

Status: Finalized

I. Center Identification

Organization Name: CENTRAL INDIANA ORTHOPEDIC SURGERY CENTER, LLC

Street Address: 3600 WEST BETHEL AVE

City: MUNCIE

County: DELAWARE

Administrator Name: VICTOR MORAN

Administrator Email: victor_moran@ciocenter.com

ASC Web Address: www.ciocenter.com

Fiscal Year: 2016

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	0	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	2227	2897		
B. Ten Most Frequent Surgical Procedures Performed				
CPT Code		Total Procedures		
64721		276		
62311		158		
29881		135		
29827		129		
64483		120		
26055		96		
29826		91		

20680	72
29824	68
64718	57

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	