

General Insurance Information

Every insurance plan is different. You may have a co-pay, coinsurance, and deductible or some combination of the three. **It is your responsibility to understand your plan and benefits. You may want to contact your insurance company. Your estimated patient responsibility is due at the time of service.**

Your procedure at Park Avenue Surgery Center will involve a number of separate and distinct services that will be billed to your insurance.

- Park Avenue Surgery Center Facility Fee
 - Surgeon/Physician Fee
 - Anesthesia Fee – Greater Colorado Anesthesia
- GCA will bill you for your financial responsibility and the billed amount will be determined after surgery.

CO PAY

Your insurance plan may have different coverage levels for different services. For example, you may be responsible for paying a physician co pay for his professional fees for surgery. In addition, you may be responsible for paying a facility co pay to the surgery center at the time of service.

COINSURANCE

Coinsurance is a percentage of the procedure charges (e.g., insurance plan pays 80% and you pay 20%), subject to your plan's coverage limits. You may owe coinsurance to either the physician or surgery center or both. Also be aware that coinsurance may be in addition to your co pay.

DEDUCTIBLES

You may have an annual deductible amount that must be met by you *prior* to any insurance benefits. In this case you may have both an annual deductible and coinsurance that is your responsibility.

We ask for your cooperation in paying your part of your outpatient charges prior to admission. Any co-pay or Deductible due according to your insurance company will be collected at the time of admission.

If you are covered by health insurance, please remember this is a contract between you and the insurance company. We will submit most insurance claims for you, including secondary insurance. It is very important that you give us accurate and complete insurance information. By working together, we can minimize billing costs and misunderstandings that could be expensive.

Depending on your insurance plan, they may require approval (pre-certification) of services prior to you admission to our Surgery Center. If approval isn't obtained, you will be billed.

If PASC and our physicians do not participate in your insurance plan, you may still receive services here. However, your insurance company will consider our services as "out of (its) network," and you will probably have to pay more of the bill. As a courtesy to patients, we initially bill most insurance companies. You will be responsible for payment if the company does not respond promptly to our bills.

Accident or Liability

In the event of a motor vehicle accident or liability, we will submit a claim to your insurance company for you. We may ask you for auto or health insurance information in order to do this. Please note that medical expenses that result for an accident or liability are your personal responsibility. We do not become involved in any disputes that may arise after the accident.

Medicare

If you are covered by Medicare, we will submit a bill for you. We accept assignment, but you are responsible for any deductible or co-payment.

Medicaid

If you have Medicaid coverage, we will send in a bill for you. We accept assignment. You must present a valid/current Medicaid card.

Workers' Compensation

If your care is covered by workers' comp insurance, we will bill you employer's workers' compensation health insurer. If the claim is disputed, you will be responsible for the balance on account.

Self-Pay

If you do not have insurance then you are responsible for paying the bill. We expect payment prior to admission. You will be given an estimate prior to the procedure however, this is only an estimate and actual charges will be determined after the procedure has been performed based on the actual procedures that were done, implants that were used if any. You will be notified of any additional payment or refund once the actual charges have been calculated.

Paying Your Bill

You may pay your bill in several ways. Your options are:

CASH-We accept payment by cash and/or check.

CREDIT CARD – Park Avenue Surgery Center payment with Visa, MasterCard, American Express, Discover

Cancellation Policy

If you need to cancel your surgery, you **must** notify our surgery scheduler at least ten (10) **business** days in advance in order to avoid being charged a \$250.00 surgery cancellation fee.

We will not reschedule your surgery until payment for the \$250.00 fee has been received. **This fee is not reimbursable by insurance.** The doctor's approval is required to reschedule a surgery that has been cancelled and rescheduled twice.

Exclusions to the cancellation policy will be accepted if your Doctor has not released you for surgery due to abnormal EKG or lab work.

Patient Name: _____ Date: _____

Witness: _____

Park Avenue Surgery Center

NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES

The facility requires the following notice be signed by each patient prior to scheduled procedure in order to be in compliance with the Self-Determination Act (PSDA) and State law and rules regarding advance directives. Advance directives are statements that indicate the type of medical treatment wanted or not wanted in the event an individual is unable to make those determinations and who is authorized to make those decisions. The advance directives are made and witnessed prior to serious illness or injury.

There are many types of advance directives, but the most common forms are:

LIVING WILLS

These generally state the type of medical care an individual wants or does not want if he/she becomes unable to make his/her own decisions.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

This is a signed, dated, and witnessed paper naming another person as an individual's agent or proxy to make medical decisions for that individual if he/she should become unable to make his/her own decisions.

In the ambulatory care setting, if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, the signed consent implies consent for resuscitation and transfer to a higher level of care. Therefore, in accordance with federal and state law, the facility is notifying you it will not honor previously signed advance directives for any patient. If you disagree, you must address this issue with your physician or anesthesiologist prior to signing this form.

