



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

Status: Finalized

I. Center Identification

Organization Name: ELKHART DAY SURGERY LLC

Street Address: 2746 Old US Highway 20 West, Suite C

City: Elkhart

County: Elkhart

Administrator Name: Hayley Boling

Administrator Email: kbrown@bolingvisioncenter.com

ASC Web Address: bolingvisioncenter.com

Fiscal Year: 2013

Accredited:  Yes  No

Name of Accrediting Body: The Joint Commission

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              | 1074               | 1074                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 66984  | 995                |                      |

|       |    |
|-------|----|
| 15823 | 16 |
| 66985 | 14 |
| 67904 | 10 |
| 66982 | 6  |
| 66986 | 4  |
| 67840 | 3  |
| 65426 | 3  |
| 65756 | 3  |
| 67917 | 2  |

#### IV. Outcomes from Surgical Procedures

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

Comments

