



Procedure Information Packet

Providence Surgery Center
902 North Orange Street
Missoula, MT 59802
www.providencesurgery.com
406-327-3300
406-552-4735 (Billing and Insurance)



WELCOME....

to the Providence Surgery Center. We would like to thank you for choosing this facility for your health care needs. Providence Surgery Center takes great pride in providing high quality health care for our patients.

Your physician has scheduled your upcoming surgical procedure to be performed at Providence Surgery Center. The Center is owned and operated by Providence Surgery Center, LLC, which is a limited liability company owned by local health care providers, one of whom may be your physician or physician's employer. The purpose of this notice is to advise you of this financial relationship and of your right to choose an alternative location for your procedure. If desired, please contact your surgeon or medical specialist to obtain a list of alternative surgical sites where he or she may have privileges to practice. This notice is being provided pursuant to federal laws and regulations relating to physician investments in out-patient surgery centers. The Members of our organization are listed below.

Saint Patrick Hospital
Missoula Anesthesiology
Susan Tiede, DDS
O. Glenn Heyman, DO
Patrick Danaher, MD
Christopher T. Caldwell, DO

If you have any questions please ask your physician or you may call Providence Surgery Center at 406-327-3300.

We look forward to meeting you.



902 North Orange St. Missoula, MT 59802 Phone (406) 327-3300 Fax (406) 327-3302

Before Procedure:

- The pain clinic has given you instructions including your check in time at Providence Surgery Center. Please complete the packet of information and bring it with you at the time of your scheduled appointment.
- Please arrive one half hour before your procedure time unless instructed otherwise.
- You will need to be discharged to a responsible adult and it is recommended that someone stay with you for 24 hours.
- **IMPORTANT: Do not EAT anything EIGHT HOURS** before your procedure. This includes all foods, chewing tobacco, gum and hard candy. You may **DRINK clear liquids** (i.e. liquids you can see through) up to **SIX HOURS** prior to your procedure. It is possible that your procedure may be cancelled if these instructions are not followed.
- Wear casual, loose clothing. Many people find jogging clothes and slip-on shoes are most comfortable.
- Contact your insurance company for preauthorization, eligibility and determine insurance status.
- Discuss with your physician your advanced directive if you have one.
- Please call your physician immediately if you become ill or are otherwise unable to keep your appointment.

Day of Procedure:

- Do not take any vitamin and herbal supplements on the day of the procedure. You may resume these supplements after your procedure or as directed.
- Take all regular medications, unless instructed to hold them for the procedure. You may take morning medications with a **small** sip of water (only enough water to swallow your pills with).
- If you are taking Lovenox temporarily instead of Coumadin, skip the dose of Lovenox for 24 hours prior to the procedure time. ***Before stopping any medications please consult the prescribing physician.**
- Leave valuables and all jewelry at home. Please do not wear makeup, perfume, cologne or fingernail polish.
- Bring insurance cards and a photo ID.
- Bring Co-pay, Co-insurance and or Deductible as applicable.
- Bring Advanced Directives or Living Will with you.
- An IV may be placed so medications can be given before, during, and after procedure.

After Procedure:

- You will be taken to the recovery room after your procedure and offered something to eat and drink. Family and friends will be allowed to visit after your procedure. Recovery time will vary with individuals. Due to space limitations, we ask that you bring no more than two family members/friends with you on your procedure day.
- The nurse will review specific instructions given by your physician with you and the responsible adult who is to accompany you home. You will then be escorted to the car.

At Home:

- Any sedation and pain medication can make you groggy and cause impaired judgment. Therefore, do not drive, operate hazardous machinery, make any important decisions, or sign legal papers for at least 24 hours.
- Do not drink alcohol for 24 hours.
- Resume normal medication as directed.
- Eat light foods for the first few hours after your procedure, then increase your diet as tolerated.
- Drink as much fluid as you can tolerate, up to 8 glasses/day unless instructed otherwise.
- Call your physician with any concerns. The number to call is listed on your discharge instructions.



PROVIDENCE SURGERY CENTER
Missoula, Montana 59802

PATIENT FINANCIAL AGREEMENT

Providence Surgery Center, LLC is a separate business entity from Providence St. Patrick Hospital or its outpatient department. Providence Surgery Center may have different business practices.

