



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

Status: Finalized

I. Center Identification

Organization Name: MICHIANA SURGERY CENTER LLC

Street Address: 3212 Hickory Rd.

City: Mishawaka

County: St. Joseph

Administrator Name: Danielle Kertai

Administrator Email: danipainmgmnt@gmail.com

ASC Web Address:

Fiscal Year: 2014

Accredited:  Yes  No

Name of Accrediting Body: Joint Commission

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	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1000	1000
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62311	333	

64483	296
64493	105
64490	75
62310	69
64635	28
20610	21
27096	19
64633	12
63650	11

#### 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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