

Premier Surgical Center, LLC
195 Overthrust Road * Evanston * Wyoming 82930
Phone: 307-444-3600 * Fax: 307-444-3610

WELCOME

- ◆ Thank you for scheduling your surgery with Premier Surgical Center.
- ◆ Read and complete the enclosed paperwork before arriving and bring it with you.
 - Completed and signed Medical Data Sheet/Assignment of Benefits
 - Signed Financial Policies
 - Signed Acknowledgment of Receipt of Notice of Privacy Practices
(This form indicates that you received our Notices of Privacy Practices included in the is packet)

◆ *please have the following information with you at the time of check-in at Premier Surgical Center if you do not present these items at the time of check-in your procedure will be canceled until the documents can be produced. These are federal and state laws which the surgery center must comply.*

- Insurance Card (s) (Please give to the receptionist for photocopying.)**
- Photo ID containing signature and current address. If address is not current please Please provide a Utility bill or other identifying document that confirms current address of patient or responsible party.**
- If you are a legal guardian of the patient or have a child in foster care who is the patient Please make sure you bring all documentation to prove guardianship. Consents must be signed by the legal guardian or birth parent if parental rights have not been removed. Signatures on all facility and operative consents must match the legal paperwork provided prior to any procedure being performed at Premier Surgical Center.**

◆ We are now accepting Care Credit

◆ Pay online now

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Patient Information Sheet:

Legal Name: _____ Male Female

Mailing Address/ Street Address: _____

City: _____ State: _____ Zip _____ Social Security Number: _____

Date of Birth: _____ Marital Status: Single Married Divorced Widowed Minor

Home Phone: _____ Cell Phone: _____

Employer: _____

Mailing Address/ Street Address: _____

City: _____ State: _____ Zip _____ Work Phone: _____

Referring Physician: _____ E- mail Address: _____

Responsible Party

Legal Name: _____ Male Female

Mailing Address/ Street Address: _____

City: _____ State: _____ Zip _____ Social Security Number: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Relationship to Patient: Spouse Parent Other: _____

Employer: _____

Mailing Address/ Street Address: _____

City: _____ State: _____ Zip _____ Work Phone: _____

Emergency Contact

Who should we contact in case of emergency? _____

Phone Number: _____ Relationship to Patient: _____

Insurance Information

Please bring copies of insurance card (s) or any insurance information you have at time of service to be copied by the receptionist.

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Anesthesia Services

Anesthesia services are provided by Evanston Anesthesia Associates, and are billed as a separate service through their respective billing organization. You will have a chance to speak to the anesthesia provider the day of your procedure prior to being transferred to the procedure room. At this time the anesthesia provider will discuss your health history, the anesthetic plan and have you sign a consent for anesthesia services.

◆ Richard Carver, CRNA

◆ Mark Wilson, CRNA

Each of these providers are Certified Registered Nurse Anesthetist. Combined, they have been providing anesthesia services for more than nineteen years. If you have questions or concerns about any of our providers, please feel free to contact the Clinical Director of Premier Surgical Center.

Contact information for Evanston Anesthesia Associates:

Evanston Anesthesia Associates
191 Overthrust Road
P.O. Box 1477
Evanston, WY 82930
Phone: 307-789-1219
Fax: 307-789-3760

Kay, Billing Manager

PATIENT NOTIFICATION AND ACKNOWLEDGEMENTNotice of Rights and Responsibilities

Premier Surgical Center has established a Patient's Bill of Rights and Responsibilities, which is provided verbally and in writing in a language and manner the patient or patient's representative understands prior to the date of the procedure. Premier Surgical Center expects that observance of these rights will contribute to more effective patient care and greater satisfaction for patients, physicians and the Center.

Notice of Privacy Practices

Premier Surgical Center will disclose your personal information only in those situations necessary in order to provide you safe and effective treatment, to receive payment for the care you have received in our facility, and for other health care operations as deemed necessary.

A description of how your medical information will be used and disclosed is summarized on the patient privacy notice. A complete copy of Premier Surgical Center's notice of privacy practice is posted in the Center. I Give Permission for my protected health information (PHI) to be disclosed for purposes of communicating results, findings and care decisions to the family members and others.

Yes No Limited disclosure to persons listed below:

Name: _____ Date: _____

Name: _____ Date: _____

Financial Disclosure

Premier Surgical Center is privately owned and has informed the patient prior to the date of the procedure that their physician may have a proprietary interest in this facility. The patient has the right to choose the facility of his/her choice for health related services.

Advance Directives

It is the policy of Premier Surgical Center, regardless of any advance directives or instructions from a health care surrogate or power of attorney, that an unexpected medical emergency, which occurs during treatment at this facility, will be aggressively managed with resuscitative or other stabilizing measures followed by emergency transfer to the closest emergency room. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with patient wishes, advance directive or health care power of attorney.

Acknowledgement of this policy does not revoke or invalidate any current health care directive or health care power of attorney.

