



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

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER OF FORT WAYNE, LLC

Street Address: 1721 Magnavox Way Suite A

City: Fort Wayne

County: Allen

Administrator Name: Brandon Ehret

Administrator Email: behret@fortwaynesc.com

ASC Web Address: <https://www.fortwaynesc.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	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	3245	3275
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64635	661	
64636	643	
64483	542	
64493	493	
64494	485	
L8680	420	
G0260	375	

64490	340
64491	329
64633	325

IV. Outcomes from Surgical Procedures

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