



## ASC Utilization Report

State Form 49933 (R3/6-05)

Indiana State Department of Health  
Acute Care

### I. Center Identification

*Organization Name:* WILLIAMS EYE SURGERY CENTER

*Street Address:* 6836 Hohman Avenue

*City:* Hammond

*County:* Lake

*ASC Web Address:*

*Fiscal Year:* 2010

*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	1

### III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1631	1631
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1199	
66821	171	
66761	8	
66982	253	


#### 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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