

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

Status: Finalized

## I. Center Identification

Organization Name: SURGERY CENTER OF EYE SPECIALISTS OF IN PC Street Address: 1901 North Meridian Street City: Indianapolis County: Marion Administrator Name: Jennifer Knepp Administrator Email: jknepp@esicare.org ASC Web Address: www.eyespecialistsofindiana.com Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes 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

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5662	5662
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
6984		3235
66982		268
66821		2159

## IV. Outcomes from Surgical Procedures

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