Do you have an Advance Directive: Yes No

I have read and fully understand the information presented in this release form.

Patient's Signature

Witness to Patient's Signature

Date

Date

If patient is unable to sign or is a minor, please sign below.

Closest Relative or Legal Guardian's Signature

Witness to Relative/Guardian Signature

Date

Date

PARK AVENUE SURGERY CENTER
1800 Emerson Street, Suite 220
Denver, CO 80218

PATIENT RIGHTS AND RESPONSIBILITIES

Park Avenue Surgery Center (PASC) has the responsibility to give you high quality medical care as politely and as quickly as possible. We want you to know your rights and responsibilities. We encourage you to communicate with us regarding your care and have disclosed to you that Jerry K. Popham, MD has ownership and financial interest in Park Avenue Surgery Center.

PATIENT RIGHTS:

- ✓ To know the name, profession and experience of our staff who care for you.
- ✓ To hear from your physician, in a language that you understand, what your diagnosis is, what treatment you need (procedures and medication), what the outcome may be, and any training or instructions you need to learn to care for yourself at home.
- ✓ To know the reason you are given tests or treatments; to know about procedures or treatments you need and what risks, if any, they carry.
- ✓ To take part in all decisions about your care and treatment; to give informed consent for all treatment and procedures; to refuse any drug, test, procedure or treatment (exceptions may apply); to change your mind about any procedure for which you have given consent; to cross out any part of the consent form that you do not want applied to your child's care; and to refuse to sign a consent form if you feel that you do not understand everything that was explained to you.
- ✓ To receive care and treatment in a way that respects you as a person with dignity.
- ✓ To be told what you can do if you believe that you have been treated unfairly or if you have a complaint. (Grievance Policy)
- ✓ To expect that we will not share with anyone the files about your care and information about how it will be paid. The only people who are allowed to see your records are you, the people who have your permission in writing, and those who are allowed by the law to see the records.
- ✓ To ask before treatment what the estimated cost will be. We will base this estimate on usual costs for similar diagnoses and treatments. If you give us insurance information, we can help you get an estimate of any charges that your insurance will not cover. You also have the right to know, before we begin care or treatment, how and when PASC will bill you.
- ✓ To ask to see another physician, get a second opinion, or change doctors or surgery centers.
- ✓ To have access to the surgery center's resources necessary to your care without regard to race, color, creed, national origin, age, sex and handicap.
- ✓ To refuse to take part in the training of health care workers, research, or in experimental programs.
- ✓ To have information about pain and pain relief measures.
- ✓ To be informed about outcomes of care.
- ✓ To Exercise your rights without fear of reprisal.
- ✓ To report concerns about patient safety and quality of care to the management or The Joint Commission at <http://www.jointcommission.org> or 1-800-994-6610.

PATIENT RESPONSIBILITIES:

- ✓ To know and follow the rules of the surgery center.
- ✓ To produce appropriate documentation of authority to consent to medical/surgical treatment, if necessary.
- ✓ To voice your concerns about your care. To notify us about your past illnesses, hospitalizations, medication and any pertinent information regarding your health.
- ✓ To ask questions if you do not understand the papers and/or forms you are asked to sign.
- ✓ To cooperate and follow instructions regarding your care that the physicians, nurses, or other staff recommend to you.
- ✓ To let your physician or nurse know if you do not understand your diagnosis and what the treatment will involve, or what the likely outcome may be.
- ✓ To work with members of the medical team to develop pain management plans.
- ✓ To keep your appointments and to be on time. If you cannot keep an appointment, please call the center as soon as possible to cancel the appointment and arrange to reschedule.
- ✓ To respect the privacy and confidentiality of other patients receiving care at the surgery center.
- ✓ To make sure that the charges will be paid.
- ✓ To tell your physician or nurse if you have concerns or are not happy about the care you are receiving.
- ✓ To remember that you are responsible for your actions if you refuse treatment or do not follow the physicians' instructions.
- ✓ To be thoughtful of the rights of other patients and surgery center staff by controlling noise levels and numbers of visitors.
- ✓ To help the surgery center staff provide a safe place for you. We do not allow smoking, guns and other weapons, use of drugs or alcohol, disorderly conduct that includes swearing and threatening others. If you do any of the above, security officers will be called. They may search you and/or escort you out of the surgery center.

PATIENTS SIGNATURE _____ Date _____

WITNESS _____ Date _____

The official web portal
Department of Health Care Policy and Financing
1570 Grant Street Denver, Colorado 80203 303-866-3513

<http://www.colorado.gov/colorado/agencies.html> Medicare site: www.cms.hhs.gov/centerombudsman.asp

PARK AVENUE SURGERY CENTER

1800 Emerson Street, Suite 220

Denver, CO 80218

303-468-8844

For bruising and skin trauma associated with minor medical procedures.