If you have any questions, please ask. It is the patient's responsibility to verify and obtain pre-authorization for the physician and for this facility prior to performance of procedures. Failure to do so may result in an increase in patient financial responsibility.

Patient consents to the procedure(s) that may be performed in connection with outpatient surgery and that may include, but not be limited to, routine diagnostic procedures, transportation to an emergency room, and general instructions of the patient's physician and/or surgeon.

FINANCIAL AGREEMENT

Patient and/or person(s) legally and financially responsible for patient's medical bills, in consideration of the services to be rendered, agree to pay patient's account regardless of the existence of insurance or other third party liability. Providence Surgery Center is free to declare the entire balance to be immediately due and payable if the undersigned fails to make any scheduled payment when due.

The undersigned further agrees to pay all costs of collection if the account is not timely paid.

RELEASE OF INFORMATION

Patient acknowledges that protected health information may be disclosed without patient authorization for purposes of obtaining payment for services rendered pursuant to HIPAA. The information may be disclosed to insurance company(s), all attending/consulting physicians, surgeons, anesthesiologist, and radiologists. Providence Surgery Center will not disclose more than the minimum amount of protected health information necessary in order to secure payment.

Each provider of medical services maintains separate billing and collection practices. Your physician and/or surgeon are not employees or agents of Providence Surgery Center.

ASSIGNMENT OF BENEFITS

Patient hereby authorizes his/her health insurance company(s) to make payment directly to Providence Surgery Center. This authorization extends to all attending/consulting physicians, surgeons, anesthesiologists, and Radiologists.

INSURANCE DISCLAIMER

If covered by an insurance policy that requires preauthorization prior to service, it is your responsibility to obtain preauthorization from your health insurance company. You understand that you may be liable for any charges incurred should your health insurance company deny payment for services rendered.

It is your responsibility to contact **your** insurance company(s) to verify:

- Coverage
- Benefits
- Deductibles, coinsurance and copays
- If the facility and provider are in network or out of network – Benefits will vary accordingly
- If the procedure(s) require prior authorization.

Please call the phone number listed on your insurance card(s) to get the above information.

INITIAL DISCLOSURE STATEMENT

Your insurance policy is a contract between you and your insurance company. It is the patient's responsibility to verify coverage and obtain pre-authorization from their insurance company for the physician and for the facility prior to services being rendered. We will file your insurance claim if you assign benefits to this facility as indicated on the reverse page. If we do not receive payment from your insurance company within a reasonable amount of time, not to exceed 60 days from the date of submission of the claim, we will look to you for payment. If we receive payment from your insurance company after you have paid, we will refund any overpayment due to you.

The Billing Department will submit all insurance claims, including those claims required by secondary insurances. The patient agrees to verify and provide accurate billing information during the admission process on the day of their surgery. Providence Surgery Center will bill a patient's workers' compensation carrier if the necessary accident information is provided prior to the procedure (i.e. workers' compensation insurer, date of injury, employer, etc.). If claims for workers' compensation, automobile accidents or other accident claims are disputed by the insurer, we can hold the balance for 60 days from date of original submission. After that time, the patient is responsible for full payment.

A notice will be sent to the patient after the Billing Department has received the insurance payment. The notice will show any remaining balance due from the patient. Providence Surgery Center offers a no-interest option for payment through Care Credit in addition to accepting Visa, MasterCard, Discover Card, American Express, personal checks, cash, debit card, money order and cashier's check. Account balances not paid within any 120 days and budget account balances that fail to have payments made for 60 days or not completely paid within 180 days will be provided with a warning notice and, if not remedied in the time provided for in the warning notice, will be forwarded to a collection agency or company.

YOUR BILLING RIGHTS-KEEP THIS NOTICE FOR FUTURE USE

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act. NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL.

In order to preserve your rights under the Act, please provide the following information if you believe there has been a billing error, or if you need more information about an item on your bill:

1. Do not write on the bill. In a separate document, please provide the following information:
 - (a) Your name, address and account number;
 - (b) An explanation as to why you believe the statement contains a billing error, and the amount of such error. If you only need more information, explain the item you are unsure about; and
 - (c) Reasons for your belief that the statement contains a billing error.

