

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

Status: Finalized

I. Center Identification

Organization Name: MERIDL	AN PLASTIC SURGERY CENTER
Street Address:	170 W. 106th St
City:	Carmel
County:	Indiana
Administrator Name:	Mary P Huscroft
Administrator Email:	mhuscroft@meridianplasticsurgerycenter.com
ASC Web Address:	170 W. 106th St
Fiscal Year:	2020
Accredited:	●Yes ○No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1352	3725
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
breast augmentation 19325		515
autologous fat grafting 15770		207
liposuction 15877		164
facelift 15828		142
mastopexy 19316		114
capsulectomy 19371		113
blepharoplasty 15820		87

chin augmentation 21120	84
custom jawline implant 21208	77
temporal implant 21499	32

IV. Outcomes from Surgical Procedures

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