

Status: Finalized

I. Center Identification

1. Center identification			
Organization Name:	CK SURGERY CENTER		
Street Address:	1 Memorial Square, Suite 1000		
City:	Greenfiled		
County:	Hancock		
Administrator Name:	Lizabeth Day		
Administrator Email:	lday2@ecommunity.com		
ASC Web Address:	HancockSurgeryCenter.com		
Fiscal Year:	2018		
Accredited:	● Yes ○ No		
Name of Accrediting Body:	AAAHC		
Deemed Status:	● Yes ○ No		
Corporate Tax Status:	● For Profit ○ Non Profit		
II. Identification of Surgical Res	ources		
Number of operating rooms		4	
Number of procedure rooms		0	

III. Utilization Statistics

A. Total Patients and Procedures						
Time Period	Number of Patients	Number of Procedures				
Persons Served in twelve-month period	3936	4404				
B. Ten Most Frequent Surgical Procedures Performed CPT Code Total Procedures						
45385		703				
43239		405				
45380		364				

45378	278
69436	191
64483	178
64493	160
64494	145
62323	124
42820	92

IV. Outcomes from Surgical Procedures

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