

SUMMIT

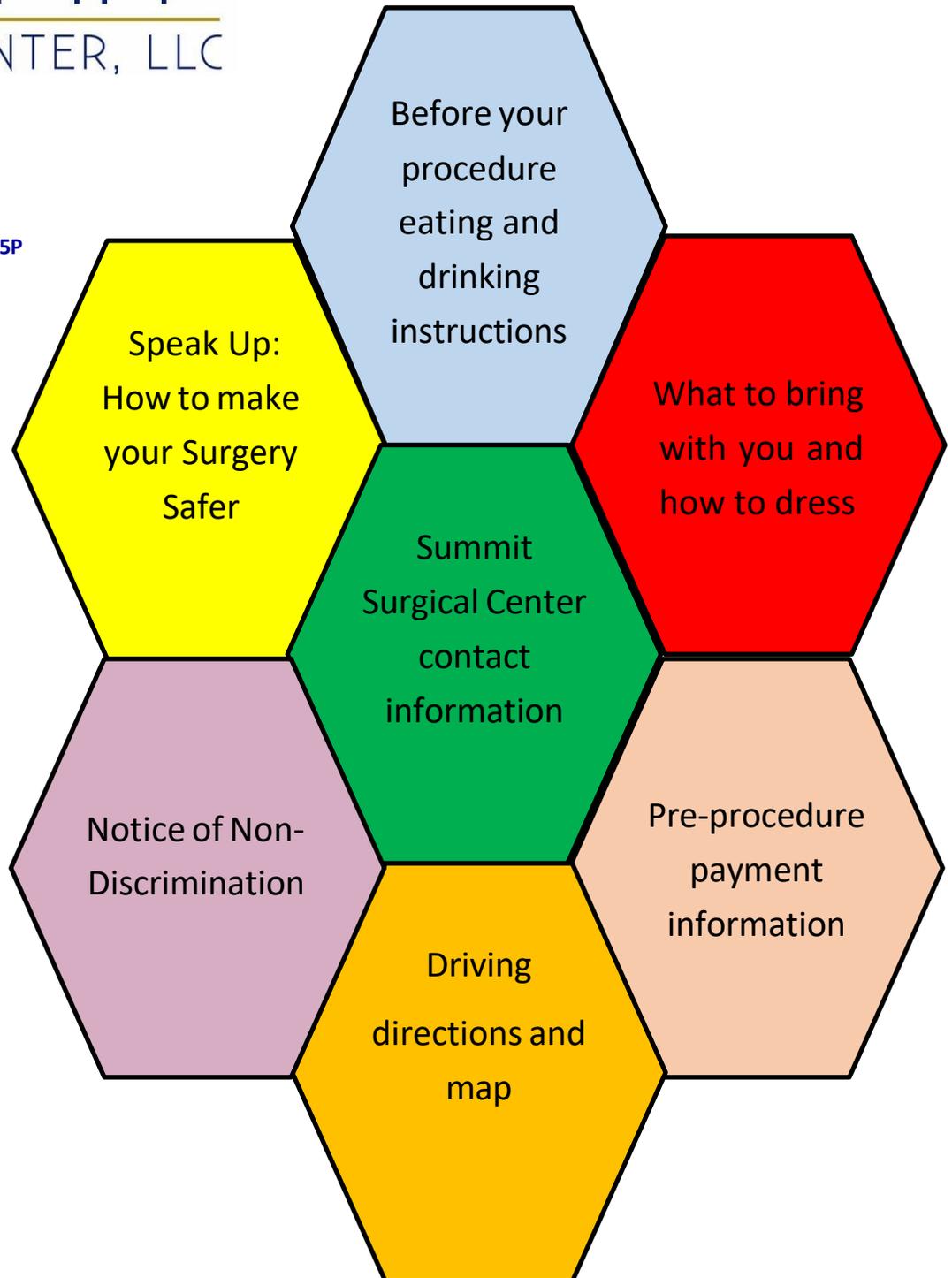
SURGICAL CENTER, LLC

200 Bowman Drive, Suite D160
Voorhees, NJ 08043

Hours: Monday thru Friday 6A—5P

Important Advance Information

Visit our Website at
www.summitsurgicalcenter.net
for more information



Pre-Surgery Interview & Questions 856-247-7835/7855

Insurance/Financial Questions 856-247-7859

BEFORE YOU ARRIVE

If you are scheduled to receive anesthesia or sedation, please make sure you have a ride and a responsible adult to accompany you home and stay with you for the first 24 hours.

