

Status: Finalized

I. Center Identification

| Organization Name: | RY CENTER OF FORT WAYNE, LLC |
|-----------------------|------------------------------|
| Street Address: | 1721 Magnavox Way, Suite A |
| City: | Fort Wayne |
| County: | IN |
| Administrator Name: | Brandon Ehret |

Administrator Email: behret@fortwaynesc.com

ASC Web Address:

Fiscal Year: 2022

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: OFor Profit ONon 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 | 4,421 | 9,852 | | | | |
|--|-------|------------------|--|--|--|--|
| B. Ten Most Frequent Surgical Procedures Performed | | | | | | |
| CPT Code | | Total Procedures | | | | |
| 64493 | | 967 | | | | |
| 64494 | | 946 | | | | |
| 64490 | | 925 | | | | |
| 64491 | | 889 | | | | |
| 64635 | | 789 | | | | |
| 64636 | | 776 | | | | |
| 64483 | | 747 | | | | |
| 64633 | | 566 | | | | |
| 64634 | | 535 | | | | |
| 62321 | | 404 | | | | |

IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 1 |
|--|---|
| a surgical encounter. | |