



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

Status: Finalized

I. Center Identification

Organization Name: MUNCIE AMBULATORY SURGICENTER

Street Address: 200 N Tillotson Avenue

City: Muncie

County: Delaware

Administrator Name: Robin Koenker

Administrator Email: Robin\_Koenker@ahni.com

ASC Web Address:

Fiscal Year: 2013

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	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2373	2525
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1583	
66821	364	

66982	79
67228	52
67904	50
67917	46
15823	35
66761	31
67210	26
67145	25

#### 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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