



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

Status: Finalized

I. Center Identification

Organization Name: SULLIVAN SURGICENTER, LLC

Street Address: 320 N Section St

City: Sullivan

County: Sullivan

Administrator Name: C. Lim MD Melanie DON

Administrator Email: tlimelm@yahoo.com

ASC Web Address:

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAAASF

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	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	480	760
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
11401	175	

11421	133
11441	108
11404	64
11424	22
G8907	22
G8918	22
11624	14
11621	13
11626	13

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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Comments

