

Status: Finalized

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	Center	Id	Antiti	ogtion
1.	COILL	ıu		caliOn

Organization CENTER FOR SPECIAL SURGERY, LLC Name:				
Street Address:	8805 North Meridian Street			
City:	Indianapolis			
County:	Marion			
Administrator Name:	Amy Rice			
Administrator Email:	arice@indypain.com			
ASC Web Address:	www.indypain.com			
Fiscal Year:	2013			
	0			

Accredited: OYes ONo

Name of Accrediting Body:

Deemed Status: ○Yes

No

Corporate Tax Status: • For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
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	395	4459	
B. Ten Most Frequent Surgical Procedures Performed			
CPT Code		Total Procedures	
64493		400	

64494	394
64490	381
64491	368
62311	366
64492	352
64495	349
64634	208
64635	193
64483	191

IV. Outcomes from Surgical Procedures

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

Comments