic	%	%	%	%	%	%
Other: Type?	%	%	%	%	%	%
<b>TOTAL</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

Are local anesthesia cases included in above mix?  Yes  No  
 Are any non-anesthesia cases included in the above mix?  Yes  No

Please provide on a separate page the top 20 surgical procedures by CPT and/or ICD 9 codes including case volumes.

Yes  No

**Additional Detailed Information**

**WHEN POSSIBLE:** To help us provide the most accurate revenue forecast from the start; **please provide electronic copies of historic OR schedules, procedure types by code and detailed payor mix breakdowns.** Of course, we can provide initial estimates without this detail, but prefer to set proper expectations from the initial forecast.

Please check one:  Additional data is available at a later date.  
 This represents all the data we have available.  
 We have included additional data with this survey.

**Additional Detailed Information**

How did you hear about AHP?