



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

Status: Finalized

I. Center Identification

Organization Name: COLUMBUS PAIN INSTITUTE

Street Address: 2400 North Park, Suite 20

City: Columbus

County: IN- INDIANA

Administrator Name: Sarah Ramey

Administrator Email: sarahramey@yahoo.com

ASC Web Address: wellspringpainsolutions.com

Fiscal Year: 2015

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
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	2100	3378
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	578	
64490	249	
64493	337	
64491	238	

64492	178
62311	291
64484	147
64494	323
64495	179
G0260 or 27096	268

IV. Outcomes from Surgical Procedures

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