

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

Status: Finalized

## I. Center Identification

Organization Name: Street Address: 4411 Washington Ave Ste 100 City: Evansville County: Administrator Name: Administrator Email: julie.berzins@apcmpain.com ASC Web Address: www.apcmpain.com Fiscal Year: 2022

Accredited:  $\bigcirc$  Yes  $\bigcirc$  No

Name of Accrediting Body: The Joint Commision

Deemed Status:  $\bigcirc$  Yes  $\bigcirc$  No

Corporate Tax Status:  $\bigcirc$  For Profit  $\bigcirc$  Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	0

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	456	
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64483		703
64484		435
64493		216
64494		201
64636		201
64479		193
64635		187

64650	184
64480	178
62370	150

## IV. Outcomes from Surgical Procedures

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