



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

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 GREEN VALLEY RD

City: NEW ALBANY

County: FLOYD

Administrator Name: MARIANNE WILL

Administrator Email: MARIANNE.WILL@SURGERYPARTNERS.COM

ASC Web Address:

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	2
Number of procedure rooms	22

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1383	3436
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	388	
64493	332	
62311	272	
64484	247	

G0260	216
64494	199
62310	142
41899	123
66984	79
64490	67

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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