



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

Status: Finalized

I. Center Identification

Organization Name: MERIDIAN PLASTIC SURGERY CENTER

Street Address: 170 W. 106th St

City: Carmel

County: Hamilton

Administrator Name: Mary Huscroft

Administrator Email: mhuscroft@meridianplasticsurgerycenter.com

ASC Web Address: meridianplastic.com

Fiscal Year: 2021

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	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	1244	2760
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
19316 Mastopexy	212	
15828 Facelift	202	
15770 Autologous fat grafting	196	
30410 Rhinoplasty	182	
19325 Breast augmentation	181	
15877 Suction assisted liposuction	172	
15820 Lower Blepharoplasty	129	

15838 Submentoplasty	127
15822 Upper Blepharoplasty	122
30520 Septoplasty	101

IV. Outcomes from Surgical Procedures

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