



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

Status: Finalized

I. Center Identification

Organization Name: NOVAMED SURGERY CENTER OF MERRILLVILLE, LLC

Street Address: 8510 Broadway

City: Merrillville

County: Lake

Administrator Name: Joyce Ball

Administrator Email: JBall@Williamseye.com

ASC Web Address: www.WilliamsEye.com

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	2160	2160
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1147	
66821	270	
66982	196	
65855	179	

66711	73
0191T	40
66183	30
66761	27
66710	6
66999	192

#### 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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