

### Introduction

This spreadsheet contains elements CRNAs may consider when calculating their value or developing a business proposal. There is also a local component to this analysis, therefore CRNAs need to determine the reimbursement for procedures in their area. Please contact the Professional Practice Division with any questions, suggestions for improvement, or other elements to consider at PracticeManagement@aana.com.

### Facility

Facility Name

Contact

Address

Phone Number

Email

### Type of facility:

- ☐ Hospital
- ☐ ASC
- ☐ Office
- ☐ Pain Management Clinic
- ☐ Other

### Anesthesia staffing model:

- ☐ Anesthesiologist only
- ☐ CRNA only
- ☐ Anesthesia Care Team (medical direction)
- ☐ Anesthesia Care Team (supervision)
- ☐ CRNA and Anesthesiologist (perform own cases)

### Currently contracted with an independent anesthesia group to provide anesthesia services?

☐ Yes ☐ No

Is it an exclusive contract?

☐ Yes ☐ No

When is termination period?

### CRNAs are employed by:

- ☐ Anesthesia group
- ☐ CRNA group
- ☐ Facility/system
- ☐ Self-employed
- ☐ Locums
- ☐ Large employer

### Anesthesiologists are employed by:

- ☐ Anesthesia group
- ☐ CRNA group
- ☐ Facility/system
- ☐ Self-employed
- ☐ Locums
- ☐ Large employer

### Room coverage (add cells as necessary)

Total procedure and operating rooms:

Number of rooms utilized:

| M | T | W | Th | F | S | Su |
|---|---|---|----|---|---|----|
|   |   |   |    |   |   |    |

Acute pain services provided?

☐ Yes ☐ No

Chronic pain services provided?

☐ Yes ☐ No

### Business Analysis

| Case Type        | Total cases (yr) | Avg case time | Revenue | FTE | Expense |
|------------------|------------------|---------------|---------|-----|---------|
| Gastroenterology |                  |               |         |     |         |
| Orthopedic       |                  |               |         |     |         |
| Urology          |                  |               |         |     |         |
| Ophthalmology    |                  |               |         |     |         |
| Cardiac          |                  |               |         |     |         |
| Pain Management  |                  |               |         |     |         |
| Gynecology       |                  |               |         |     |         |
| Obstetrics       |                  |               |         |     |         |
| Neurology        |                  |               |         |     |         |
| Vascular         |                  |               |         |     |         |
| ENT              |                  |               |         |     |         |
| General          |                  |               |         |     |         |

|          |  |  |  |  |  |
|----------|--|--|--|--|--|
| Podiatry |  |  |  |  |  |
| Other    |  |  |  |  |  |

|               | % cases |
|---------------|---------|
| Payor Mix     |         |
| Medicare      |         |
| Medicaid      |         |
| Commercial    |         |
| Self Pay      |         |
| Charity       |         |
| Workers' Comp |         |
| Other         |         |

#### Income Statement

##### Revenue

Fees / Receipts  
Less: Refunds & Adjustments  
Less: Contractual Allowance  
Other Income  
Net Revenue

0

##### Operating Expenses

Salary  
Payroll Taxes  
Employee Benefits  
Education & Meetings  
Operating Supplies  
Legal & Accounting  
Malpractice Insurance  
Interest  
Depreciation  
Billing and Management Fees  
Rent and Maintenance  
Property Taxes  
Utilities  
Bad Debts  
Amortization  
Other expenses  
Total Operating Expenses

0

##### Net Income Before Taxes

0

Taxes on Income

##### Net Income After Taxes

0