

Status: Finalized

I. Center Identification

Organization Name: CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER, LLC

Street Address: 3600 WEST BETHEL AVE

City: MUNCIE

County: DELAWARE

Administrator Name: VICTOR MORAN

Administrator Email: victor_moran@ciocenter.com

ASC Web Address: www.ciocenter.com

Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O 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	2272	2881		
R Ten Most Frequent Surgical Procedures Performed				

B. Ien Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
64721	315
64483	161
29881	153
29827	129
26055	113
62323	99
29826	84

20680	73
29824	66
20670	61

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	