



1500 WILLIAM FLOYD PARKWAY  
SHIRLEY, NY 11967  
PH: 631-205-9090  
FAX: 631-205-9256

**WELCOME!**

***We thank you for choosing the Suffolk Surgery Center for your outpatient surgical procedure. Please rest assured that we are committed to insuring that your experience at the Suffolk Surgery Center is as pleasant as possible. You will receive individualized care specific to your condition in a safe environment by specially trained surgeons, anesthesiologists, compassionate and experienced nurses and surgical technologists.***

***Enclosed, you will find your surgical packet which includes information that we are required to provide you with in advance of the date of your procedure. Please read through this information and should you have any questions, please feel free to contact the center at any time by calling (631) 205-9090.***

**SURGERY DATE:**        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ **Our Pre-operative nurse will call you 24-48 hours prior to your surgery and notify you of the time to arrive at the center and also provide you with instructions.**





## NOTIFICATION TO PATIENTS

### **Disclosure of Ownership:**

- Suffolk Surgery Center is a physician owned facility and your physician may have a financial interest in the center. You have the right to choose where you receive medical and surgical services including an entity in which your physician may have a financial relationship.

### **Advance Directives Policy:**

- In accordance with N.Y.S. Law, Suffolk Surgery Center is providing you with information regarding our Advance Directives Policy
- An Advance directive provides you the ability to designate someone as your healthcare agent. Your healthcare agent will then have authority to make decisions regarding your medical care should you as the patient become incapacitated and unable to make your own decisions.
- While Advance Directives are not honored at the Suffolk Surgery Center, please be advised that we will place a copy of your Advance Directives in your medical record in the unlikely event that you require transfer to a hospital after your procedure.
- At Suffolk Surgery Center, your signed consent indicates that in the event of any unforeseeable complication during your procedure, all resuscitative measures will be instituted.
- If you disagree, you must address this issue with your physician or anesthesiologist prior to signing your consent form.

*Accredited by the*



ACCREDITATION ASSOCIATION *for* AMBULATORY HEALTH CARE, INC.



## BILL OF RIGHTS

In recognition of the responsibility of this facility in the rendering of patient care these rights are affirmed in the policies and procedures of the: **SUFFOLK SURGERY CENTER**

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his/her physician complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He / She has the right to know, by name, the physician responsible for coordinating his/her care.
3. The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of the procedure and/or treatment. Except in emergencies, such information should include but not necessarily be limited to the specific procedures and/or treatments, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The patient has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have the permission of the patient to be present.
6. The patient has the right to expect that communications and records pertaining to his/her care should be treated as confidential.
7. The patient has the right to expect that within its capacity an ASC must make reasonable response to the request of a patient for services. The Facility must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another health care facility after he/she has received complete information and explanations concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.
8. The patient has the right to obtain information as to any relationship of his/her facility to other health care and educational institutions; insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who is treating him/her.
9. The patient has the right to be advised if the facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
10. The patient has the right to expect reasonable continuity of care and to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the facility will provide a mechanism whereby he/she is informed by his/her physician or a delegate of the physician of the patient's health care requirements following discharge.
11. The patient has the right to examine and receive an explanation of his/her bill regardless of the source of payment.

12. The patient has the right to know what Facility rules and regulations apply to his/her conduct as a patient.
13. Policies and procedures shall be developed and implemented regarding the patients' rights. The operator shall have in effect a written statement of patients' rights which is prominently posted in patient care areas and a copy of which is given to the patient. Such statement shall include the patients' right to:
- a. receive service(s) without regard to age, race, color, sexual orientation, religion, marital status, sex, national origin or sponsor;
  - b. be informed of the services available at the center;
  - c. be informed of the provisions for off-hour emergency coverage;
  - d. be informed of the charges for services, eligibility for third-party reimbursements and, when applicable, the availability of free or reduced cost care;
  - e. receive an itemized copy of his/her account statement, upon request;
  - f. voice grievances and recommend changes in policies and services to the center's staff, the operator and the New York State Department of Health without fear of reprisal;
  - g. Express complaints about the care and services provided and to have the center investigate such complaints. The center is responsible for providing the patient or his/her designee with a written response within 30 days if requested by the patient including findings of the investigation. The center is also responsible for notifying the patient or his/her designee that if the patient is not satisfied by the center's response, the patient may complain to the New York State Department of Health's Office of Health Systems Management or by calling (631) 851-4300;
  - h. approve or refuse the release or disclosure of the contents of his/her medical record to any health care practitioner and/or health care facility except as required by law or third-party payment contract.
  - i. Be informed of their right to change primary or specialty physicians, if other qualified physicians are available
  - j. be provided with appropriate information regarding the absence of malpractice insurance coverage
- I have received a copy of the Patient's Bill of Rights.

---

Signature

---

Date



## INSTRUCTIONS PRIOR TO SURGERY

- 1) You should have a relative or friend accompany you on the day of your surgery to and from the center.
- 2) On the evening before your surgery, **do not eat or drink anything after midnight.**
- 3) You must arrive at the facility promptly at the scheduled appointment time.
- 4) If possible, do not arrive more than 15 minutes prior to your scheduled time. All patients are taken in the order scheduled not in the order of arrival.
- 5) A shower or bath is required the evening before or preferably the morning of surgery.
- 6) Do not apply facial or eye makeup and do not wear any jewelry on the day of your surgery. Please leave all valuables at home.
- 7) Please wear loose fitting and comfortable clothing.
- 8) You may wear your denture or hearing aid on the day of your surgery unless otherwise specified by your physician.
- 9) If you take regular prescriptions medications, please inform the nurse when he / she calls to confirm your surgery and the nurse will advise you of how to take them on the day of surgery. Make sure you bring a list of all medications you are currently taking with you.
- 10) If you receive anesthesia during your surgical procedure, you will not be allowed to drive home. A friend or relative must accompany you home after surgery or **YOUR SURGERY WILL BE CANCELLED.**
- 11) Carefully follow the discharge instructions that will be provided to you after your surgery.
- 12) Your physician will provide you with a post operative appointment in his or her office.



## Information regarding Surgery Center Charges

The Suffolk Surgery Center and attending physicians participate in most insurance plans. Therefore, provided that you provide us with accurate and complete information with respect to your insurance coverage and that you have met any applicable deductibles; your surgical procedure should be covered with little or no out of pocket cost to you. This of course depends on the type of coverage that you have.

Medicare typically covers 80% of the “reasonable and customary” charge for your procedure. If you have secondary insurance, the remaining 20% will be billed to your secondary carrier provided we have information on file regarding your secondary insurance. Medicare does require us to balance bill you for deductibles and co-insurance. We comply with those requirements.

Our anesthesia providers are independent of the surgery center. They will bill your primary and secondary insurance directly, again provided that we are informed about your insurance coverage prior to your surgery date. Occasionally, they (anesthesia providers) may not participate with a plan that the surgery center and your physician accepts. In that rare situation, you may receive a bill for anesthesia services.

If you have any questions regarding anesthesia services, please call (631) 475-7695.

Finally, if tissue was removed during your surgery, it must be examined by a pathologist. Again, pathology services and billing are independent of the surgery center. Most often, the pathology bill will be covered by your insurance company.

Representatives from our billing office will be happy to answer any questions or concerns that you may have regarding your procedure. You can reach our billing department by calling (631) 205-9090.