



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

Status: Finalized

I. Center Identification

Organization Name: SURGICAL CENTER OF NEW ALBANY  
 Street Address: 2201 Green Valley Rd  
 City: Surgical Center of New Albany  
 County: IN  
 Administrator Name: Elaina Turner  
 Administrator Email: elaina@scna.us  
 ASC Web Address:  
 Fiscal Year: 2023  
 Accredited:  Yes  No  
 Name of Accrediting Body:  
 Deemed Status:  Yes  No  
 Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
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	641	1219
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	936	
62323	929	
64494	864	
64635	652	
64636	546	
64490	365	
64491	321	
20610	316	
62321	196	
63650	184	

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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