



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SKIN CANCER AMBULATORY SURGERY CENTER  
 Street Address: 701 E. County Line Rd, Suite 208  
 City: Greenwood  
 County: IN  
 Administrator Name: Michael Murphy  
 Administrator Email: murphymd1@gmail.com  
 ASC Web Address:  
 Fiscal Year: 2023  
 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	1
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	3826	3826
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
13132	1018	
13121	613	
14061	569	
14041	431	
15260	309	
14060	260	
13101	244	
15220	99	
14021	98	
14040	47	

IV. Outcomes from Surgical Procedures

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