

Status: Finalized

I. Center Identification

Organization Name: VISION SURGICAL CENTER AT SPRINGHILL

Street Address: 302 W. 14th Street

City: Jeffersonville

County: IN

Administrator Name: Martin Padgett

Administrator Email: mpadgett@have2020.com

ASC Web Address: have2020.com

Fiscal Year: 2023

Accredited: • Yes O No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

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	3061	6924
B. Ten Most Frequent Surgical Procedures Perfo	rmed	
CPT Code		Total Procedures
66984		4488
66821		1674
67040		113
66988		109
65820		57
67042/67028		53
66382		41
67113		38
65756		36
67105		35

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	