



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

Status: Finalized

I. Center Identification

Organization Name: NANI VASCULAR
 Street Address: 1833 Magnavox Way
 City: Fort Wayne
 County: Marion
 Administrator Name: Cynthia Wiersema
 Administrator Email: cwiersema@nephdocs.com
 ASC Web Address: www.nephdocs.com
 Fiscal Year: 2023
 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	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	506	1125
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
36902	444	
36901	119	
36589	180	
36581	105	
36905	40	
36558	48	
36903	13	
36836	6	
36906	7	
93985	6	

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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