

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

Status: Finalized

I. Center Identification

Organization Name: FOOT &	ANKLE SURGERY CENTER INC
Street Address:	8651 Township Line Road
City:	Indianapolis
County:	Marion
Administrator Name:	Tammy Richardson
Administrator Email:	trichardson2@ecommunity.com
ASC Web Address:	
Fiscal Year:	2018
Accredited:	● Yes ○ No
Name of Accrediting Body:	АААНС
Deemed Status:	\bigcirc Yes \textcircled{O} No
Corporate Tax Status:	● For Profit ○ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures			
Persons Served in twelve-month period	1309	2109			
B. Ten Most Frequent Surgical Procedures Performed CPT Code Total Procedures					
B. Ten Most Frequent Surgical Procedures Perform CPT Code	ned	Total Procedures			
CPT Code	ned	Total Procedures			
	ned				

43239	151
28296	98
28119	59
45385	58
11750	57
28104	49
0232T	46

IV. Outcomes from Surgical Procedures

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