

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.	