



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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SURGERY CENTER - EAST

Street Address: 5445 E. 16th Street

City: Indianapolis

County: Marion

Administrator Name: Lori Walton

Administrator Email: lwalton@ecommunity.com

ASC Web Address: www.ecommunity.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	7
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	7690	10096
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	973	
62311	481	
50590	445	
64483	374	
30140	295	
47562	226	
64493	213	

G0260	194
15777	188
62310	188

IV. Outcomes from Surgical Procedures

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