

# KERLAN-JOBE SURGERY CENTER

*an affiliate of* **SCA**

Dear Patient:

Welcome to Kerlan-Jobe Surgery Center. We are pleased that you have placed your trust in us to provide your healthcare services.

Kerlan-Jobe Surgery Center was designed to provide patients with a more efficient and less stressful environment. Our pleasant atmosphere and highly trained and helpful staff can minimize the anxiety that often comes with having surgery.

In the days before your procedure, you will receive a letter and/or you will be contacted by a representative from our Business Office to discuss your insurance coverage, and financial responsibilities to Kerlan-Jobe Surgery Center. This letter or conversation will cover co-pays, deductibles, and co-insurance. Please do not hesitate to ask our office for clarification on any of these matters.

Please expect a call from our Anesthesiologist group, Genesis Anesthesia Services, the evening before your scheduled procedure to discuss pre-operative preparation and answer any questions you may have regarding your procedure and anesthesia. During this call, we will verify your appointment time and arrival time to the facility. It is important that a responsible adult drive you to and from the facility for your procedure. In view of the fact that you will be sedated or receive anesthesia during your visit, we cannot allow you to drive yourself home. Unfortunately, we cannot make any exceptions to this requirement.

When you come to Kerlan-Jobe Surgery Center, we ask that you do not bring any jewelry or other valuables to the center. We do ask that you bring your Government issued I.D. and insurance card(s) with you as well as your advance payment for co-pays or deductibles based on your conversation with our financial counselor.

If at any time during your visit you have a question regarding a process or your safety, we ask that you "SPEAK UP" and share your concerns with our staff. Our goal is to provide a safe, friendly environment in which your concerns are addressed promptly to your satisfaction.

In closing, we appreciate the trust you have placed in the team at Kerlan-Jobe Surgery Center. We will make every attempt to honor that trust by providing the high quality medical care you expect and deserve. We want your visit to be as pleasant as possible under the circumstances and welcome any comments and suggestions you may have.

If you have any further questions, please call us at 310.665.7150. One of our highly qualified team members will be happy to assist you.

Sincerely,

Clive E. Brewster  
Administrator

Crystal N. Lussier  
Office Manager

Kevin Bowdry, RN  
Director of Nursing

Francis M. Yamazaki, M.D.  
Medical Director

# Surgical Care Affiliates

## Patient Rights and Responsibilities

SCA observes and respects a patient's rights and responsibilities without regard to age, race, color, sex, national origin, religion, culture, physical or mental disability, personal values or belief systems.

### You have the right to:

- Considerate, respectful and dignified care and respect for personal values, beliefs and preferences.
- Access to treatment without regard to race, ethnicity, national origin, color, creed/religion, sex, age, mental disability, or physical disability. Any treatment determinations based on a person's physical status or diagnosis will be made on the basis of medical evidence and treatment capability.
- Respect of personal privacy.
- Receive care in a safe and secure environment.
- Exercise your rights without being subjected to discrimination or reprisal.
- Know the identity of persons providing care, treatment or services and, upon request, be informed of the credentials of healthcare providers and, if applicable, the lack of malpractice coverage.
- Expect the center to disclose, when applicable, physician financial interests or ownership in the center.
- Receive assistance when requesting a change in primary or specialty physicians or dentists if other qualified physicians or dentists are available.
- Receive information about health status, diagnosis, the expected prognosis and expected outcomes of care, in terms that can be understood, before a treatment or a procedure is performed.
- Receive information about unanticipated outcomes of care.
- Receive information from the physician about any proposed treatment or procedure as needed in order to give or withhold informed consent.
- Participate in decisions about the care, treatment or services planned and to refuse care, treatment or services, in accordance with law and regulation.
- Be informed, or when appropriate, your representative be informed (as allowed under state law) of your rights in advance of furnishing or discontinuing patient care whenever possible.
- Receive information in a manner tailored to your level of understanding, including provision of interpretative assistance or assistive devices.
- Have family be involved in care, treatment, or services decisions to the extent permitted by you or your surrogate decision maker, in accordance with laws and regulations.
- Appropriate assessment and management of pain, information about pain, pain relief measures and participation in pain management decisions.
- Give or withhold informed consent to produce or use recordings, film, or other images for purposes other than care, and to request cessation of production of the recordings, films or other images at any time.
- Be informed of and permit or refuse any human experimentation or other research/educational projects affecting care or treatment.
- Confidentiality of all information pertaining to care and stay in the center, including medical records and, except as required by law, the right to approve or refuse the release of your medical records.
- Access to and/or copies of your medical records within a reasonable time frame and the ability to request amendments to your medical records.
- Obtain information on disclosures of health information within a reasonable time frame.
- Have an advance directive, such as a living will or durable power of attorney for healthcare, and be informed as to the center's policy regarding advance directives/living will. Expect the center to provide the state's official advance directive form if requested and where applicable.
- Obtain information concerning fees for services rendered and the center's payment policies.
- Be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Expect the center to establish a process for prompt resolution of patients' grievances and to inform each patient whom to contact to file a grievance. Grievances/complaints and suggestions regarding treatment or care that is (or fails to be) furnished may be expressed at any time. Grievances may be lodged with the state agency directly using the contact information provided below.

