



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

Status: Finalized

I. Center Identification

Organization Name: MERIDIAN PLASTIC SURGERY CENTER

Street Address: 170 W. 106th St

City: Indianapolis

County: Hamilton

Administrator Name: Stephen W. Perkins MD

Administrator Email: sperksi@gmail.com

ASC Web Address: www.meridianplasticsurgeons

Fiscal Year: 2016

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	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	1141	3820
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
19325	191	
19318	80	
15877	80	
15822	68	
15820	62	
30465	59	
11310	59	

30520	48
15838	44
15847	43

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	9
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