



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED EYE SURGERY CENTER OF NEW ALBANY LLC

Street Address: 520 West 1st St.

City: New Albany

County: Floyd

Administrator Name: Paul Klingensmith

Administrator Email: pklingensmith@surgerypartners.com

ASC Web Address:

Fiscal Year: 2013

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 | 4990 | 5974 |
| B. Ten Most Frequent Surgical Procedures Performed | | |
| CPT Code | Total Procedures | |
| 66984 | 3571 | |

| | |
|-------|-----|
| 66821 | 898 |
| 66999 | 714 |
| 66711 | 206 |
| 66982 | 189 |
| 15823 | 70 |
| 65426 | 40 |
| 67840 | 26 |
| 66250 | 21 |
| 66986 | 17 |

IV. Outcomes from Surgical Procedures

| | |
|--|---|
| Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter. | 1 |
|--|---|

Comments

