



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: Camel

County: Hamilton

Administrator Name: Ryan Beaverson

Administrator Email: RBeaverson@NMSurgeryCenter.com

ASC Web Address: www.NMSurgeryCenter.com

Fiscal Year: 2015

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	4350	12547
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	1284	
64493	613	
62311	551	
62310	417	

64479	387
64635	292
64494	288
64636	253
22851	245
63047	243

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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