



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: Johnson

Administrator Name: Nathan Gehlhausen

Administrator Email: ngehlhausen@indianaeyeclinic.com

ASC Web Address: www.indianaeyeclinic.com

Fiscal Year: 2015

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	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	4034	4058
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1763	
66821	726	
67028	610	
66982	123	

11440	87
65855	57
66761	55
67800	52
67840	41
65767	33

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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