

sierra ambulatory surgery center LLC

400b sierra college drive **grass valley, ca** 95945

phone 530.272.3428

fax 530.272.3429

email sierraasc@gmail.com

Patient Forms

Instructions:

The below forms and notices are in Adobe's Portable Document Format (.PDF)

NONE OF YOUR PERSONAL DATA CAN BE SAVED ON THE PDF FORM.

To use the forms in this packet, you may do the following:

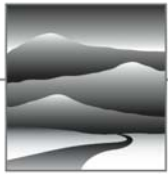
- 1) While this packet is open in your browser window, click on the File menu and choose Save As and designate where you would like the document saved on your computer. You may then open the file, type in your responses and print the entire packet to be brought in with you for your appointment.
- 2) Fill out the form completely while on-line and while the file is open in your browser window. If you click on the "back" button or close the browser window, your data is not saved or submitted to SASC. Once the forms have been completely filled out, choose print from the file menu. Once the forms are printed, close your browser window. You can then bring the forms in with you for your appointment.
- 3) Print the form packet out while open in your browser window and fill out the forms by hand.

AS A PATIENT, YOU HAVE THE RIGHT TO:

- Considerate, respectful care at all times and under all circumstances with recognition of your personal dignity.
- Personal and informational privacy.
- Confidentiality of records and disclosures. Except when required by law, you have the right to approve or refuse the release of records.
- Information concerning your diagnosis, treatment, and prognosis, to the degree known.
- The opportunity to participate in decisions involving your healthcare.
- Competent, caring healthcare providers who act as your advocates.
- Know the identity and professional status of individuals providing services.
- Change physicians.
- Adequate education regarding self-care at home written in language you can understand.
- Make decisions about medical care, including the right to accept or refuse medical or surgical treatment.
- Impartial access to treatment regardless of race, color, sex, national origin, religion, handicap, or disability.
- Receive an itemized bill for all services
- File a grievance with the facility by contacting the clinical director at (530) 272-3428.
- Report any comments concerning the quality of services provided to you during the time spent at the facility and receive fair follow-up on your comments.
- Report any complaints to State Representative: California Department Public Health Services (CDPH) 126 Mission Ranch Blvd. Chico, CA 95926; Phone: 530-895-6711; Toll Free 1-800-554-0350 or call Quality Improvement Organization 1-800-MEDICARE(633-4227). Website is www.medicare.gov or www.cms.hhs.gov/center/ombudsman.asp
- Know about any business relationships among the facility, healthcare providers, and others that might influence your care or treatment.

AS A PATIENT, YOU ARE RESPONSIBLE FOR:

- Providing, to the best of your knowledge, accurate and complete information about your present health status and past medical history and reporting any unexpected changes to the appropriate physician(s).
- Following the treatment plan recommended by the primary physician involved in your case.
- Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
- Indicating whether you clearly understand a contemplated course of action and what is expected of you and ask questions when you need further information.
- Your actions if you refuse treatment, leave the facility against the advice of the physician, and/or do not follow the physician's instructions relating to your care.
- Ensuring that the financial obligations of your healthcare are fulfilled as expediently as possible.
- Providing information about and/or copies of any living will, power of attorney, or other directive that you desire us to know about.



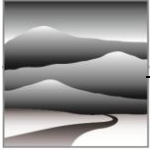
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Financial Disclosure Statement

Dear Patient,

This is to inform you that Sierra Ambulatory Surgery Center LLC is a physician owned business. Dr. John Hagele, Dr. Keith Mercer, Dr. Matthew Zealear and Dr. Gregory Porter have proprietary interests in Sierra Ambulatory Surgery Center LLC. If you have any questions regarding this please feel free to speak to the Medical Director of this facility.



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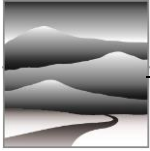
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Cancellation Policy

At Sierra Ambulatory Surgery Center, we attempt to be as courteous to our patients as possible. To meet this goal, it is required that you give at least 24 hours notice prior to canceling or changing your appointment. This will allow us to accommodate other patients that are seeking earlier appointments and to avoid gaps in our surgeon's schedule. Non-emergency cancellations less than 24 hours prior to the surgical procedure will be subject to a \$50.00 cancellation fee that is not covered by insurance. This fee must be paid prior to scheduling any further treatment. We appreciate your cooperation and courtesy to our patients and our facility.



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It Is Each Patient's Responsibility To Know The Benefits & Exclusions Of His Or Her Insurance Policy.

Billing Information

Sierra Ambulatory Surgery Center, LLC maintains a rigorous program of cost containment to assure high-quality health care at a competitive rate. Our charges include the costs associated with the procedure/operating rooms, recovery room, nursing staff, medical-surgical supplies and pharmaceuticals. Our facility fee is billed separately from the fees of the surgeons and anesthesiologists involved in your care; therefore you will receive billing from Sierra View Medical Eye, Inc. for surgeon fees and RC McLean, Inc. for Anesthesiologist and/or Pain Management fees.

Method of Payment

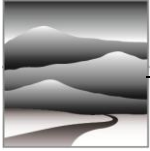
Our Surgery Center, Surgeons & Anesthesiologist are contracted with many health plans. Patients not fully covered by their insurance plans must make financial arrangements prior to the day of the procedure.

We accept Care Credit and all major credit cards, debit cards, or cash as forms of payment.

If you have questions or need assistance please call:

Sierra View Medical Eye Billing Dept. at (530) 272-3411 x204

Sierra Ambulatory Surgery Center Billing Dept. at (530) 272-3428 x220



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Persons Authorized to Receive Medical Information

I hereby authorize the following person(s) to receive medical information concerning my general medical care and treatment.

Name _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

.....
Name _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

.....
Name _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

.....
Name _____ Relationship: _____

Home Phone: _____ Work/Cell: _____

.....
Patient's Name: _____

Signature: _____ Date: _____

Keith Mercer, M.D.

Matthew Zealear, M.D.

John Hagele, M.D.

Gregory Porter, M.D.