



8200 E. Belleview Avenue  
Suite 300 - East Tower  
Greenwood Village, Colorado 80111  
303.290.0600 phone  
303.290.6359 fax

Your procedure is scheduled on \_\_\_\_\_, at \_\_\_\_\_.

**PRIOR** to the date of your procedure, **Centrum Surgical Center** will:

Contact you regarding preparations for your procedure, as well as discuss your rights and responsibilities as a patient, and answer any questions you have about the contents of this packet.

and, the **Centrum Surgical Center's Business Office** will:

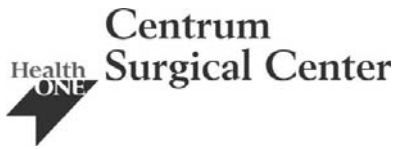
Contact you regarding insurance verification and/or your financial obligations.

**PRIOR** to the date of your procedure, **YOU/THE PATIENT** *must*:

- Review the contents of this packet and follow all instructions
- Discuss with a Centrum Surgical Center staff member your pre-operative instructions and your rights & responsibilities as a patient. **If the surgical center has not successfully reached you, please call Centrum Surgical Center between 7:00 am – 5:00 pm, Monday – Friday at 303.290.0600 and ask to speak with the Pre-Op department.**

**Federal Regulations REQUIRE the surgical center to have this verbal communication with you PRIOR to your procedure. Failure to do so will result in the cancellation of your procedure.**

Please bring this packet of documents with you on the day of your procedure.



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Dear Patient:

Thank you for choosing Centrum Surgical Center.

This packet contains the following important information:

- Your Patient Rights & Responsibilities
  - Physician Ownership Disclosure
  - Information about Advanced Directives and Informed Consent
  - Understanding Your Health Insurance Benefits.
  - Instructions on how to **complete your online medical health history** at [www.centrumsurgicalcenter.com](http://www.centrumsurgicalcenter.com). *Please complete prior to your date of surgery.*
- If you are unable to logon to our website please contact our office and a medical health history form can be mailed or faxed to you.

**Please call (303) 268-0703 prior to surgery** to listen to general pre-operative instructions. Please be advised that this is just a greeting and no voice messages can be left at this number. Prior to your date of surgery, a pre-operative nurse will contact you advising you when to arrive, what time your surgery starts, and when you need to stop eating and drinking.

You will receive another phone call from our business office informing you of any expected payment due at the time of check-in.

**How to find us:** Centrum Surgical Center is located in a two-tower medical office building at the corner of Belleview Ave. and Ulster Ave. The parking garage entrance is on eastbound Belleview, just past Ulster (make a right turn into the parking lot then an immediate left into the garage). Please park on Level 1 (Plaza Level) in a Centrum Surgical Center designated parking spot or anywhere on Level 2 in the garage.

If you have any further questions or concerns, please contact us at **303.290.0600**.

Centrum Surgical Center strives to provide exceptional quality of care and sincerely hopes that you have an excellent surgical experience.

Thank you,  
Centrum Surgical Center

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## RIGHTS OF PATIENTS

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The medical staff and personnel of Centrum Surgical Center recognize the basic human rights of patients. Efforts are directed to providing care commensurate with those basic human rights. Patients have the right to:

- Be informed of his or her rights as a patient in advance of receiving care. The patient may appoint a representative to receive this information should he/she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- Considerate, respectful and dignified care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on the patient's behalf.
- Appropriate assessment and management of pain.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her. The patient has a right to change providers if other qualified providers are available.
- Be advised if the physician has a financial interest in the surgery center.
- Be advised as to the absence of malpractice coverage.
- Receive complete information from his/her physician about his/her diagnosis, illness, course of treatment, risks, benefits, alternative treatments, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she can understand. Your physician should discuss these with you prior to the procedure and give you the opportunity to ask any questions you may have.
- Receive as much information about any proposed treatment or procedure as he/she may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his/her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.

- Full consideration of privacy concerning his/her medical care. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his/her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Receive information in a manner that he/she understands. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and/as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive and language-impaired patient will be appropriate to the impairment.
- Access information contained in his/her medical record within a reasonable time frame.
- Be advised of the facility's grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives. The patient can file a grievance with the facility's Administrator or Nurse Manager at (303) 290-0600; or the patient can file a grievance with the Colorado Department of Public Health and Environment at 4300 Cherry Creek Drive South, Denver, CO 80246. If the patient files a grievance with the surgery center, he/she will be provided with a written notification of the grievance determination that contains the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Be advised of contact information for the state agency to whom complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman.  
[www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)
- Be advised if facility/personal physician 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. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a fully informed consent process as it relates to the research, investigation and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which facility rules and policies apply to his/her conduct while a patient.
- Have all patient rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- All facility personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

## **RESPONSIBILITIES OF PATIENTS**

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The care a patient receives depends partially on the patient him/herself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities are presented to the patient in the spirit of mutual trust and respect:

- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications (including over the counter products and dietary and herbal supplements) and dosages, allergies and sensitivities, and other matters relating to the patient's health.
- The patient and family are responsible for asking questions when they do not understand what they have been told about the patient's care or what they are expected to do.
- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- It is the patient's responsibility to notify the facility if he/she has not followed the pre-operative instructions given by their physician and/or facility personnel.
- The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- In the case of pediatric patients, a parent or legal guardian must remain in the facility for the duration of the patient's stay in the facility.
- The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible. Ultimate financial responsibility is the patient's, regardless of the insurance coverage he/she may have.
- The patient is responsible for following facility policies and procedures.
- The patient is responsible to inform the facility about the patient's Advanced Directives.
- The patient is responsible for being considerate of the rights of other patients and facility personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.
- Patient's acknowledgement (initials on center's Informed Consent to Treat) represents he/she has received written and verbal information regarding physicians' financial interest in the Facility, Advance Directives, and on the informed consent process prior to the day of their procedure.



