



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SURGERY CENTER - NORTH

Street Address: 8040 clearvista pkwy suite 150

City: indianapolis

County: marion

Administrator Name: natalie christy

Administrator Email: nchristy@ecommunity.com

ASC Web Address:

Fiscal Year: 2017

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	9
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	11754	17725
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
14301	932	
30140	646	
64493	620	
15777	490	
58558	465	
69436	444	
19301	419	

58563	373
64483	336
62323	279

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	14
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