



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

Status: Finalized

I. Center Identification

Organization Name: SYCAMORE SPRINGS SURGERY CENTER, LLC

Street Address: 4715 Statesmen Dr. Suite A

City: Indianapolis

County: Marion

Administrator Name: Caryn Fink

Administrator Email: cafink@sycamoresprings-asc.com

ASC Web Address:

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	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	2368	7700
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	325	
64483	315	
64494	306	
64336	229	

64484	203
28285	160
64635	157
64495	154
62311	124
62310	120

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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