



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

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W. Purdue Ave

City: Muncie

County: Delaware

Administrator Name: Julia Jordan

Administrator Email: julia@makriseyemd.com

ASC Web Address:

Fiscal Year: 2014

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	631	680
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	349	

66821	183
66982	29
67210	21
67228	19
67036	18
65772	11
15832	10
67904	4
67028	4

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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