



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA ENDOSCOPY CENTER AVON

Street Address: 1115 Ronald Reagan Pkwy Suite 347

City: Avon

County: Hendricks

Administrator Name: JULIE DECK GIVENS

Administrator Email: jdeckgivens@iuhealth.org

ASC Web Address:

Fiscal Year: 2024

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	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4296	4915

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
45385	1638
G0121	550
43239	547
45380	529
45378	391
G0105	329
43235	160

45388	41
43248	37
45331	12

IV. Outcomes from Surgical Procedures

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