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## Disclosure of Physician Owners

The staff and physician owners of Centrum Surgical Center welcome you to our relaxing, state-of-the-art facility. To ensure that we are providing the best possible patient care experience, we encourage you and your family members to let us know how we are doing every step of the way:

- Throughout your visit at the Center, please feel free to speak with any of our staff
- After your procedure you will receive a phone call from one of our registered nurses who will check on your progress
- When you are discharged from the Center you will receive a postage paid Patient Evaluation Form for you to provide the Center with additional feedback.

*Thank you for choosing Centrum Surgical Center!*

*Trisha A. Parlier*  
Administrator

*Physician Owners*  
Abdulfatah Ali, MD  
Edward Ballow, DPM  
Martin Boublik, MD  
Donald Carter, MD  
Michael Culliton, MD  
Mark Dennis, MD  
Kristine Eule, MD  
Clinton Holland, DPM  
Starck Johnson, MD  
Terese Kaske, MD  
Jane Kercher, MD  
Kevin Lampert, MD  
Michael Menachof, MD  
Hugh Murray, DPM  
Thomas Noonan, MD  
Richard Obregon, MD  
Scott Primack, DO  
Arvin Rao, MD  
Kenneth Richardson, MD  
Graham Sellers, MD  
Theodore Schlegel, MD  
Jeff Snyder, MD  
Stephen Stoll, MD  
Sharon Tomaski, MD

*Kay Wooten, RN*  
Nurse Manager



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## **General Information and Facility Policies on Advanced Directives and Informed Consent**

- Advanced Directives are written instructions concerning your wishes about your medical treatment. These instructions are used in the event you become unable to make health care decisions for yourself.
- You are **not** required to have an advance directive in order to receive care or treatment or for admission to a facility
- In Colorado the following kinds of medical directives are recognized: the “living will” (which applies in cases of terminal illness), “medical durable power of attorney” (which allows your named agent to make decisions for you if you become unable to make them) and a “CPR directive” (tells emergency and other personnel not to do CPR on you).
- Under Colorado law, family members and close friends have the right to select a substitute decision maker (Proxy) for a patient who doesn’t have an advanced directive or guardian if a doctor or a judge determines that the patient cannot make decisions.
- Centrum Surgical Center policy states; regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that 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 evaluations. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directives or health care power of attorney.
- You have the right to consent to or refuse any medical care and treatment, unless ordered by a court.
- Centrum Surgical Center’s informed consent states the procedure, physician, reason for the procedure, alternatives to the procedure and risks to having the procedure. It is important that you understand the information listed on the Patient Informed Consent.
- Additional information concerning advance directives and informed consents will be provided on the date of your surgery. If you have any questions concerning advanced directives or informed consent prior to your date of surgery, please contact the surgical center at 303.290.0600.



## Understand Your Insurance Plan's Benefits

Thank you for choosing Centrum Surgical Center! In an effort to serve you better, we want to provide you with some information about your financial responsibility prior to your visit here.

Your procedure at Centrum, an Ambulatory Surgery Center, will involve a number of separate and distinct services that will be billed to your insurance.

- Centrum Surgical Center Facility Fee
- Physician Fee
- Lab/Pathology Fee (if applicable)

### CO-PAYS

Your insurance plan may have different coverage levels for different services. For example, you may be responsible for paying your physician a co-pay for his/her professional fees for your procedure. The physician co-pay is a flat amount owed to your physician at the time service. In addition to the physician co-pay, you may also have a facility co-pay.

### CO-INSURANCE

Co-insurance is a percentage of the procedure charges (e.g., insurance plan pays 80% and you pay 20%), subject to your plan's coverage limits. You may owe co-insurance to either the physician or surgery center or both. Also be aware that co-insurance may be *in addition* to your co-pay.

### DEDUCTIBLES

You may also have an annual deductible amount that must be met by you prior to any payment of services by your insurance. In this case, you may have *both* an annual deductible and co-insurance that is your responsibility.

Every insurance plan is different. You may have a co-pay, co-insurance, and deductible or some combination of the three. It is your responsibility to understand your plan and benefits but we are here to help you! Prior to surgery, you will receive a call from Centrum's Business Office. We will verify your insurance and give you an estimate of your patient responsibility, based on what your doctor has scheduled. *The amount that is quoted to you is based on Centrum's contracted rate with your insurance. Please ask us about various payment options that may be available to you.*

At any time, please feel free to call us for assistance. Our number is 303.290.0600. Our Central Business Office number is 720.979.0010.

We look forward to taking care of you! Thank you.

Go to [www.centrumsurgicalcenter.com](http://www.centrumsurgicalcenter.com)  
and submit your medical health history online today!



Go to [www.centrumsurgicalcenter.com](http://www.centrumsurgicalcenter.com) and click on the Online Clinical History button. Once you do, you will be able to enter your clinical history into an online form. By providing this information online, the amount of paperwork needed the day of your admission is greatly reduced and you are assured of the accurate documentation of your clinical history. It's remarkably convenient! Be sure to browse the other features that our website offers.

It will take approximately 10-30 minutes to complete the Online Clinical History form, depending on your medical history.

Before you begin, take a moment to be sure you have the following information on hand.

- The name of your doctor who is admitting you to the surgery center. **If you do not know the name of the Radiologist performing your procedure, please fill in the space with "unknown."**
- The date and time of your scheduled procedure.
- A short description of the procedure.
- The name of the person driving you home.
- The name of the person who will care for you after the procedure.
- The name and dosage of ALL of your medications.
- The dates and descriptions of past surgeries.