### You are responsible for:

- Being considerate of other patients and personnel and for assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the center.
- Identifying any patient safety concerns.
- Observing prescribed rules of the center during your stay and treatment.
- Providing a responsible adult to transport you home from the center and remain with you for 24 hours if required by your provider.
- Reporting whether you clearly understand the planned course of treatment and what is expected of you and asking questions when you do not understand your care, treatment, or service or what you are expected to do.
- Keeping appointments and, when unable to do so for any reason, notifying the center and physician.
- Providing caregivers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in your condition or any other patient health matters.
- Promptly fulfilling your financial obligations to the center, including charges not covered by insurance.
- Payment to center for copies of the medical records you may request.
- Informing your providers about any living will, medical power of attorney, or other advance directive that could affect your care.

## Surgical Care Affiliates Patient Rights and Responsibilities

You may contact the following entities to express any concerns, complaints or grievances you may have:

<b>CENTER</b>	CLIVE BREWSTER, ADMINISTRATOR (310) 665-7150
<b>STATE AGENCY</b>	ATTN: KATHLEEN J. BILLINGSLEY, RN DEPUTY DIRECTOR CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CENTER FOR HEALTH CARE QUALITY (CHCQ) LICENSING AND CERTIFICATION DIVISION P.O. BOX 997377 MS 3000 SACRAMENTO, CA 95899 COMPLAINTS (800) 236-9747 GENERAL INFORMATION (916) 558-1784
<b>MEDICARE</b>	OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN: <a href="http://www.cms.hhs.gov/center/ombudsman.asp">www.cms.hhs.gov/center/ombudsman.asp</a>

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## Information Regarding Advance Directives

**Advance directives** are legal documents that allow you to convey your decisions about end-of-life care ahead of time. They provide a way for you to communicate your wishes to family, friends and health care professionals, and to avoid confusion later on.

A **living will** tells how you feel about care intended to sustain life. You can accept or refuse medical care. There are many issues to address, including but not limited to:

- The use of life sustaining machinery (Ventilators, Dialysis)
- Whether or not you want to be resuscitated if breathing or heartbeat stops
- Tube feeding and other life sustaining processes
- Organ or tissue donation

A **durable power of attorney** for health care is a document that names your health care proxy. Your proxy is someone you trust to make health decisions if you are unable to do so.

While all of these documents play a very important role as to how healthcare decisions are made on your behalf, it is the policy of Kerlan-Jobe Surgery Center that we **DO NOT** honor **Advance Directives** during your episode of care at the facility.

If you have an **Advance Directive**, please bring it with you for your visit to Kerlan-Jobe Surgery Center and we will place it in your medical record for reference in the unlikely event you are transferred to the hospital.

If you do not have an Advance Directive and would like more information, please contact our office at 310-665-7150 and we will be happy to provide it for you.

## Welcome to Kerlan-Jobe Surgery Center.

Our commitment to our patients is to provide clinical excellence in a safe, comfortable environment for you and your family members. We are proud that many of the physicians who practice here have chosen to have ownership in this facility. Our physician partners play an active leadership role in fulfilling our commitment to you.

Kerlan-Jobe Surgery Center is a California Limited Liability Corporation.

## Surgical Care Affiliates

The following physicians are Limited Partners of Kerlan-Jobe Surgery Center LLC:

Clarence L. Shields, Jr. M.D.  
Lewis A. Yocum, M.D.  
Ralph A. Gambardella, M.D.  
Ronald E. Glousman, M.D.  
Ronald S. Kvitne, M.D.  
Vernon Williams, M.D.  
Jae Chon, M.D.  
Kenneth Jung, M.D.

Stephen J. Lombardo, M.D.  
James E. Tibone, M.D.  
William H. Dillin, M.D.  
Phillip E. Kwong, M.D.  
Neal S. ElAttrache, M.D.  
Daniel Kharrazi, M.D.  
Orr Limpisvasti, M.D.  
Steven Shin, M.D.

