

Status: Finalized

I. Center Identification

Organization $_{\rm Name}$ ADVANCED REGIONAL SURGERY CENTER

Street Address: 360 Missouri Ave, Ste 102

City: Jeffersonville

County: IN

Administrator Name: Diana J. Carr Administrator Email: dcarr@uspi.com

ASC Web Address: advancedregionalsc.com

Fiscal Year: 2023

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: OFor Profit ONon 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 | 4550 | 4550 |
| B. Ten Most Frequent Surgical Procedures Perfo | ormed | |
| CPT Code | | Total Procedures |
| 69436 | | 2338 |
| 42820 | | 637 |
| 42830 | | 267 |
| 30520 | | 306 |
| 30140 | | 502 |
| 62323 | | 375 |
| 61782 | | 104 |
| 31267 | | 272 |
| 42975 | | 177 |
| 64493 | | 236 |

IV. Outcomes from Surgical Procedures

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