



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

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab Road Suite 3G

City: Indianapolis

County: Marion

Administrator Name: Galinton Bryan

Administrator Email: gbryan@northsidegastro.com

ASC Web Address: northsidegastro.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	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8807	15652
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
E45380	2986	

EG8918	2295
EG8907	2292
E45378	1985
E43239	1864
E45385	1778
E43450	496
E43235	368
EG0105	316
EG0121	168

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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