



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

Status: Finalized

I. Center Identification

Organization Name: CLEARVIEW EYE SURGERY CENTER

Street Address: 2020 S Clearview Dr, P.o. Box 784

City: Vincennes

County: IN

Administrator Name: Laurie Reid

Administrator Email: lreid@2020clearview.com

ASC Web Address: www.2020clearview.com

Fiscal Year: 2016

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	695	1490
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
62311	314	
66821	292	
66984	285	
64483	172	
62310	82	
64493	54	
20610	50	

63650	43
66982	33
64635	21

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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