Status: Finalized

## I. Center Identification

Organization Name: SURGERY CENTER OF EYE SPECIALISTS OF INDIANA

Street Address: 1950 W. 86th Street

City: Indianapolis

County: Marion

Administrator Name: Jennifer Knepp Administrator Email: jknepp@esicare.org

ASC Web Address: www.eyespecialistsofindiana.com

Fiscal Year: 2018

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	4
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	9168	9168			
B. Ten Most Frequent Surgical Procedures Performed					
CPT Code		Total Procedures			

B. Ten Wost i requent Surgical i roccuties i chornicu			
	CPT Code	Total Procedures	
66982		623	
66984		6072	
66821		2473	

## IV. Outcomes from Surgical Procedures

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