



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

Status: Finalized

I. Center Identification

Organization Name: NORTH MERIDIAN SURGERY CENTER

Street Address: 13225 N. MERIDIAN ST.

City: CARMEL

County: HAMILTON

Administrator Name: RYAN BEAVERSON

Administrator Email: RBEAVERSON@NMSURGERYCENTER.COM

ASC Web Address: WWW.NMSURGERYCENTER.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	3
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	4185	10095
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64483	991	
62311	685	
64493	504	
62310	399	
22845	313	
64479	311	
22551	299	

63030	267
63047	246
64494	241

IV. Outcomes from Surgical Procedures

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