



# ASC Qualifying Questionnaire – For GI Physicians

**Physicians Endoscopy (Attn: Carol Stopa)**  
**1456 Ferry Road – Suite 305 – Doylestown, PA 18901**  
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<b>Practice Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Fax</b>	

<b>Lead Physician</b>	
<b>Telephone</b>	
<b>Cell</b>	
<b>Email</b>	

Due Diligence Contact – Person who can assist with obtaining information	
<b>Name / Title:</b>	<b>Email:</b>
<b>Telephone:</b>	<b>Fax:</b>

PHYSICIANS ASSOCIATED WITH PRACTICE			
Name	# Years Left to Practice	✓ Board Certified	Specialty
1.			
2.			
3.			
4.			
5.			
6.			
7.			

HISTORICAL PROCEDURE VOLUMES			
Please provide an estimate of your annual volumes for each of these procedures.			
Colonoscopy	#	EGD	#
Please list the names of the facilities where you perform procedures and an estimate of your group's annual outpatient volumes for each facility.			
Facility Name	% Procedures	% to be done in ASC	

HOURLY SALARY RATES: for Non-Physician Staff			
RN	\$	Medical Assistant	\$
LPN	\$	Receptionist	\$
Medical Tech	\$		\$

PAYOR MIX			
Estimate of your practice payor mix (based on collected revenue)			
Medicare	%		%
Medicaid	%		%
BCBS	%		%
Aetna	%		%
	%		%
	%		%

<b>What is the cost for medical grade space per sq ft?</b>	\$
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*Thank you for investing the time to complete this questionnaire.  
 Your responses provide us with critical information and will be treated with complete confidentiality.  
 Physicians Endoscopy*