I. Center Identification

Organization Name: FOOT & ANKLE SURGERY CENTER INC

Street Address: 8651 Township Line Road
City: Indianapolis
County: Marion

Administrator Name: Natalie Christy
Administrator Email: nchristy@ecommunity.com

ASC Web Address:
Fiscal Year: 2017

Accredited: ☑ Yes ☐ No

Name of Accrediting Body: AAAHC
Deemed Status: ☑ Yes ☐ No
Corporate Tax Status: ☑ For Profit ☐ Non Profit

II. Identification of Surgical Resources

Number of operating rooms 4
Number of procedure rooms 0

III. Utilization Statistics

A. Total Patients and Procedures

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Number of Patients</th>
<th>Number of Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Served in twelve-month period</td>
<td>1589</td>
<td>2687</td>
</tr>
</tbody>
</table>

B. Ten Most Frequent Surgical Procedures Performed

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Total Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>45384</td>
<td>476</td>
</tr>
<tr>
<td>45380</td>
<td>439</td>
</tr>
<tr>
<td>28285</td>
<td>333</td>
</tr>
<tr>
<td>43239</td>
<td>265</td>
</tr>
<tr>
<td>45385</td>
<td>87</td>
</tr>
<tr>
<td>11750</td>
<td>76</td>
</tr>
<tr>
<td>28296</td>
<td>73</td>
</tr>
</tbody>
</table>
IV. Outcomes from Surgical Procedures

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Number of Patients with Post-Surgical Wound Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>45378</td>
<td>69</td>
</tr>
<tr>
<td>28104</td>
<td>54</td>
</tr>
<tr>
<td>28270</td>
<td>45</td>
</tr>
</tbody>
</table>

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