



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

Status: Finalized

I. Center Identification

Organization Name: KOKOMO AMBULATORY SURGERY CENTER LLC

Street Address: 107 S Washington Street

City: Kokomo

County: Howard

Administrator Name: Shazia Siddiqui

Administrator Email: shazia@lafayettepaincare.net

ASC Web Address: <https://lafayettepaincare.net/>

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	2
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		2462
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	573	
62323	432	
64635	353	
64490	211	
27096	189	
64633	112	
62321	93	

64483	87
65554	56
63650	55

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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