You will receive a phone call from Summit Surgical Center a day or two before your procedure to review your medical history and medications with a Pre-Admission nurse.

You will receive an additional phone call or text from Summit Surgical Center the afternoon before your procedure with your arrival time. You may be called the day of surgery to come in earlier or later, depending upon any unforeseen changes or delays.

Check with your physician's office to see what medications, vitamins or herbal supplements you need to stop taking before surgery.

Body mass index (BMI) is an approximate measure of body fat based upon your height and weight. If you have a high BMI score, you may require further evaluation, and your procedure may need to be done in a hospital setting.

Shower or bathe the evening prior to or morning of surgery; if an antiseptic wash has been ordered by your physician please follow the product label instructions.

If a bowel prep has been ordered please follow the directions given to you by your doctor.

STOP EATING AND DRINKING AND GENERAL GUIDELINES FOR THE DAY OF SURGERY, UNLESS YOU HAVE BEEN TOLD OTHERWISE BY YOUR DOCTOR:

- No food after midnight the day before surgery, **No candy, mints, gum - nothing!**
- **No food**
- May have 8 ounces (1 cup) of clear fluid 2 hours before **arrival time**
 - * Clear fluids include: Water, apple juice, Pedialyte (except red colored), Gatorade (except red colored)
- Infants
 - Stop formula 6 hours prior to arrival time
 - Stop breast milk 4 hours before arrival time
 - Clear fluids include: Water, apple juice, Pedialyte (except red colored), Gatorade (except red colored)



Wear comfortable, loose fitting clothing.

Do not wear make-up, perfumes, body lotions or hair products.

Leave your jewelry and other valuables at home, with the exception of your method of payment due on the day of your procedure.

For your safety, all jewelry and piercings **must be removed. Failure to remove may result in CANCELLATION of your procedure.** No plastic spacers allowed when piercing is near an air-way such as a nose, lip or mouth.

You may be asked to provide a urine sample to test prior to your procedure.

The staff will ask you the same questions many times to verify information and ensure your safety.

- Your name and date of birth
- Allergies
- What kind of surgery you are having
- If you are wearing jewelry or have metal implants in your body
- The last time you ate or drank

Please speak up and ask us any questions that you have about anything including:

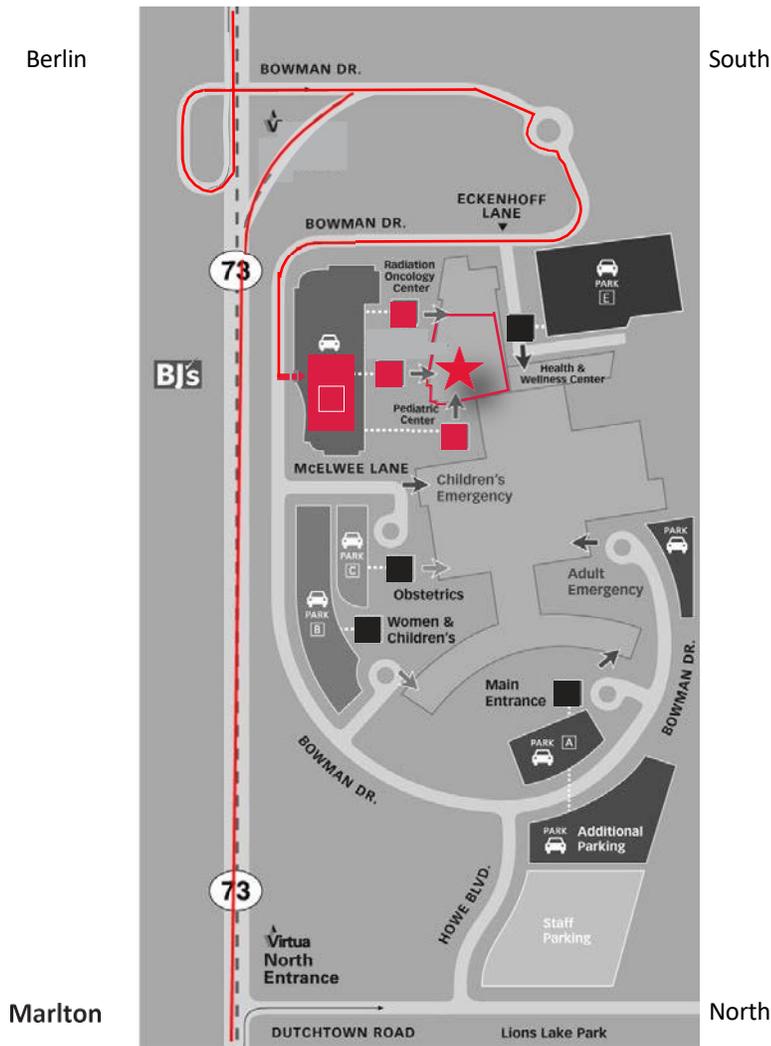
- Consent form
- Hand washing (infection prevention)
- Recent cold or illness
- Marking the spot on your body to be operated on by your doctor
- Pain control
- New medicines

