

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

Status: Finalized

I. Center Identification

Organization Name: ADVANCED REGIONAL SURGERY CENTER Street Address: 360 Missouri Ave., 19A, Ste 102 City: Jeffersonville County: Clark Administrator Name: Chris Murphy Administrator Email: cmurphy@advancedregionalsc.com ASC Web Address: advancedregionalsc.com Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5270	13433
B. Ten Most Frequent Surgical Procedures Perfe	ormed	
CPT Code		Total Procedures
69436		2234
64493		792
62323		777
30140		554
64494		547
G0260		434
42820		363

31255	345
62321	289
30520	287

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	