



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

Status: Finalized

I. Center Identification

Organization Name: NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER

Street Address: 8424 Naab Road Suite 3G

City: Indianapolis

County: Marion

Administrator Name: Galinton Bryan

Administrator Email: gbryan@northsidegastro.com

ASC Web Address: <http://www.northsidegastro.com>

Fiscal Year: 2015

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	8105	9887
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
E45380	3092	
E45385	1969	
E43239	1760	
E45378	1614	

E43450	484
E43235	272
EG0105	249
E45381	121
EG0121	112
E43251	56

#### 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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