



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

Status: Finalized

I. Center Identification

Organization Name: WABASH VALLEY EYE SURGERY CENTER

Street Address: 2020 Clearview Dr.

City: Vincennes

County: Knox

Administrator Name: Don Brawley

Administrator Email: surgerycenter@wabashvalleyeye.com

ASC Web Address:

Fiscal Year: 2012

Accredited: ☐ Yes ☒ No

Name of Accrediting Body:

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	540	1027
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	612	

66821	332
66999	61
65855	22

#### 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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Comments

