

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 3605 Northgate Ct, Ste 101 City: New Albany County: Floyd Administrator Name: Chris Murphy Administrator Email: christopher.murphy@uoflhealth.org ASC Web Address: KleinertKutz.com Fiscal Year: 2022

Accredited: \bigcirc Yes \bigcirc No

Name of Accrediting Body: AAAHC

Deemed Status: \bigcirc Yes \bigcirc No

Corporate Tax Status: • For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3	
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	2123	4421		
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
64721		575		
26055		390		
64718		268		
29848		224		
26160		179		
64727		144		
		136		

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64708	98
25447	87
25310	81

IV. Outcomes from Surgical Procedures

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