



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

Status: Finalized

I. Center Identification

Organization Name: EAGLE HIGHLANDS SURGERY CENTER, L.L.C.

Street Address: 6850 Parkdale Place

City: Indianapolis

County: Marion

Administrator Name: Elizabeth DeAnn Gulley

Administrator Email: egulley@iuhealth.org

ASC Web Address:

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	4
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	5377	7245
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	685	
66984	390	
G0121	379	
45378	301	
43239	215	
45385	201	
62311	188	

64483	184
64721	146
G0105	137

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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