



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

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER
 Street Address: 13225 N. MERIDIAN ST.
 City: CARMEL
 County: HAMILTON
 Administrator Name: RYAN BEAVERSON
 Administrator Email: DIRECTOR@NMSURGERYCENTER.COM
 ASC Web Address: WWW.NMSURGERYCENTER.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	3
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4840	17434
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62323	1566	
64483	1421	
22551	893	
22853	873	
22845	869	
63047	802	
64493	759	
63048	652	
64494	623	
64479	541	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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