



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

Status: Finalized

I. Center Identification

Organization Name: MOORESVILLE ENDOSCOPY CENTER, LLC

Street Address: 1215 Hadley Rd. Suite 101

City: Mooresville

County: Morgan

Administrator Name: Connie Taylor

Administrator Email: conniesuetaylor@hotmail.com

ASC Web Address:

Fiscal Year: 2013

Accredited: Yes No

Name of Accrediting Body: HFAP

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
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	2101	2162
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	613	

45385	488
45380	222
43239	146
43235	74
45383	55
45384	44
46221	30
45330	9
43248	9

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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