



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

Status: Finalized

I. Center Identification

Organization Name: KOKOMO AMBULATORY SURGERY CENTER LLC

Street Address: 107 S. Washington Suite A

City: Kokomo

County: Howard

Administrator Name: Shazia Siddiqui

Administrator Email: shazia@lafayettepaincare.net

ASC Web Address:

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	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period		2501
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
27096	187	
62323	530	
64493	619	
64494	617	
64635	374	
64636	421	
64490	136	

64491	130
64633	90
64634	102

IV. Outcomes from Surgical Procedures

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