Please check the appropriate box. Have you executed an advance health care directive, a living will and/or a power of attorney that authorizes someone to make health care decisions for you?

- Yes, I have an advance health care directive, living will and/or a power of attorney.
- I have provided my advance health care directive, living will and/or a power of attorney to PSC.
- No, I do not have an advance health care directive, living will and/or a power of attorney.
- I would like additional information on advance health care directives.

By signing this document, I acknowledge that the above information was given to me prior to my day of surgery, and that I have read and understand the information on notice of patient rights and responsibilities, patient privacy practices, financial disclosure and advance directives. I agree to the policies of Premier Surgical Center. If I have indicated I would like additional information, I acknowledge receipt of that information.

Patient Signature (If patient is unable to sign, please indicate relationship)

Date

Witness Signature

Date



The professional services provided by the center are for your benefit. All fees charged by this center are your responsibility. All balances are due 45 days from the date of service. For your convenience, we accept cash, checks, Visa, MasterCard and Discover credit cards and money orders.

A. Insurance

Premier Surgical Center will bill a guarantor's Medicare, Medicaid, or Commercial insurance as a courtesy and make every effort to collect benefits on the insurer's behalf for a period of 45 days. After 45 days from the date of service, the account will be treated as a **self-pay** account and you will be required to submit payment in full or make acceptable arrangements for payment. You must pre-authorize all procedures with your insurance company. If, for some reason, your procedure date is changed, please contact our billing office and notify your insurance company of the change. Failure to do so may alter your reimbursement with a denial or loss, making it your financial responsibility. You have authorized the assignment of your insurance benefits to this facility for services rendered. Professional care is provided to you, our patient. Thus, the insurance company is ultimately responsible to you, the patient, and you are responsible to the doctor and the surgery center. In order for us to file your insurance, we need to be provided with **COMPLETE AND ACCURATE** insurance information to avoid delays in payment (i.e. name, address, group, etc. of your primary and secondary insurance). Failure to provide us with correct information could possibly result in you being responsible for your account. **You are responsible for all fees not covered by your insurance company. This includes deductibles, co-pay, and reasonable and customary fee differences.** Our facility cannot accept responsibility for negotiating a settlement on a disputed claim. If you dispute the amount of payment made by your insurance company, you should contact your insurance carrier, your human resources department or your agent directly.

B. Payment

All payment arrangements should be made before or at the time service is rendered. **If it becomes necessary to make payment arrangements, a minimum payment should be made of 10% of the original balance or \$300.00, whichever is greater.** Should you need assistance in payment of your medical care, please let us know immediately.

The services provided by your physician(s) are the professional fee(s). The services and supplies provided for your procedure are the facility fee. These will be billed separately. Pathology, anesthesia, durable medical devices or laboratory services, if utilized, will be billed separately by the provider of these services or by your insurance company.

C. Unpaid Accounts

Patients with unpaid, delinquent accounts or accounts which have been written to bad debt or collection may be denied treatment if not deemed medically necessary. If a patient account is sent to a collection company an additional 33.3% will be added to the balance. The patient will then be responsible for all collection and legal fees.

Your signature below indicates that you have read and understand the above Financial Policies and agree to the terms outlined therein.

Signature: _____ Date: _____

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ADVANCE DIRECTIVE POLICY

All patients have the right to participate in their own health care decisions. Further patients have the right to have an Advance Directive or to execute a Power of Attorney that authorizes 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. Premier Surgical Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Premier Surgical 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 should discuss the specifics of your procedure with your physician who can answer your questions as to its risks, benefits, your expected recovery and care after your surgery.

It is our policy, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney, if an adverse event occurs during your treatment at this facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At an acute care hospital, further treatment or withdrawal of treatment measures already in progress will be ordered and executed in accordance with your wishes, Advance Directive or Health Care Power of Attorney.

The Wyoming Department of Health provides detailed information related to the Advance Directive, Directive to Physician, and Power of Attorney and can be accessed at:

<http://www.health.wyo.gov/aging/resources/advance.html>

At the time of admission to Premier Surgical Center, each patient must sign the Advance Directive Notice acknowledging they have read and understood the policy. By signing the Advance Directive Notice, it does not invalidate any current Health Directives or Healthcare Power of Attorney.

If a patient does not agree with this policy, their procedure will be rescheduled to another facility.

Premier Surgical Center patients or a patient's representative will be notified in writing prior to the date of surgery of our policies regarding Advance Directive through their health care provider's office. The physician's office staff scheduling the procedure will be responsible for distributing copy of this written Advance Directive Policy. A copy of our policy can be made available upon request at the time of admission at Premier Surgical Center.

OWNERSHIP DISCLOSURE

Premier Surgical Center and Drs, Jason P. Haack, Gordon S. Olsen, Jared B. Barton, Todd Hammond, and PSC Shares, LLC directly have financial interest and ownership in the surgery center.

Form updated 8/12