

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

Status: Finalized

I. Center Identification

Organization THE CENTER FOR MINIMALLY INVASIVE SURGERY Name: Street Address: 9200 Calumet Ave, Suite S200 City: Munster County: Lake Administrator Name: Lisa Davis Administrator Email: lisa.davis@cmisurgery.net ASC Web Address: www.cmisurgery.net Fiscal Year: 2019 Accredited: • Yes • No Name of Accrediting Body: Deemed Status: • Yes • No

II. Identification of Surgical Resources

Corporate Tax Status:

For Profit
Non Profit

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	1104	5243		
B. Ten Most Frequent Surgical Procedures P	erformed			
CPT Code		Total Procedures		
29827		65		
69436		37		
64635		84		
62321		55		
62323		115		
27096		47		
64490		63		
64493		132		
64483		282		
29881		55		

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days	1
following a surgical encounter.	