



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

Status: Finalized

I. Center Identification

Organization Name: CENTER FOR SOUTHSIDE SURGERY

Street Address: 533 E. COUNTYLINE RD

City: GREENWOOD

County: IN

Administrator Name: Julie Berzins

Administrator Email: julie.berzins@apcmpain.com

ASC Web Address: www.americanpainconsortium.com

Fiscal Year: 2022

Accredited: Yes No

Name of Accrediting Body: aaaasc

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	1
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1168	
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	555	
64494	550	
63650	386	
64636	334	
62323	312	
64635	308	
G0260	183	

64490	157
64491	142
64483	133

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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