

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER OF INDIANAPOLIS TH
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Street Address: 2007 N. Capitol Ave

City: Indianapolis

County: Marion

Administrator Name: maureen Chernoff

Administrator Email: mchernoff@scillc.md

ASC Web Address: Thesurgerycenterofcarmel-indy.com

Fiscal Year: 2013

Accredited:

Yes

No

Name of Accrediting Body: AAAHC

Deemed Status: OYes

No

Corporate Tax Status: ● For Profit ○ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	

III. Utilization Statistics

A. Total Patients and Procedures			
Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	932	2746	
B. Ten Most Frequent Surgical Procedures Performed			
CPT Code		Total Procedures	
28285		215	

G8907	120
28308	110
G8916	89
15821	82
15823	75
69436	75
15829	73
15828	63
99220	63

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	

Comments