Send your billing error notice to Providence Surgery Center, 902 N. Orange St., Missoula, Montana 59802 within sixty (60) days from the date the bill was mailed to you. You may telephone your inquiry, but doing so will not preserve your rights under the Act nor obligate us to follow the outlined procedures.

YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR NOTICE

We must acknowledge all letters pointing out possible errors in writing within 30 days of receipt unless we are able to correct your bill within 30 days. Within 90 days after receiving your letter, we must either correct the error or send a written explanation or clarification setting forth our reasons for believing the bill to be accurate. Once we have corrected the error, or explained the statement's accuracy, we have no further obligation to you even though you still believe there is an error unless you notify us in writing that the amount is still in dispute.

After we have been notified in writing, neither we nor an attorney or collection agency may send you collection letters or take other collection action with respect to the amount in dispute, but periodic statements may be sent to you. You cannot be threatened with damage to your credit rating or sued for the amount in dispute, nor can the disputed amount be reported to a credit bureau or to other creditors as delinquent until we have answered your inquiry. However, you remain obligated to pay the parts of your bill not in dispute.

If you notify us in writing within 10 days after you receive our explanation that you still refuse to pay the disputed amount, we may report you to credit bureaus and may pursue regular collection procedures, but we must also report that the amount is in dispute and inform you as to whom such reports were made. Once the matter has been settled, we must notify those to whom we reported you as delinquent of the subsequent resolution.

If we do not follow these rules, we are not allowed to collect the first \$50.00 of the disputed amount, even if the bill turns out to be correct.



NOTICE OF INFORMATION PRACTICES

Revised date: 08/29/2014

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit an ambulatory surgery center, hospital, physician, or other healthcare provider, a record of your visit is made. At Providence Surgery Center (PSC) we are an integrated setting in which care is delivered by more than one health care provider/covered entity so this notice applies to more than one provider. This notice applies to all of the records of your care generated by the hospital, whether made by surgery center personnel or your personal doctor. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy; better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Providence Surgery Center, the information belongs to you.

You have the right to:

- a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 *but we do not have to agree to accept your restrictions*
- obtain a paper copy of the Notice of Information Practices upon request
- inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- amend your health record as provided in 45 CFR 164.528
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- request not to disclose your PHI to your health plan for the purposes of payment or healthcare operations, if you are paying for your treatment out of pocket in full.

Our Responsibilities

This organization is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the surgery center. The notice will contain the effective date in the top right hand corner. In addition, each time you register at or are admitted to the surgery center for treatment or health care services, we will offer you a copy of the current notice in effect.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact the Medical Records Department at 406-327-3320.

If you believe your privacy rights have been violated, you can file a complaint with the Executive Assistant, the C.E.O.

or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this surgery center.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health

information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general conditions.

Communication with family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

<http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html>

PATIENT'S RIGHTS & RESPONSIBILITIES

- The PATIENT has the right to be treated with consideration, respect, and dignity.
- The PATIENT and/or the PATIENT REPRESENTATIVE have the right to all complete and current information concerning their diagnosis and treatment and in terms that he/she can understand. The PATIENT has the right to know the person or persons responsible for coordinating their care. If not medically advisable to give information to the patient, the information shall be made available to an appropriate person in the patient's behalf.
- The PATIENT has the right to receive from the physician enough information so that he/she may understand the services being rendered in order to sign the informed consent.
- The PATIENT has the right to refuse treatment and to be informed of the consequences of his/her actions.
- The PATIENT has the right to privacy of any information or treatment concerning his/her own medical care.
- The PATIENT has the right to be informed of any persons other than routine personnel that would be observing or participating in his/her treatment and to refuse that observation and/or participation.
- The PATIENT has the right for all medical records to be treated as confidential and given the opportunity to approve or refuse their release unless it would be cause a negative outcome in the continuation of medical care.
- The PATIENT has the right to information concerning the facility to which he/she may have to be transferred. The facility, that the patient is to be transferred to, must give approval prior to the patient transfer.
- The PATIENT has the right to know if any research will be done during his/her treatment and has the right to refuse it.
- The PATIENT has the right to expect quality care and service from Providence Surgery Center.
- The PATIENT has the right to be informed of the mechanism by which he/she will have continuing health care following discharge from Providence Surgery Center.
- The PATIENT has the right to examine and receive an explanation of their bill, regardless of the source of payment.
- The PATIENT has the right to know, in advance, the expected amount of his/her bill, regardless of the source of the payment.
- The PATIENT has the right to know what Providence Surgery Center Rules and Regulations apply to his/her conduct as a patient.

