



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

Status: Finalized

I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6836 Hohman Ave.

City: Hammond

County: Indiana

Administrator Name: Joyce Ball

Administrator Email: jball@williamseye.com

ASC Web Address: www.williamseye.com

Fiscal Year: 2022

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	2610	3205
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2101	
66821	453	
66999	264	
66982	246	
65855	83	
66991	17	
66986	12	
65820	10	
66850	6	
67010	6	

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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