



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: 2014

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	3605	12424
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	1014	

67793	503
62311	358
62310	333
64479	319
64636	295
64635	283
64494	247
69990	230
22851	203

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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