

Status: Finalized

## I. Center Identification

Organization Name: SURGICAL CARE CENTER INC

Street Address: 9202 N Meridian St Ste 150

City: Indianapolis

County: IN

Administrator Name: Lori Hungate

Administrator Email: lori.hungate@scc-in.com

ASC Web Address:

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	1	

## III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	5882	6211		
B. Ten Most Frequent Surgical Procedures Performed				
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B. Ten Wost Frequent Surgicul Freeduces Ferrormed		
CPT C	ode Total Procedures	3
66984	4264	
66982	174	
66711	107	
0191T	78	
67904	54	
67917	32	
15823	22	

67924	18
Prelex	18
67966	15

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	