

Status: Finalized

## I. Center Identification

| Organization Name: | WHITE OAK SURGERY | CENTER |
|--------------------|-------------------|--------|
| Maille.            |                   |        |

Street Address: 1950 - 45th St.

City: Munster

County: Lake

Administrator Name: Mary Caparros

Administrator Email: mjdyrek@yahoo.com

ASC Web Address:

Fiscal Year: 2013

Accredited: 

Yes 

No

Name of Accrediting Body: Joint Commission

Deemed Status: • Yes O No

Corporate Tax Status: ● For Profit ○ Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 3 |
|---------------------------|---|
| 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                 | 443                | 1316                 |  |  |
| B. Ten Most Frequent Surgical<br>Procedures Performed |                    |                      |  |  |
| CPT Code  |                    | Total<br>Procedures  |  |  |
| 30140   |                    | 188                  |  |  |

| 31255 | 119 |
|-------|-----|
| 31267 | 110 |
| 69436 | 87  |
| 31256 | 82  |
| 77002 | 58  |
| 76000 | 58  |
| 31254 | 56  |
| 29873 | 51  |
| 42826 | 39  |

## IV. Outcomes from Surgical Procedures

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

Comments