



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

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 W Purdue Ave

City: Muncie

County: Delaware

Administrator Name: Julia Jordan

Administrator Email: julia@makriseyemd.com

ASC Web Address:

Fiscal Year: 2016

Accredited:  Yes  No

Name of Accrediting Body:

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	439	813
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	454	
66821	209	
66982	48	
67210	32	
67040	15	
15823	14	
67228	13	

67042	4
65235	4
66985	3

#### 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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