

Status: Finalized

I. Center Identification

Organization Name: SURGERY ONE

Street Address: 11420 Parkview Circle

City: Fort Wayne

County: Allen

Administrator Name: Jeffra Kinniard

Administrator Email: jeffra.kinniard@parkview.com

ASC Web Address: na Fiscal Year: 2022

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: OFor Profit ONon Profit

II. Identification of Surgical Resources

| Number of operating rooms | 6 |
|---------------------------|---|
| 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 | 6518 | 11785 | | |
|--|------|------------------|--|--|
| B. Ten Most Frequent Surgical Procedures Performed | | | | |
| CPT Code | | Total Procedures | | |
| 64483 | | 2057 | | |
| 64721 | | 717 | | |
| 64493 | | 628 | | |
| 64415 | | 536 | | |
| 64447 | | 495 | | |
| G0260 | | 421 | | |
| 64635 | | 384 | | |
| 64494 | | 376 | | |
| 26055 | | 292 | | |
| 64484 | | 268 | | |

IV. Outcomes from Surgical Procedures

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