

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 13421 OLD MERIDIAN STREET City: CARMEL County: HAMILTON Administrator Name: CHARLOTTE BODEN Administrator Email: cboden@carmelambulatory.com ASC Web Address: www.scopeforlife.com Fiscal Year: 2017

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	0
Number of procedure rooms	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	2540	3252	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		Total Procedures	
45385		1754	
45378		1315	
43239		647	
45380		607	
45384		414	
43235		196	
G0105		150	

G0121	120
43248	95
45381	58

IV. Outcomes from Surgical Procedures

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