



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

Status: Finalized

I. Center Identification

Organization Name: SYCAMORE SPRINGS SURGERY CENTER, LLC

Street Address: 4715 Statesmen Dr., Ste A

City: Indianapolis

County: Marion

Administrator Name: Caryn Fink

Administrator Email: cafink@sycamoresprings-asc.com

ASC Web Address:

Fiscal Year: 2013

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	2
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	1685	4930
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	194	

64493	184
64494	158
28285	156
64636	135
63650	131
62311	121
64484	112
28899	103
62310	93

IV. Outcomes from Surgical Procedures

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

