



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, THE

Street Address: 7900 W Jefferson Blvd; Suite 102

City: Fort Wayne

County: Allen

Administrator Name: Brandy Lynn Miller, MHA, MSN, RN, CNOR

Administrator Email: bmiller@entfw.com

ASC Web Address: entfortwayne.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	2
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	6010	11715
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436S	3134	
42820S	1151	
30520S	476	
42830S	429	
42826S	343	
30140S	357	
30802S	319	

30930S	269
31256S	291
31255S	287

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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