



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

Status: Finalized

I. Center Identification

Organization Name: ELKHART DAY SURGERY LLC

Street Address: 2746 Old US 20 West, Suite C

City: Elkhart

County: Elkhart

Administrator Name: Hayley Boling

Administrator Email: hboling@bolingvisioncenter.com

ASC Web Address: bolingvisioncenter.com

Fiscal Year: 2018

Accredited:  Yes  No

Name of Accrediting Body: The Joint Commission

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              | 1994               | 1994                 |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |
| CPT Code   | Total Procedures   |                      |
| 66984  | 1305               |                      |
| 66821  | 299                |                      |
| 66982  | 130                |                      |

|       |    |
|-------|----|
| 66761 | 53 |
| 65855 | 42 |
| 11440 | 32 |
| 65820 | 30 |
| 67800 | 17 |
| 15823 | 8  |
| 66710 | 8  |

## IV. Outcomes from Surgical Procedures

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