

Status: Finalized

I. Center Identification

Organization Name: INDIANA SPECIALTY SURGERY CENTER

Street Address: 1380 West Arch Haven Ave

City: Bloomington

County: Indiana

Administrator Name: Amy Foster

Administrator Email: afoster@uspi.com

ASC Web Address: www.indianaspecialty.com

Fiscal Year: 2023

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

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	3176	4219
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64483		641
66984		505
64493		422
64484		249
26055		208
64721		190
64494		143
27096		291
64490		109
62321		89

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	3
a surgical encounter.	