



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

Status: Finalized

I. Center Identification

Organization Name: NORTHEAST INDIANA SURGERY CENTER LLC

Street Address: 11277 TWIN CREEKS DR

City: Fort Wayne

County: IN

Administrator Name:

Administrator Email: tevens@neofw.com

ASC Web Address:

Fiscal Year: 2024

Accredited: Yes No

Name of Accrediting Body: The Joint Commission

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	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2020	2677
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1582	
66821	236	
66982	115	
65855	66	
66761	14	
67800	14	
15823	13	

67825	11
67801	2
67005	2

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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