



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: Ingrid Willems

Administrator Email: iwillems@clisx.com

ASC Web Address:

Fiscal Year: 2020

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	3722	6424
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66988	2862	
66821	2097	
66987	246	
67031	216	
67210	157	
65855	143	
0191T	125	

67228	100
66761	81
66988	62

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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