



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

Status: Finalized

I. Center Identification

Organization Name: SURGERY ONE
 Street Address:
 City:
 County:
 Administrator Name:
 Administrator Email:
 ASC Web Address:
 Fiscal Year:
 Accredited: Yes No
 Name of Accrediting Body:
 Deemed Status: Yes No
 Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	
Number of procedure rooms	

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period		
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	

IV. Outcomes from Surgical Procedures

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