



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

Status: Finalized

I. Center Identification

Organization Name: SURGERY CENTER OF CARMEL
Street Address: 12188A N. Meridian St Ste 150
City: Carmel
County: Hamilton
Administrator Name: Maureen Chernoff
Administrator Email: mchernoff@scillc.md
ASC Web Address: Thesurgerycenterofcarmel.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	6
Number of procedure rooms	

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5908	11510
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
43239	1356	
19325	612	
45380	584	
G8907	465	

69436	446
G8916	350
58340	288
30520	218
19316	196
28285	186

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	15
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