

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

Status: Finalized

I. Center Identification

Organization Name: COMMU	INITY CENTER FOR DIGESTIVE CARE
Street Address:	1601 Medical Arts Blvd, Suite 300
City:	Anderson
County:	Madison
Administrator Name:	Terresa MooreSantos
Administrator Email:	tmooresantos@ecommunity.com
ASC Web Address:	communitydigestivecare.com
Fiscal Year:	2014
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Accredited: \odot Yes \bigcirc No

Name of Accrediting Body: AAAHC

Deemed Status: \bigcirc Yes \odot No

Corporate Tax Status: \bigcirc For Profit \bigcirc Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2406	2701
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

45380	445
G0121	247
45378	219
43235	165
G0105	165
43450	64
43249	26
43248	21
45330	20

IV. Outcomes from Surgical Procedures

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