



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

Status: Finalized

I. Center Identification

Organization Name: MOORESVILLE ENDOSCOPY CENTER, LLC

Street Address: 1215 Hadley Rd. Suite 101

City: Mooresville

County: Morgan

Administrator Name: Connie Taylor

Administrator Email: conniesuetaylor@hotmail.com

ASC Web Address:

Fiscal Year: 2016

Accredited: Yes No

Name of Accrediting Body: HFAP

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
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	2029	2094
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	570	
45385	497	
G0121	230	
45380	178	
43239	143	
45384	119	
43235	83	

GO105	80
43248	34
45381	9

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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