

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

Status: Finalized

I. Center Identification

Organization Name: INDIANA SURGERY CENTER - EAST Street Address: 5445 E. 16th Indpls, IN 46218 (East Surgery Cente

City: Indianapolis

County: Marion

Administrator Name: Lori Walton

Administrator Email: lwalton@ecommunity.com

ASC Web Address:

Fiscal Year: 2021

Accredited: • Yes ONo

Name of Accrediting Body: AAAHC

Deemed Status: \bigcirc Yes \bigcirc No

Corporate Tax Status: O For Profit O Non Profit

II. Identification of Surgical Resources

Number of operating rooms	7
Number of procedure rooms	2

III. Utilization Statistics

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

Persons Served in twelve-month period	9022	14305
B. Ten Most Frequent Surgical Procedures Perfor	rmed	
CPT Code		Total Procedures
64493		2060
30140		1090
66984		1035
64483		734
64490		657
64635		406
62323		345
20924		286
50590		241
52332		224

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	5
a surgical encounter.	