



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

Status: Finalized

I. Center Identification

Organization Name: MUNCIE CATARACT & LASER EYE CENTER, LLC

Street Address: 3300 West Purdue Avenue

City: Muncie

County: Delaware

Administrator Name: Julia Jordan

Administrator Email: julia@makriseyemd.com

ASC Web Address:

Fiscal Year: 2013

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 | 711 | 778 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 395 | |

| | |
|-------|-----|
| 66821 | 161 |
| 67210 | 39 |
| 66982 | 31 |
| 67036 | 22 |
| 65772 | 18 |
| 67228 | 18 |
| 15823 | 16 |
| 67028 | 15 |
| 67904 | 8 |

IV. Outcomes from Surgical Procedures

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

Comments