# Kerlan-Jobe Surgery Center

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To Our Patients:

We understand that having a surgical procedure can be a stressful event and with so many considerations to make, questions about the billing and payment for services associated with your procedure are sometimes overlooked or somewhat confusing at best. The following information will hopefully answer some of these questions for you. Please do not hesitate to call our Business Office should you have any further questions.

## **Insurance Information**

*We know that health care insurance can be confusing. Please take a brief moment to review this page to help you understand some key points about your insurance as it relates to your procedure at Kerlan-Jobe Surgery Center.*

- A financial counselor from Kerlan-Jobe Surgery Center will contact you prior to the day of your procedure to give you an estimate of your personal portion of the cost of your procedure. This estimate is based on the procedure(s) your physician has scheduled and the type of insurance plan you have.
- It is important to know that this is only an estimate. Sometimes the surgeon needs to do more or maybe even less during the procedure than what is originally scheduled. These changes may affect your final financial responsibility to Kerlan-Jobe Surgery Center.
- Payment of co-pays, coinsurance and any deductible amounts that are due are expected upon your check in to the center. A description of each is as follows:

A **co-pay** is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate co-payments for different services. Some plans require that a deductible first be met for some specific services before a co-payment applies.

A **deductible** is a fixed dollar amount during the benefit period (usually a year) that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

**Coinsurance** is the amount due by the patient after the insurance has paid and applied all deductibles and co-pays. This is the amount that is usually described as "Patient Responsibility" or "Member Responsibility" on the Explanation of Benefits. It is usually a percentage of the allowed amount covered by your insurance (i.e. 80/20; 70/30; 90/10). Because we contract with many insurance carriers, we can many times determine the patient's coinsurance in advance based on the information received by your physician's office at the time of scheduling.

## **Billing Information**

*Because there are several healthcare practitioners who are providing a service to you, there will be separate bills generated from each of these providers; therefore, you can plan to expect bills from multiple providers for one procedure at our Surgery Center.*

- Our bill is from Kerlan-Jobe Surgery Center, which is the facility fee.
- You will also receive a bill from your physician and from your anesthesia provider.
- Kerlan-Jobe Surgery Center will bill your procedure to your insurance company for their portion, and to a second insurance provider, if you have one.
- Ultimately, you are responsible for the charges associated with your procedure.
- If after the surgery, we discover that you have over paid us, we will issue you a refund.

# Kerlan-Jobe Surgery Center

## Surgery Center Pre-Operative Registration & Checklist

The Purpose of patient registration is

1. To review Demographic information for **accuracy**
2. To **review** the **patient responsibilities** to insure that you and your family are **prepared** and will have the **most pleasant surgical experience** possible
3. To **encourage** you to ask any questions to help you feel **confident** and **comfortable** with your upcoming surgery.

### DEMOGRAPHIC INFORMATION

Name \_\_\_\_\_ Gender: M F

Street Address \_\_\_\_\_

City/ State/Zip Code \_\_\_\_\_

Home phone number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Injury \_\_\_\_\_

Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

### PATIENT RESPONSIBILITIES Please check all boxes

- Understand your **surgery** ( site, side, and type).
- Understand the type of **anesthesia** you are to have and that you will be receiving a **call** from your anesthesiologist the **night before surgery** (to answer any further questions).
- Understand the **time of your surgery** and the **time you must arrive** ( 3<sup>rd</sup> floor)
- Understand that you must have a **responsible adult ( @3<sup>rd</sup> floor) ready** to take you home and **able to receive specific instructions regarding your care (LEGAL REQUIREMENT)**
- Understand that you must have a **responsible adult STAY with you the night of surgery** who understands your postoperative care needs **(LEGAL REQUIREMENT)**
- If you have **prescriptions**, they should be filled prior to your surgery so you will have them available immediately after surgery when you arrive home.
- Understand the importance of **wearing appropriate clothing** for your surgery because of the postoperative dressings, wraps, and slings. (i.e. shorts for lower extremity surgery and loose fitting button down shirt or blouse for upper extremity surgery).
- For your comfort, please bring pillows for your ride home.
- Do not bring any valuables.
- Please bring your Photo ID and insurance cards and any co-payment due the day of surgery**
- Understand the importance of having **ice** available at home for your cold therapy needs.
- Understand you should have **NOTHING TO EAT/DRINK AFTER MIDNIGHT**, including gum or candy, but **take your regular medicine** for high blood pressure, heart problems, lung disease or seizure problems on the **morning of surgery** with a sip of water unless otherwise ordered by your anesthesiologist  
If you are taking **diabetic** medication, **omit it on the day of surgery unless otherwise ordered by your physician and inform your anesthesiologist.**
- I have received and read a copy of the Kerlan-Jobe Surgery Center billing information sheet.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_