

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

Status: Finalized

I. Center Identification

Organization Name: EVANSVILLE SURGERY CENTER, GATEWAY Street Address: 4133 Gateway Blvd. Suite 100 City: Newburgh County: Warrick Administrator Name: Lana Seibert Administrator Email: LanaSeibert@EvansvilleSurgeryCenter.com ASC Web Address: EvansvilleSurgeryCenter.com Fiscal Year: 2018

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	5
Number of procedure rooms	1

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
ersons Served in twelve-month period 3910		5420	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		Total Procedures	
29881		358	
64721		258	
29826		207	
29822		176	
20610		167	
58670		154	
47562		154	

69436	153
58571	143
29827	140

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	4
a surgical encounter.	