Multivitamins including zinc, B-complex, and Vitamins C and K

- Start at least 2 weeks prior to surgery and continue for one month after surgery
- Follow daily recommended intake guidelines and do not mega dose

Arnika Forte (ARNICA,BROMELAIN,ANTIOXIDANTS AND BIOFLAVONOIDS)

- Take 2 capsules night before procedure and 2 capsules per day for 6 days

These herbals and vitamins can improve wound healing and help to reduce swelling, inflammation, and bruising from any surgery. They can be purchased at Park Avenue Oculoplastic Surgeons for \$43.05

Vitamins and Herbs to Avoid

Please discontinue use of these nutritional supplements 10 DAYS prior to surgery, and for 2 weeks after surgery:

Bilberry
Cayenne
Don quai
Echinacea
Feverfew
Fish Oil Caps

Garlic tabs
Ginger
Ginkgo biloba
Ginseng
Kava Kava
Licorice Root

Ma Huang (ephedra)
Melatonin
Phentermine
St. John's wort
Valerian
Vitamin E
Yohimbe

STOP THESE VITAMINS AND MEDICATIONS AT LEAST 10 DAYS BEFORE SURGERY

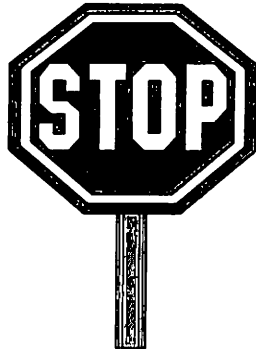
Do not take any medications, which contain aspirin (whether prescription or over the counter) or other blood thinners for 10 days before surgery. Please check the labels of any medications you take to make sure they do not contain aspirin. If you are not sure, ask your doctor or pharmacist. The following is a partial list of products to avoid before surgery:

If you take Coumadin or Warfarin your primary care physician must decide how many days you need to be off these medications.

Acetyl salicylic acid	Damason-P	Mono-Gesic
Advil	Darvon w/A.S.A.	Nabumetone
Aleve	Darvon-N w/A.S.A.	Nalfon
Alka-Seltzer Effervescent Pain Reliever	Dia-Gesic	Naprosyn
Anacin	Diclofenac	Naproxen
Anaprox	Disalcid	Norgesic, Norgesic Forte
Anodynos DIIC	Dolobid	Norwich aspirin
Ansaid	Dolene compound	Nuprin
Apa-San	Dolprin	Pentasa
Arthritis Pain Formula	Doxaphene compound	Percodan, Percodan-Demi
Asacol	Duradyne	Phentermine
A.S.A.	Easprin	Plavix
A.S.A. Enseals	Ecotrin	Ponstel
Ascriptin, Ascriptin A/D, Ascriptin w/codeine	Emcodeine	Presalin
Aspergum	Empirin, Empirin w/codeine	Relafen
Axotal	Equagesic	Rid-A-Pain w/codeine
B-A-C, B-A-C w/codeine	Equazine-M	Salatin
Bayer aspirin	Excedrin	Saleto
Maximum Bayer aspirin	Feldene	Salfex
Bayer Children's aspirin	Fiorgen PF	Salocol
Bayer Timed Release	Fiorinal, Fiorinal w/codeine	Soma compound
Bexophene	Gemisyn	Supac
Buffaprin	Ibuprofen	Synalgos DC
Bufferin	Indocin	Talwin compound
Buffets II	Isollyl Improved	Ticlid
Buffex	Lanorinal	Tolectin
Buffinol	Lodine	Toradol
Butalbital compound	Magnaprin	Trilisate
Cama Arthritis Reliever	Maprin	Trigesic
Carisoprodol	Marnal	Uracel
Codoxy	Measurin	Vanquish
Cope	Meclomen	Voltaren
Coumadin(usually stopped 3 days prior to surgery and restarted 2 days after surgery)	Meprogesic Q	Warfarin
	Micrainin	Wesprin buffered
	Midol	Zorprin
	Motrin	

TYLENOL IS FINE TO TAKE, IT IS NOT A BLOOD THINNER.

NO FOOD OR DRINK INCLUDING WATER AFTER MIDNIGHT THE NIGHT PRIOR TO SURGERY. PLEASE DO NOT TAKE ANY MEDICATIONS OR VITAMINS UNLESS OTHERWISE INSTRUCTED BELOW.



PLEASE BRING IN ALL MEDICATIONS WITH YOU ON THE DAY OF SURGERY

- If you take blood pressure medicine and/or heart medicine please take this medication the morning of your surgery with a little sip of water.
- If you take insulin for diabetes, please take one-half of your normal morning dose on the day of surgery.

For Infants only.

- No solid food after midnight
- Clear liquids up to 3 hours prior to surgery
- Breast milk up to 4 hours prior to surgery
- Formula up to 6 hours prior to surgery