



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: Johnson

Administrator Name: Nathan Gehlhausen

Administrator Email: ngehlhausen@indianaeyeclinic.com

ASC Web Address: www.indianaeyeclinic.com

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	3721	4057
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1828	
66821	737	
67028	686	
66982	115	
66761	75	
68761	52	
67800	50	

65855	49
11440	48
67228	48

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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