

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

Status: Finalized

I. Center Identification

Organization Name: Street Address: 5255 E. STOP 11 RD., STE 100

City: INDIANAPOLIS

County: Marion

Administrator Name: Chandler Shirer

Administrator Email: CHANDLER.SHIRER@FRANCISCANALLIANCE.(

ASC Web Address:

Fiscal Year: 2021

Accredited: OYes ONo

Name of Accrediting Body:

Deemed Status: \bigcirc Yes \bigcirc No

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	8
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		

Persons Served in twelve-month period	13051	15649			
B. Ten Most Frequent Surgical Procedures Performed					
CPT Code		Total Procedures			
45385		1787			
45378		1175			
66984		940			
64721		485			
69436		358			
45380		316			
26055		284			
52356		262			
47562		232			
G0105		220			

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	11
a surgical encounter.	