



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

Status: Finalized

I. Center Identification

Organization Name: BLOOMINGTON ENDOSCOPY CENTER LLC

Street Address: 550 LANDMARK AVE

City: BLOOMINGTON

County: IN

Administrator Name: Sheryl Yake

Administrator Email: syake@iuhealth.org

ASC Web Address:

Fiscal Year: 2023

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	1
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7168	7823
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45385	2977	
45378	1943	
45380	1165	
43239	989	
43235	516	
G0105	408	
43249	133	

45381	83
43251	44
45390	18

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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