



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

Status: Finalized

I. Center Identification

Organization Name: WILLIAMS EYE SURGERY CENTER

Street Address: 6836 Hohman Avenue

City: Hammond

County: Lake

Administrator Name: Renee Peters

Administrator Email: rpeters@williamseye.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	1868	1868
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1356	

66982	231
66821	266
66761	9
66850	6

#### 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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