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

Status: Finalized

I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER
Street Address: 6836 HOHMAN AVE
City: Hammond
County: IN
Administrator Name: Joyce Ball
Administrator Email: jball@williamseye.com
ASC Web Address: www.wiliamseye.com
Fiscal Year: 2024

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	2526	2829

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
66984	1744
66821	550
66999	351
66982	136
65855	72
99070	66
66761	13

65820	11
67010	4
66850	3

IV. Outcomes from Surgical Procedures

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