



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

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER FOR PAIN OF SOUTHERN INDIANA

Street Address: 2920 McIntire Drive Suite 150

City: Bloomington

County: Monroe

Administrator Name: MaryAnn Jacobs, RN

Administrator Email: maryann.jacobsrn@gmail.com

ASC Web Address:

Fiscal Year: 2014

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	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1386	1446
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
G0260	391	

64493, 64494, 64495	368
64483, 64484	289
60490, 60491, 60492	280
62310	46
62311	14
64719, 64721, 25115	10
64635, 64636	6
64633, 64634	3
63650	3

#### 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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