



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

Status: Finalized

I. Center Identification

Organization Name: HAMMOND COMMUNITY AMBULATORY CARE CENTER

Street Address: 2143 Calumet Avenue

City: Whiting

County: Lake

Administrator Name: Dr. Bharati Patel

Administrator Email: bharatipatel52@yahoo.com

ASC Web Address:

Fiscal Year: 2015

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	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	132	132
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45378	12	
11043	5	
43235	3	
11403	2	

14040	2
43247	2
43870	2
49525	2
11423	1
11424	1

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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