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

Status: Finalized

I. Center Identification

Organization Name: NANI VASCULAR

Street Address: 1833 Magnavox Way suite 100

City: Fort Wayne

County: Allen

Administrator Name: Cynthia Wiersema

Administrator Email: cwiersema@nephdocs.com

ASC Web Address: www.nephdocs.com

Fiscal Year: 2024

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	1
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	575	1197

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
369002	497
76937	333
99152	338
77001	215
36589	207
36581	166
99153	141

36901	126
75710	123
36907	123

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0