



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

Status: Finalized

I. Center Identification

Organization Name: **NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER**

Street Address: 8424 Naab RD, Suite 3G

City: Indianapolis

County: Indiana

Administrator Name: Galinton Bryan

Administrator Email: gbryan@northsidegastro.com

ASC Web Address: 8424 Naab RD, Suite 3G

Fiscal Year: 2020

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	0
Number of procedure rooms	4

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	6332	7784
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
E45385	2524	
E45380	1864	
E43239	1463	
E45378	910	
E43450	378	
EG0105	193	
E43235	184	

E45381	79
EG0121	47
E43251	44

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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