UPON YOUR DISCHARGE TO HOME

Do not:

- Drive or operate heavy machinery or equipment
- Take medications without your doctor's approval
- Sign any legal documents or make any legal decisions
- Drink alcohol or use recreational drugs
- Smoke for 7 to 10 days after your surgery and not before your follow-up appointment with your physician.

Always: Wash hands before removing dressings or bandages. Re-wash before putting on new dressings or bandages. Wash hands again after putting on new dressing or bandages.



DRIVING DIRECTIONS

From areas North

Take Route 73 South past Dutchtown Road, through the traffic lights on William Feather Drive, (Sturbridge Lakes development on the left). Take the next right to the South Entrance at Bowman Drive, continue around until you reach parking lot D, turn left into the parking lot.

From areas South

Take Route 73 North to Bowman Drive; take the jug handle and cross over Route 73 onto Bowman Drive. Continue around until you reach parking lot D, turn left into the parking lot.

Summit Surgical Center
 200 Bowman Drive, Suite D160
 Voorhees, NJ 08043
 Phone: 856-247-7800 - Fax: 856-247-7858
www.summitsurgicalcenter.net

PATIENT BILL OF RIGHTS

Each patient receiving services at the Summit Surgical Center shall have the following rights; according to New Jersey Administrative Code, Title 8 Chapter 43A-16.2:

1. To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The Center will supply the patient with rules and regulations governing patient conduct while in the Center;
2. To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
3. To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
4. To receive from the patient's physician (s) or clinical practitioner (s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk (s) of treatment, and expected result (s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
5. To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
6. To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;

7. To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
9. To confidential treatment of information about the patient;
 - i. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Department of Health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;
10. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
11. To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
12. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
13. To not be discriminated against because of age, race, creed, color, ancestry, national origin, services in the armed forces or nationality of such person, religion, marital, civil, or domestic partner status, sex, sexual orientation, gender identification or expression, pregnancy, breastfeeding, disability, or ability to pay, or be deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility: and
14. To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43A 16.2, 14;
15. Patients are informed of their right to change their provider if other qualified providers are available.

PATIENT'S RESPONSIBILITIES

1. The patient is expected to provide, to the best of their knowledge, accurate and complete information about their present complaint, past illnesses, hospitalizations, medications, including over the counter products, dietary supplements and any allergies or sensitivity.
2. The patient is expected to cooperate with the planned care and treatment at Summit Surgical Center.
3. The patient is expected to be aware of and sensitive to the needs of other patients, and respectful of the property of other patients. Patients are expected to inform a facility staff member if they feel that: their privacy has been violated, their safety is being threatened, or they feel a need/ desire to file a grievance.
4. The patient has the responsibility to meet financial obligations for all the services rendered as determined by the patient's insurance carrier.
5. To provide a responsible adult to transport him/her home from the facility and remain with him/her for twenty-four (24) hours, if required by his/her provider.
6. The patient's activities must be consistent with the policies and procedures of the Summit Surgical Center that relate to patient care and conduct. The patient and any accompanying members are expected not to engage in any activity which is in violation of those policies and procedures.
7. Any patient that does not follow the plan of care prescribed for their surgical procedure, or that does not adhere to these Patient Responsibilities, may be dismissed from care at Summit Surgical Center.
8. Provide information about any advance directive (such as a living will or medical power of attorney that could affect care.

ADVANCED DIRECTIVES

If you have an advance directive, please provide a copy to Summit Surgical Center staff at the time of your admission. Please understand that while the physicians and staff of Summit Surgical Center respect your rights in accordance with law to participate in decisions regarding your healthcare, on the basis of conscience, it is the policy of Summit Surgical Center that all patients undergoing surgical procedures will be considered eligible for life-sustaining emergency treatment. You may receive more information about advance directives from the New Jersey Department of Health & Senior Services at: <http://www.state.nj.us/health/advancedirective/>

Comments or complaints may be forwarded to the following offices:

Andrew Weiss - Administrator
Summit Surgical Center, LLC
200 Bowman Drive, Suite D160
Voorhees, NJ 08043
(856) 247-7813
www.summitsurgicalcenter.net

