

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

Status: Finalized

I. Center Identification

Organization Name: EVANSV	VILLE SURGERY CENTER, GATEWAY
Street Address:	4133 Gateway Blv. Suite 100
City:	Newburgh
County:	Warrick
Administrator Name:	Lana Seibert
Administrator Email:	LanaSeibert@EvansvilleSurgeryCenter.com
ASC Web Address:	EvansvilleSurgeryCenter.com
Fiscal Year:	2020
Accredited:	Yes ○No

Name of Accrediting Body: HFAP

Deemed Status: • Yes ONo

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	5
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3887	5432
B. Ten Most Frequent Surgical Procedures Perf CPT Code	ormed	Total Procedures
64721		334
29881		308
47562		195
64483		171
29822		152
58670		145

29826	121
69436	117
29827	101

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	8
a surgical encounter.	