

Outpatient Procedure Component—Annual Facility Survey

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*required for saving	Tracking #:
*Facility ID:	*Survey Year:
Facility Characteristics	
*Entity (check one): ☐ Ambulatory Surgical Center (ASC)	
*Ownership (check all that apply):	
☐ For profit hospital ☐ Not for profit hospital, including church ☐ Government ☐ Management company	
☐ Military ☐ Veterans Affairs ☐ Physician ☐ Managed care organization	
*Specialty (check one): ☐ Multispecialty ☐ Single specialty	
*Check all the specialty(ies) performed in your facility:	
☐ Bariatrics ☐ Dental ☐ General surgery ☐ Gastroenterology ☐ Gynecology	
☐ Neurology ☐ Ophthalmology ☐ Orthopedic ☐ Otolaryngology ☐ Pain management	
☐ Plastic surgery ☐ Podiatry ☐ Spine ☐ Urology ☐ Other (specify): _____	
*Total number of operating rooms at time of survey completion: _____ *Total number of procedure rooms at time of survey completion: _____ *Total number of patient encounters (admissions) in this survey year: _____ *Accredited by a CMS-approved accrediting organization: ☐ Yes ☐ No	
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