



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

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER

Street Address: 7747 West Jefferson Blvd

City: Fort Wayne

County: Allen

Administrator Name: Mitchell Burris

Administrator Email: bdillon@cataractandlaserinstitute.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	2505	4477
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2405	

66821	1118
65855	189
66982	136
66711	112
66761	98
67041	63
67108	58
67210	41
NCLRI	37

#### 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

