



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

Status: Finalized

I. Center Identification

Organization Name: EYE SURGICAL CENTER OF FORT WAYNE

Street Address: 321 E. Wayne St

City: Fort Wayne

County: IN

Administrator Name: Dr. J Rex Parent

Administrator Email: jrparent@eyecenteroffortwayne.com

ASC Web Address: drparent.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	1010	1773
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	835	

66821	558
66982	175
65771	61
S9986	50
66999	27
66850	11
65875	7
67840	6
67036	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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