



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA KIDNEY INSTITUTE

Street Address: 1420 N. Senate Ave.

City: Indianapolis

County: IN

Administrator Name: Connie Taylor

Administrator Email: cotaylor@indianakidney.net

ASC Web Address: 1420 N. Senate Ave. Suite A

Fiscal Year: 201

Accredited:  Yes  No

Name of Accrediting Body: HFAP

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
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	865	865
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
36903	443	
36901	62	
36906	102	

36558	37
36581	80
36589	116
93990	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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