

Status: Finalized

#### I. Center Identification

Organization Name: SURGERY CENTER OF CARMEL

Street Address: 12188A N. Meridian St Ste 150

City: Carmel

County: IN

Administrator Name:

Administrator Email: mchernoff@scillc.md

ASC Web Address: Thesurgerycenterofcarmel.com

Fiscal Year: 2023

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

#### II. Identification of Surgical Resources

Number of operating rooms	5
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	6806	11082		

### B. Ten Most Frequent Surgical Procedures Performed

B. Ten Wost Trequent Surgicul Troccures Tenormed		
CPT Code	Total Procedures	
43239	1196	
69436	821	
19325	597	
45380	487	
42820	450	
30930	348	
58558	267	

30520	224
19316	211
15822	210

# IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	3
a surgical encounter.	