



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

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER FORT WAYNE

Street Address: 7747 W. Jefferson Blvd.

City: Fort Wayne

County: Allen

Administrator Name: Benjamin Simmons

Administrator Email: bsimmons@clisx.com

ASC Web Address:

Fiscal Year: 2023

Accredited: Yes No

Name of Accrediting Body:

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	4417	7361
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	3978	
66821	2202	
66982	334	
65820	181	
65855	181	
67031	132	
66761	129	

66991	72
65756	18
65420	13

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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