



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6836 Hohman Avenue

City: Hammond

County: Lake

ASC Web Address:

Fiscal Year: 2011

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	1627	1627
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1172	
66982	270	
66821	179	
66761	4	
66940	1	
67010	1	


#### IV. Outcomes from Surgical Procedures

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