PATIENT RESPONSIBILITIES

- It is the PATIENT'S responsibility to read consents and/or forms to be signed; either ask staff or physician to clarify any information not understood about your care or services.
- It is the PATIENT'S responsibility to provide complete and accurate information to the best of his/her ability about his/her health, any medications, including over-the-counter products and dietary supplements and any allergies or sensitivities.
- It is the PATIENT'S responsibility to provide a copy if you have a living will, medical power of attorney or other directive you would like placed in your chart.
- It is the PATIENT'S responsibility to follow the treatment plan prescribed by his/her provider and follow up appointments.
- The PATIENT is responsible for your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions related to your care.
- It is the PATIENT'S responsibility to arrange adult transportation from Providence Surgery Center and remain with you for 24 hours.
- It is the PATIENT'S responsibility to contact the physician if any complications occur.
- It is the PATIENT'S responsibility to assure all payments for service rendered are on a timely basis and ultimate responsibility is the patients, regardless of the insurance coverage.
- It is the PATIENT'S responsibility to provide financial and/or insurance information regarding who will be responsible for the bill including current address and authorized contact information.
- It is the PATIENT'S responsibility to notify the administration of Providence Surgery Center, if the PATIENT or the PATIENT REPRESENTATIVE thinks their right(s) have been violated or if the PATIENT has a significant complaint.
- It is the PATIENT'S responsibility and those accompanying the PATIENT to be respectful of all health care providers and staff, as well as other patients and follow the Center's policies.
- PATIENTS and/or PATIENT REPRESENTATIVES should contact the Office of the Medicare Beneficiary Ombudsman. <http://www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html> or the Montana Department of Health and Human Services, Certification Bureau at www.dphhs.mt.gov/qadcomplaintprocedure or call (406) 444-2099; address Quality Assurance Division 2401 Colonial Drive PO Box 202953 Helena, MT 59620-2953 if they have a concern or complaint.

ADVANCED DIRECTIVE

All Patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the Patient's expressed wishes when the Patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

It is our policy that if you have an advance directive, living will or health care power of attorney; we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney and hospital policy.

At the Providence Surgery Center you will be asked about your Advance Directive when you register for your procedure. If you bring a copy of your Advanced Directive, it will be placed in your medical record.

If you would like more information regarding ADVANCE DIRECTIVES you may contact Montana's End-of-Life Registry Department of Justice, Helena, Montana: phone 1-866-675-3314 or online at www.endoflife.mt.gov; the American Association of Retired Persons (AARP) at 1-800-441-2277; or your attorney.

PATIENT SATISFACTION

Thank you for choosing Providence Surgery Center for your outpatient procedure. Your satisfaction is very important to us. After your visit you will receive a patient satisfaction survey. We hope you will fill out the survey and return it in the envelope provided. Please let us know how we did. All suggestions and comments are appreciated.

Thank you for your help.

Nancy Shoostari, CEO

GRIEVANCE POLICY

Submission and Investigation of Grievances

You have the right to have your verbal or written grievances submitted, investigated and to receive a written notice of the Center's Decision.

The following are the names and/or agencies you may contact:

Providence Surgery Center
902 North Orange Street
Missoula, MT 59802

You may contact your state representative to report a complaint:

Montana State Auditor's Office
840 Helena Avenue
Helena, MT 59601
(406) 444-2040
1-800-332-6148 (MT)

Sites for address and phone numbers of regulatory agencies:

Medicare Ombudsman Web site: www.cms.hhs.gov/center/ombudsman.asp

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)