



ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First Street

City: New Albany

County: Floyd

ASC Web Address: www.Novamed.com

Fiscal Year: 2010

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	4889	5671
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	3289	
66821	923	
66999	593	
66711	198	
66982	145	
15823	109	
67840	64	

65756	39
65426	26
67916	20

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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