



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

Status: Finalized

I. Center Identification

Organization AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC,
 Name: LLC

Street Address: 30 North Emerson

City: Greenwood

County: IN

Administrator Name: Nathan Gehlhausen

Administrator Email: ngehlhausen@indianaeyeclinic.com

ASC Web Address: www.indianaeyeclinic.com

Fiscal Year: 2018

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	3611	3895
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1888	
67028	723	
66821	628	

66982	151
65855	63
66761	57
67800	37
65820	25
66711	24
11441	23

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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