



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

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 N. MERIDIAN ST.

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: DIRECTOR@NMSURGERYCENETER.COM

ASC Web Address: WWW.NMSURGERYCENTER.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	3
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	5275	19255
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	1635	
64483	1543	
63047	958	
22853	896	
22551	884	
22845	827	
63048	826	

64493	703
62321	630
64479	570

IV. Outcomes from Surgical Procedures

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