



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West 1st Street

City: New Albany

County: Floyd

Administrator Name: Donald E. Lenz, RN

Administrator Email: dlenz2@surgerypartners.com

ASC Web Address:

Fiscal Year: 2016

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	5274	7849
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	4414	
00142	4739	
V2632	4238	
66711	230	
66821	496	
66982	146	
V2785P	60	

65756	59
0191T	43
66761	39

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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