



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

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 N. MERIDIAN ST.

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: RBEAVERSON@NMSURGERYCENTER.COM

ASC Web Address: WWW.NMSURGERYCENTER.COM

Fiscal Year: 2018

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	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3938	13700
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	1040	
62323	742	
22845	301	

63047	290
22551	267
62321	242
64493	238
64635	198
63030	186
64490	165

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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