



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SYCAMORE SPRINGS SURGERY CENTER, LLC

Street Address: 4715 Statesmen Dr., Ste A

City: Indianapolis

County: Marion

Administrator Name: Caryn Fink

Administrator Email: cafink@sycamoresprings-asc.com

ASC Web Address:

Fiscal Year: 2014

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2124	4741
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
63650	201	

28285	155
76000	146
0232t	112
20680	94
28296	81
27687	61
28080	52
63685	52
28308	48

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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