

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

Status: Finalized

I. Center Identification

| Organization Name: | SPECIALTY SURGERY CENTER |
|---------------------------|---------------------------------|
| Street Address: | 10601 NORTH MERIDIAN ST STE 100 |
| City: | INDIANAPOLIS |
| County: | Indiana |
| Administrator Name: | |
| Administrator Email: | myhughes@mssurgerycenter.com |
| ASC Web Address: | |
| Fiscal Year: | 2014 |
| Accredited: | ●Yes ○No |
| Name of Accrediting Body: | АААНС |
| Deemed Status: | ●Yes ○No |

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

II. Identification of Surgical Resources

| Number of operating rooms | 3 |
|---------------------------|---|
| Number of procedure rooms | 0 |

III. Utilization Statistics

| Time Period | Number of Patients | Number of Procedures |
|---|-----------------------|-------------------------|
| Persons Served in twelve-month period | 2323 | 2500 |
| | | |
| | | |
| B. Ten Most Frequent Surgical Procedures Performed CPT Code | | Total Procedures |

| 67108 | 156 |
|-------|-----|
| 58662 | 110 |
| 58350 | 130 |
| 42505 | 62 |
| 58555 | 160 |
| 69436 | 135 |
| 67040 | 52 |
| 67113 | 54 |
| 69631 | 43 |

IV. Outcomes from Surgical Procedures

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