



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 Miller, MHA, MSN, RN, CNOR
Administrator Email: bmiller@entfw.com
ASC Web Address: entfortwayne.com
Fiscal Year: 2016
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	5595	8029
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
69436	1854	
42820	1174	
30520	342	
42830	313	
42826	280	
61802	275	
30140	183	

30930	175
42821	174
31256	171

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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