

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

Status: Finalized

I. Center Identification

Organization Name: FOOT &	ANKLE SURGERY CENTER INC
Street Address:	8651 Township Line Road
City:	Indianapolsi
County:	Marion
Administrator Name:	Natalie Christy
Administrator Email:	nchristy@ecommunity.com
ASC Web Address:	
Fiscal Year:	2014
Accredited:	●Yes ○No
Name of Accrediting Body:	AAAHC, ISDH
Deemed Status:	\bigcirc Yes \bigcirc No

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

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	802	1770
B. Ten Most Frequent Surgical Procedures Performed CPT Code		Total Procedures

28080	31
28104	30
28119	52
28270	358
28296	159
28299	47
28308	148
28289	30
20680	26

IV. Outcomes from Surgical Procedures

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