

Status: Finalized

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Organization Name: NAAB R	OAD SURGERY	CENTE	ER, LLC				
Street Address:	8260 Naab Road						
City:	City: Indianapolis						
County:	Marion						
Administrator Name:	John Keller						
Administrator Email:	Administrator Email: jkeller@nrscllc.com						
ASC Web Address:	ASC Web Address:						
Fiscal Year:							
	● Yes ○ No						
Name of Accrediting Body: AAAHC							
Deemed Status:	○ Yes <b>⊙</b> No						
Corporate Tax Status:	$\bullet$ For Profit $\bigcirc$ N	Ion Pro	fit				
II. Identification of Surgical Res	sources						
Number of operating rooms					6		
Number of procedure rooms					1		
III. Utilization Statistics  A. Total Patients and Procedu	uros.						
					Numbe	r of	
Time Period			Number of Patients		Procedures		
Persons Served in twelve-month period			6920		8975		
B. Ten Most Frequent Surgical Procedures Performed							
	CPT Code		$\longrightarrow$	Total Procedures			
66984		1			782		
64483					365		

50590	262
64635	216
64636	205
52356	193
52332	190
47563	171
63650	162

## IV. Outcomes from Surgical Procedures

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