



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

Status: Finalized

I. Center Identification

Organization Name: VALLEY SURGERY CENTER

Street Address: 220 E VIRGINIA STREET

City: EVANSVILLE

County: VANDERBURGH

Administrator Name: MICHELLE HODOVOL

Administrator Email: MICHELLE.HODOVOL@COVENANTSP.COM

ASC Web Address:

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	3434	3943
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2220	

66821	427
66982	234
67108	114
67042	81
67036	62
67113	59
67041	57
66761	57
65756	37

IV. Outcomes from Surgical Procedures

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