



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 Street

City: New Albany

County: Floyd

Administrator Name: Donald Eugene Lenz, Jr.

Administrator Email: dlens2@surgerypartners.com

ASC Web Address:

Fiscal Year: 2015

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	5350	5711
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66821	596	
66984	4311	
66711	264	
66982	155	

65756	51
65426	40
66985	32
66761	40
66986	27
66250	12

#### 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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