

Status: Finalized

I. Center Identification

1. Center ruentification				
Organization Name:	A SURGERY CENTER - NOBLESVI	LLE		
Street Address:	9700 E. 146th Street			
City:	Noblesville			
County:	Hamilton			
Administrator Name:	Laura Edwards			
Administrator Email:	ledwards2@ecommunity.com			
ASC Web Address:	https://www.ecommunity.com/locations/co	mmunity		
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	sources			
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	5035	3685					
B. Ten Most Frequent Surgical Procedures Performed							
CPT Code		Total Procedures					
69436		380					
66984		218					
43239		197					

42820	150
30140	132
64721	101
50590	94
26055	92
29881	84
36478	81

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	7
a surgical encounter.	