



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

Status: Finalized

## I. Center Identification

Organization Name: MARION EYE SPECIALISTS SURGERY CENTER

Street Address: 711 W. Gardner Drive

City: Marion

County: Grant

Administrator Name: Dixie L. Hewitt

Administrator Email: Dixie\_Hewitt@ahni.com

ASC Web Address: -

Fiscal Year: 2014

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	1,724	1,739
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1,217	

66821	297
66982	94
67228	31
67210	28
66761	24
67145	8
0191T	8
67010	5
66250	5

#### IV. Outcomes from Surgical Procedures

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