



ASC Utilization Report

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

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West First St.

City: New Albany

County: Floyd

ASC Web Address:

Fiscal Year: 2012

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	4978	5088
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	3592	
66982	139	
66821	823	
66711	239	
15823	75	
67840	59	
65426	39	

67904	23
66761	39
66999	60

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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