



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

Status: Finalized

I. Center Identification

Organization Name: AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC, LLC
 Street Address: 30 N Emerson Ave
 City: Greenwood
 County: IN
 Administrator Name: Kristin Hurd
 Administrator Email: khurd@clisx.com
 ASC Web Address: 30 N Emerson Ave
 Fiscal Year: 2023
 Accredited: Yes No
 Name of Accrediting Body: Accreditation Association for Ambulatory Health Ca
 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	2887	3268
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1705	
S9986A	138	
66821	651	
66982	94	
66988	65	
65855	140	
66761	62	
67800	52	
11900	57	
J3301	57	

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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