

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

Status: Finalized

## I. Center Identification

Organization Name: ADVANCED SURGERY CENTER, LLC Street Address: 1400 Teal Road, suite 7 City: Lafayette County: Indiana Administrator Name: Robert Williamson Administrator Email: asc@williamsoneyeinstitute.com ASC Web Address: Fiscal Year: 2017

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	3

## **III. Utilization Statistics**

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3123	3123
B. Ten Most Frequent Surgical Procedures Perf CPT Code	formed	Total Procedures
66984		1591
66821		267
5585		90
66761		23
65420		14
15823		15

67228	43
67227	16
67210	69

## IV. Outcomes from Surgical Procedures

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