



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

Status: Finalized

I. Center Identification

Organization Name: AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC, LLC

Street Address: 30 N Emerson Ave

City: Greenwood

County: IN

Administrator Name: Andrea Hausz

Administrator Email: ahausz@indianaeyeclinic.com

ASC Web Address: <https://indianaeyeclinic.com>

Fiscal Year: 2022

Accredited: Yes No

Name of Accrediting Body: Accreditation Association for Ambulatory Health Ca

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	2793	3210
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1541	
V2788SA	190	
66821	768	
66988	95	
66982	105	
V2787S+	57	
65855	123	
66710	16	
66761	34	
67800	37	

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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