



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

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W PURDUE AVE

City: Muncie

County: IN

Administrator Name: JULIA M JORDAN

Administrator Email: JULIA@MAKRISEYEMD.COM

ASC Web Address: 3300 W PURDUE AVE

Fiscal Year: 2022

Accredited:  Yes  No

Name of Accrediting Body:

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	500	831
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	560	
66821	168	
66982	48	
67040	10	
67108	10	
67042	7	
67036	5	

67041	4
66030	4
67031	3

#### IV. Outcomes from Surgical Procedures

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