



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 Ave

City: Hammond

County: Lake

Administrator Name: Joyce Ball

Administrator Email: jball@williamseye.com

ASC Web Address: www.williamseye.com

Fiscal Year: 2020

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	1846	2158
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1257	
66821	355	
66999	266	
66982	217	
0191T	21	
65855	15	
66761	9	

66850	7
66986	4
67010	3

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
--	---