



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

Status: Finalized

I. Center Identification

Organization AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC,
Name: LLC

Street Address: 30 N Emerson Ave

City: Greenwood

County: Johnson

Administrator Name: Paula Baker

Administrator Email: pbaker@indianaeyeclinic.com

ASC Web Address: indianaeyeclinic.com

Fiscal Year: 2014

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	3663	3684
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1523	

66821	681
67028	538
66982	132
68761	86
65855	76
66761	61
65760	55
67840	43
67800	41

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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