



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: WABASH VALLEY EYE SURGERY CENTER

Street Address: 2020 Clearview Dr.

City: Vincennes

County: Knox

ASC Web Address: surgerycenter@wabashvalleyeye.com

Fiscal Year: 2011

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 | 533 | 1074 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 545 | |
| 66821 | 390 | |
| 66999 | 82 | |
| 65855 | 42 | |
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IV. Outcomes from Surgical Procedures

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