



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

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY

Street Address: 2201 Green Valley Rd

City: New Albany

County: Floyd

Administrator Name: Tamara Jones

Administrator Email: tjones@symbion.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	3
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	1584	4201
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
G8907	553	

G8918	522
45380	312
43239	282
66984	73
69436	70
64484	52
64483	50
43249	47
45385	37

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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Comments

