

Status: Finalized

I. Center Identification

Organization Name: RIVERPOINTE SURGERY CENTER

Street Address: 500 Arcade Avenue, Suite 100

City: Elkhart

County: IN

Administrator Name: Shari Lamphere

Administrator Email: slampere@riverpointesurgery.com

ASC Web Address: 500 Arcade Avenue, Suite 100

Fiscal Year: 2023

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes O No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

| Number of operating rooms | 5 | |
|---------------------------|---|--|
| 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 | 5842 | 8476 | | |
| B. Ten Most Frequent Surgical Procedures Performed | | | | |
| CPT Code | | Total Procedures | | |
| 45385 | | 1109 | | |
| 43239 | | 806 | | |
| 45378 | | 711 | | |
| 45380 | | 660 | | |
| G8907 | | 544 | | |
| G8918 | | 439 | | |
| 66984 | | 334 | | |

| G0105 | 234 |
|-------|-----|
| 52356 | 197 |
| 64493 | 178 |

IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 2 |
|--|---|
| a surgical encounter. | |