

Status: Finalized

I. Center Identification

Organization					
Organization	RALL	OUTPATIEN	IT SUR <i>G</i>	FRYC	ENTER
Name:	DI ILL V	OCTITION.	i boite	DICI C	

Street Address: 2401 W UNIVERSITY AVE, STE 200 OMP

City: MUNCIE
County: Indiana

Administrator Name: Sheila Turnbow

Administrator Email: mmanship@iuhealth.org

ASC Web Address:

Fiscal Year: 2022

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: OFor Profit ONon Profit

II. Identification of Surgical Resources

Number of operating rooms	5	
Number of procedure rooms	4	

III. Utilization Statistics

Time Period Number of Patients Number of Procedures	A. Total Patients and Procedures		
Troccares	Time Period	Number of Patients	Number of Procedures

Persons Served in twelve-month period	8441	18697
B. Ten Most Frequent Surgical Procedures Perform	ed	
CPT Code		Total Procedures
41899		443
43239		1015
45378		292
45380		907
45385		1204
64493		664
69436		599
81025		576
82948		914
88305		1452

IV. Outcomes from Surgical Procedures

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