

Status: Finalized

## I. Center Identification

(	Organization Name	INDIANA	ENDOSCOPY	Y CENTER	FISHERS
	Name:				

Street Address: 10967 Allisonville Road, Suite 100

City: Fishers

County: Hamilton

Administrator Name: Amy Heminger,RN

Administrator Email: aheminge@iuhealth.org

ASC Web Address:

Fiscal Year: 2012

Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: OYes 

No

Corporate Tax Status: ● For Profit ○ Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	1
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		1475			
B. Ten Most Frequent Surgical Procedures Performed					
CPT Code		Total Procedures			
45378		402			

43239	265
45380	256
45385	215
g0105	51
43235	42
g0121	29
45383	16
43249	11
43248	8

## IV. Outcomes from Surgical Procedures

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

Comments