New Jersey Department of Health
Division of Health Facilities
Evaluation and Licensing
New Jersey State Department of Health
PO Box 367
Trenton, NJ 08625-0367
(800) 792-9770
www.doh.state.nj.us

Office of the Ombudsman for
the Institutionalized Elderly
PO Box 807
Trenton, NJ 08625
(877) 582-6995
<https://www.nj.gov/ooie/>

Accreditation Association for Ambulatory Health Care
3 Parkway North - Suite 201
Deerfield, IL 60015
(847) 853-6060
info@aaahc.org

Office of the Medicare Beneficiary Ombudsman

www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home
Phone #: 1-800-985-3059

Discrimination is Against the Law

Summit Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, creed, color, ancestry, national origin, services in the armed forces or nationality of such person, religion, marital, civil, or domestic partner status, sex, sexual orientation, gender identification or expression, pregnancy, breastfeeding, disability, or ability to pay, or be deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility.

Summit Surgical Center:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Provides free language services to people whose primary language is not English
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact the Director of Quality Management (856) 247-7810

If you believe that Summit Surgical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Director of Quality Management
Summit Surgical Center
200 Bowman Drive, Suite D160
Voorhees, NJ 08043
(856) 247-7810

You can file a grievance in person or by mail, fax (856-247-7858), or email (jmasters@virtua.org). If you need help filing a grievance, the Director of Quality Management is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201 1-800-
368-1019, 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Financial Information

Related services that other providers may bill you for:

Summit contracts with physicians and physician groups that are not Summit employees but instead have a contract with the facility to provide certain healthcare services that prevents us from using any other physicians for these services. You should know that these healthcare professionals' costs are never included in the facility's charges. They will bill you separately.

Please contact these providers to verify that they are in network with your insurance company.

- [Virtua Medical Group Anesthesia \(VMG\)](#) fees (856) 988-6250
- Physician fees (Refer to surgical specialties tab for physician information)
 - * Your physician may use an assistant during your procedure. Please check with your physician whether this person is in network
- Diagnostic Pathology Consultants (855) 294-9520
- [Pathology services](#) (patient accounting) 856-355-2000

Patient responsibilities:

- You have an obligation to pay the co-payment, co-insurance and any outstanding deductibles in accordance with your insurance carrier. Co-payments and / or estimated balances must be paid on the date of surgery. If you are unable to pay in full, a payment plan will be created prior to your procedure. Please verify insurance benefits prior to any procedure and provide us with your current insurance information. At times, some insurance companies may not cover certain procedures and you may be required to sign an Advance Beneficiary Notice (ABN).
- Prior to the procedure you will be contacted by an Insurance Verifier to notify you of a patient responsibility. This is an **estimate** based on the information provided by your surgeon's office and your insurance carrier. Once the claim has been processed by your insurance carrier the final patient responsibility may differ from the estimate. If any additional monies are due you will receive a statement for the remaining balance.

Making Payments:

- We accept VISA, MasterCard, American Express, Discover, Cash or Check.
- We require you to pay your co-pay and / or estimated balance prior to or on your date of service.
- For your convenience we have two options to pay online. First by going to www.summitsurgicalcenter.net and clicking the box marked PAY ONLINE. The second option is by going through MyChart.
- We realize that temporary financial problems may affect timely payment of your account. We do offer some arrangements and we encourage you to contact us promptly for assistance in managing your account.

Contact Us:

For further financial information please contact our billing office at (856) 247-7888.

You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost

Under the law, health care providers need to give patients who don't have insurance who are not using insurance an estimate of the bill for medical items and services.

You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.

Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.

If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises or call 1-800-985-3059.

Dear Patient,

The State of New Jersey recently enacted the "**Out Of Network consumer protection, transparency, cost containment and accountability act**" ("**OON**"). The purpose of the act is to protect patients against receiving medical bills in emergent or inadvertent situations. In accordance with the law, physicians are required to disclose in writing or via an internet website the health benefit plans they participate with and the facilities with which they are affiliated.

Kindly refer to the Financial Information tab on our website summitsurgicalcenter.net for the following information related to OON:

- Insurance Plans we participate in
- The names, mailing addresses and telephone numbers of entities the facility is contracted with to provide services including but not limited to anesthesiology, pathology and radiology.

We encourage you to check with your insurance carrier and the physician arranging your services to determine the services you will be provided and to assist in determining your network status.

Sincerely,

Andrew S. Weiss

Andrew S. Weiss, CASC

Surgical Center Administrator